

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 SHB4723R

ON 23 AUG 2024 AT SINARAN DRIVE TOWARDS MOULMEIN ROAD.

- I, the owner of vehicle no. SLT5270G hereby instruct you and authorise you to act for me with respect to the following: -
 - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - 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.
 - To sign discharge voucher on my behalf.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - 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.
 - For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>Ooi Mun Siang</u>		Company Name <u>Motor Image Enterprises Pte Ltd.</u>	
Address <u>Jalan Tamin, #11-02, S(329002)</u>		Claim Officer's Name <u>Dennis Leong</u>	
Telephone No <u>93663132</u>		Telephone No	
Date	Email <u>oosmunsia@shop.com.sg</u>	Date	
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>[Signature]</u>	Claim Officer Signature <u>[Signature]</u>	

DISCHARGE RECEIPT

CLAIM REFERENCE : D24007504MFCT
ACCIDENT DATE : 23/08/2024
ACCIDENT LOCATION : SINARAN DR
INSURED : CITYCAB PTE LTD
INSURED DRIVER : ONG KOCK HUE
INSURED VEHICLE : SHB4723R
INVOLVED PARTY : SLT5270G
SETTLEMENT SUM : **\$ 2,875.62**

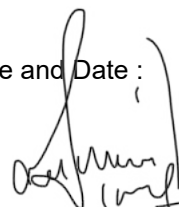
I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,
2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT: **OOI MUN SIANG**

Signature and Date :

 8 Feb 2025

WITNESS : DENNIS LEONG JIA HUI

Signature and Date : 13th Jan 2025



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



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.: JF1SJK85JG099977

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**

Hsiao Tong (LKKAuto)

From: Seloshinah Sinivasagam <seloshinah@motorimage.net>
Sent: Tuesday, 10 December 2024 4:47 PM
To: Hsiao Tong (LKKAuto)
Cc: LKINSTEAM
Subject: Re: REF: D24007504MFCT / CCPL / TPD 2 OUR REF: SLT5270G YOUR REF: SHB4723R
DOA: 23 AUG 2024 TP - PENDING PAYMENT

Without Prejudice

Dear Hsiao,

Thanks for the offer, below are the bank details for the payment process.

Bank A/C Payee Name : Motor Image Enterprises Pte Ltd
Bank Acct no : 901-355-461-3
Payee Bank Name : UOB
Bank Code : 7375
Branch Code : 001
Swift Code : UOVBSGSG
Payee Email : yeo_boon_siong@tanchong.com

Kindly update our accounts Dept. once the payment is done.

Appreciate you can process payment as soonest.

Regards,

Shinah

Motor Claims Department - Admin

MOTOR IMAGE ENTERPRISES PTE LTD

25 Leng Kee Road, Singapore 159097

DID: +65 6703 8104

Email: seloshinah@motorimage.net

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

Hsiao Tong (LKKAUTO)

From: Emily Tan Su Min <EmilyTan@msfirstcapital.com.sg>
Sent: Monday, 2 December 2024 9:26 AM
To: Hsiao Tong (LKKAUTO)
Subject: RE: [SEEK MANDATE] - (OUR REF: D24007504MFCT) *** LKK REF: CD/FCI24080519/Rpa3

Dear Hsiao Tong

Please proceed and offer as per below:

COR - \$2,633.44
LOU - \$240.00 TO \$300.00 (\$80 TO \$100 X 3D)
LTA/GIA Fee - \$2.18
Total – **\$2,875.62 TO \$2,935.62**

Thank you

Emily Tan
Motor Claims Dept.

MS First Capital Insurance Ltd
16 Raffles Quay
#42-01 Hong Leong Building
Singapore 048581

Website <http://www.msfirstcapital.com.sg>

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From: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Sent: Friday, 29 November 2024 3:38 pm
To: 'Hsiao Tong (LKKAUTO)' <chewht@lkkauto.com>; Emily Tan Su Min <EmilyTan@msfirstcapital.com.sg>
Subject: RE: [SEEK MANDATE] - (OUR REF: D24007504MFCT) *** LKK REF: CD/FCI24080519/Rpa3

Dear Hsiao,

Apologies for delay reply to you.

This matter will be handled by my colleague Ms Emily. She has cope in this email.

Dear Emily,

FYA

Thanks, and regards,

Joanne Yong
Motor Claims

MS First Capital Insurance Ltd | 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 | [TEL: 6359 1823](tel:63591823) | Fax No. : 6223 0541 | Company Regn. No. 195000106C

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From: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>

Sent: Friday, 29 November 2024 9:09 am

To: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>

Subject: RE: [SEEK MANDATE] - (OUR REF: D24007504MFCT) *** LKK REF: CD/FCI24080519/Rpa3

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Dear Joanne,

Please advise mandate, Thanks.

Best Regards,

Hsiao Tong, Chew | Team Lead

Third Party Direct Settlement

LKK Auto Consultants Pte Ltd

Phone: 6742 3197 | Email: chewht@lkkauto.com

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Hsiao Tong (LKKAuto)

Sent: Monday, 4 November 2024 10:23 AM

To: JoanneYong@msfirstcapital.com.sg

Cc: Admin A <admin-a@lkkauto.com>

Subject: [SEEK MANDATE] - (OUR REF: D24007504MFCT) *** LKK REF: CD/FCI24080519/Rpa3

Your ref: **D24007504MFCT**

Our ref : CD/FCI24080519/Rpa3

Dear Sirs/Mdm,

ACCIDENT INVOLVING SHB4723R(MS FCIL) AND SLT5270G(TP) ON 23/08/2024

We refer to the above matter.

It is a head-to-rear collision. We are of the view that liability is not in our driver's favour.

We seek your approval to offer repairer **"MOTOR IMAGE ENTERPRISES PTE LTD"** at **\$2,935.62(all-in)**.

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repair (with GST)	\$ 7,710.66	\$ 2,633.44 (\$2,416.00 + 9%GST)
2. Loss of Use (3days x \$120.00)	\$ 360.00	\$ 300.00 (3days x \$100.00)
3. LTA/GIA SEARCH FEE	\$ 2.18	\$ 2.18
Total	\$ 8,072.84	<u>\$ 2,935.62</u>

Surveyor recommended 3days for repair.

Enclosed here with all the relevant documents for your perusal.

Kindly note that this inspection report dated 04/11/2024 is only for mandate purpose.

Kindly let us have your approval / instruction.

Best Regards,

Hsiao Tong, Chew | Team Lead

Third Party Direct Settlement

LKK Auto Consultants Pte Ltd

Phone: 6742 3197 | Email: chewht@lkkauto.com

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Sent: Thursday, 12 September 2024 6:53 PM

To: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>

Cc: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: NEW ASSIGNMENT (OUR REF: D24007504MFCT) *** LKK REF: CD/FCI24080519/Rpa3

Dear Sir / Madam,

We refer to the above matter.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice
- Photographs of TP vehicle in its damaged condition

Please note that our officer in charge is Hsiao Tong.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

Third Party Direct Settlement

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Rajes (LKK Auto) <rajes@lkkauto.com>

Sent: Wednesday, 28 August 2024 9:16 AM

To: Betty Wong <BettyWong@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Cc: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>

Subject: RE: NEW ASSIGNMENT (OUR REF:)

Dear Betty,

Thank you for the assignment.

Best Regards,

Rajes | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Betty Wong <BettyWong@msfirstcapital.com.sg>

Sent: Tuesday, August 27, 2024 4:11 PM

To: assignments <assignments@lkkauto.com>

Cc: Dennis Leong <dennisleong@motorimage.net>; LKINSTEAM <LKINSTEAM@tanchong.org>; Jeffery Tan <jefferytan@motorimage.net>; Syaiful Bahri Bin Affendi <syaifulbahri@motorimage.net>; Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>

Subject: NEW ASSIGNMENT (OUR REF:)

Insured Vehicle No : SHB4723R

TP Vehicle No : SLT5270G

Claim No : D24007504MFCT / CCPL / TPD 2

Workshop Name : MOTOR IMAGE ENTERPRISES PTE LTD

Our Surveyor : LKK AUTO CONSULTANTS PTE LTD

Instructions : Direct Settlement

But quantum to be agreed

Created By : BETTYWON

Verified By : JOANNEYO

Approved By : JOANNEYO

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