

Hsiao Tong (LKKAuto)

From: Seloshinah Sinivasagam <seloshinah@motorimage.net>
Sent: Friday, 1 November 2024 9:21 AM
To: Hsiao Tong (LKKAuto)
Cc: LKINSTEAM
Subject: REF: D24007504MFCT / CCPL / TPD 2 OUR REF: SLT5270G YOUR REF: SHB4723R
DOA: 23 AUG 2024 TP - PENDING PAYMENT
Attachments: SLT5270G LOD.pdf

WITHOUT PREJUDICE

Good Day Sir/Madam,

We refer to the above matter and client's claim.

Our LOD as per below:

Cost of Repair	S\$ 2,633.44 <i>(Inclusive GST)</i>
Loss of Use	S\$ 360.00 <i>(3 days)</i>
GIA Fee	S\$ 2.18
TOTAL	S\$ 2,995.62

Kindly confirm the acceptance.

Thanks & Regards

Shinah

Admin Assistant

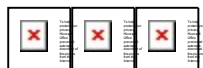
Motor Image Enterprises Pte Ltd

25 Leng Kee Road, Singapore 159097

DID: +65 6703 8163

Email: seloshinah@motorimage.net

Website: www.tanchong.com :: www.subaru.asia



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Motor Image Enterprises Pte Ltd

- ☐ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255
☐ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

Type of Claim:

- ☐ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLT5270G **AND** SHB472SR
ON 23/8/24 **AT** Singapore Drive towards Marlin Road

1. I, the owner of vehicle no. SLT5270G hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name	<u>OO: Mui Sang</u>	Company Name	<u>Motor Image Enterprises Pte Ltd</u>
Address	<u>1 Jalan Taman, #11-02,</u>	Claim Officer's Name	<u>Sia Phl</u>
	<u>S329022</u>		
Telephone No	<u>93663132</u>	Telephone No	<u>6703 3162</u>
Date		Date	
Company Stamp [For Co Regn Vehicle]	Email <u>oomunsaga@uphoj</u> Authorized Signature <u>Com. Sg</u>	Claim Officer Signature	
			



MotorImage

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159097
Tel : (65) 6703 8163
Fax : (65) 6479 1197
BRN : 198702032R

Discharge Voucher

Name of Insured : OOI MUN SIANG
Address of insured : Jalan Taman, #11-02, S(329002)
Name of Repairer : Motor Image Enterprises Pte Ltd
Address of Repairer : 25 Leng Kee Road Singapore 159097
Place of Accident : Sinaran Drive Towards Moulmein Road
Date of Accident : 23/08/2024 Vehicle Number : SLT5270G
Policy Number : MPC23A00328900 Claim Number : _____


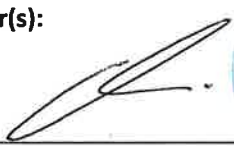
I/ we hereby declare that I/we have received from the aforesaid repairer(s) my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of MS First Capital Insurance Ltd settling the repair costs stated above with the said repairer(s), I/we hereby release and discharge the said insurer(s) from all further obligations and liabilities under the aforesaid policy in respect on and accident involving my/our said motor vehicle on or about the abovementioned date and place.

I/we agree that by virtue of such payment, all my/our rights, and remedies in respect of the damages to the said Motor Vehicle are subrogated to the said insurer(s) in accordance with the laws governing such matters.

I/we hereby grant the said insurer(s) the authority to use my/our name to the extent necessary to effectively exercise all or any of such rights and remedies including the right to give discharge and receipts, therefore.

I/we further agree to furnish the said insurer(s) with any assistance that they may reasonably require of me/us when exercising such rights and remedies whilst on their parts they agree to indemnify me/us against liability for costs charges and expenses arising in connection with any proceedings which they make in my/our name in the exercise of such rights and remedies.

Repairer(s):



Company's Stamp & Signature

Insured

SXXXX235G

NRIC No. & Signature/Company's stamp

Name : Syaiful Bahri

Name : OOI MUN SIANG

Date : _____

Date : 27 Sep 2024





AL DIV 12189

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159087
Tel : (65) 6417 0323
Fax : (65) 6478 3811
SPN 185702062P

BREAKDOWN OF PAYMENT

VEHICLE NO : SLT5270 G

ACCIDENT ON 23 AUG 2024 AT SINARAN DRIVE
TOWARDS MOULMEIN ROAD

INVOLVING VEHICLE / S SHB4723R

1) Repair cost \$ 2,633.44 Payable to Motor Image Enterprises Pte Ltd

2) GIA or LTA

• Search fees \$ 2.18 Payable to Motor Image Enterprises Pte Ltd

3) Medical fees \$ — Payable to —

4) Loss Of Use or

~~Rental Car~~ \$ 360.00 Payable to Motor Image Enterprises Pte Ltd

5) Total Claim Amount \$ 2,995.62

***KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES**

*Contract Person :

TP, CHONG
11/11/2024



Motor Image Enterprises Pte Ltd

25 Leng Kee Road Singapore 159097

Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137

Website: www.subaru.asia



SUBARU

TAX INVOICE

GST Reg No. M2-0076975-9

Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: M258934

**For cash sales, payment will be
endorsed on this invoice and no
separate receipt will be issued.**

DATE REC'D: 24-Sep-2024

SERVICE ADVISOR: DENNIS

JOB No.: M258369

MILEAGE: 77500

ID:

NAME: MS FIRST CAPITAL INSURANCE LIMITED

ADDRESS: 36 ROBINSON ROAD

#16-01 CITY HOUSE. S(068877)

TELEPHONE: 62222311 / 65063848

MODEL: FORESTER 2.0XT AWD CVT

ENGINE No.: FA20CB21449 ***

CHASSIS No.: JF1SJGK85JG099977

REGISTRATION No.: SLT5270G

ITEMS	CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST MS FIRST CAP - SHB4723R	
2	REMARK	DOA:23/AUG/2024 TIME:0852 HRS LOC:SINARAN DRIVE TOWARDS MOULMEIN ROAD	
3	REMARK	REPLACE REAR BUMPER ASSY	680.00
4	REMARK	RESPRAY REAR BUMPER ASSY	600.00
5	REMARK	TO RMV, INSP & TRANSFER REAR PARKING SENSOR 2PCS WIRE HAR. & ATCH PARTS FROM OLD TO NEW BPR (S/N)	120.00
6	REMARK	CARRY OUT DIAGNOSTIC CHECKS & RESET SYSTEMS (S/N)	320.00
7	REMARK	SUNDRIES	20.00
TOTAL(LABOUR)			1,740.00
1		BUMPER FACE REAR FORESTER IL 57704SG012(Qty : 1 @ 641.00 each)	641.00
2		CLIP BMPR *9PCS 909140007(Qty : 9 @ 3.00 each)	27.00
3		CLIP *2PCS 909140062(Qty : 2 @ 4.00 each)	8.00
TOTAL(SPARE PARTS)			676.00

Subtotal 2,416.00

GST(9%) 217.44

TOTAL \$2,633.44

DATE : 30-Oct-2024

CUSTOMER

MANAGER



The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

CUSTOMER

Not yet a DUO Member? Join us now at www.DUORewards.com and start accumulating your points for your invoice today!

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SHB4723R

Date of Accident

23/08/2024 📅

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance MS First Capital Insurance Ltd

Period of Insurance 01/01/2024 - 31/12/2024

Requested By Dennis Leong Jia Hui (MOTOR ...

Requested Date 27/08/2024 08:45

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**