

Motor Image Enterprises Pte Ltd


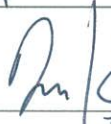
- ☐ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255
☒ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SNG 8913K **AND** SHD 4401J
ON 21/June/2024 **AT** WOODLANDS DRIVE 44 DRIVING INTO VISTA POINT

1. I, the owner of vehicle no. SNG8913K 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>Ramesh S/O Dorasamy</u>		Company Name <u>Motor Image Ent Pte Ltd</u>	
Address <u>AP1 BLK 525 WOODLANDS DRIVE 14</u> <u>#09-433 S(730525)</u>		Claim Officer's Name <u>Dennis Leong</u>	
Telephone No		Telephone No <u>6703 8164</u>	
Date	Email	Date <u>11/7/24</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	





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 : RAMESH S/O DORASAMY
Address of insured : APT BLK 525 WOODLANDS DRIVE 14 #09-433 S(730525)
Name of Repairer : Motor Image Enterprises Pte Ltd
Address of Repairer : 25 Leng Kee Road S159097
Place of Accident : WOODLANDS DRIVE 44 DRIVING INTO VISTA POINT
Date of Accident : 21/JUN/2024 Vehicle Number : SNG8913K
Policy Number : MT/01503440 DIRECT ASIA 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


S2644010F

NRIC No. & Signature/Company's stamp

Name : Dennis Leong Jia Hui

Name : RAMESH S/O DORASAMY

Date : 11/JUL/2024

Date : 11/JUL/2024





Motor Image

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159027
Tel : (65) 6417 0333
Fax : (65) 6478 3811
SPN 185702062P

BREAKDOWN OF PAYMENT

VEHICLE NO : SNG 8913K

ACCIDENT ON 21 JUN 2024 AT WOODLANDS DRIVE

44 DRIVING INTO VISTA POINT

INVOLVING VEHICLE / S SHD 4401J

- 1) Repair cost \$ 7,692.13 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 \$ 392.40 Payable to Motor Image Enterprises Pte Ltd.
- 5) Total Claim Amount \$ 8,086.71

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

*Contact Person :

TEL CHONG
INTERNATIONAL

**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:** M256072**For cash sales, payment will be
endorsed on this invoice and no
separate receipt will be issued.****DATE REC'D:** 08-Jul-2024**SERVICE ADVISOR:** DENNIS**JOB No.:** M255219**MILEAGE:** 46610**ID:**

NAME: MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS: 36 ROBINSON ROAD
#16-01 CITY HOUSE. S(068877)
TELEPHONE: 62222311 / 65063848
MODEL: SUBARU XV 2.0I-S EYESIGHT AWD CVT
ENGINE No.: FB20YP69302
CHASSIS No.: JF1GT7KL5MG122593
REGISTRATION No.: SNG8913K

ITEMS	CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST MS FIRST CAPITAL INS - SHD4401J	
2	REMARK	DOA:21/JUN/2024 TIME:0722 HRS	
3	REMARK	LOC:WOODLANDS DRIVE 44 DRIVING INTO VISTA POINT REPLACE REAR RHS DOOR,RHS SIDE SKIRT,QTR GARNISH AND WHEEL	1,360.00
4	REMARK	RESPRAY REAR RHS DOOR & REAR RHS QTR PANEL	1,200.00
5	REMARK	TO RMV, INSP & TRF RR DR PANEL & LOCK, PWR WINDOW MOTOR & GLASS. WIRE HAR. & ETC TO NEW DOOR (S/N)	260.00
6	REMARK	TO REMOVE & REPLACE ONE TIRE WITH BALANCING (S/N)	50.00
7	REMARK	TO CARRY OUT COMPUTERIZED WHEEL ALIGNMENT, INSP & ADJUST SUSPENSION SYSTEM (S/N)	240.00
8	REMARK	CARRY OUT DIAGNOSTIC CHECKS & RESET SYSTEMS (S/N)	320.00
9	REMARK	TO CARRY OUT SIDE GT BODY KIT INSTALLATION (S/N)	250.00
10	REMARK	SUNDRIES	20.00
TOTAL(LABOUR)			3,700.00
1		VALVE TPMS ASSY 28103FL013(Qty : 1 @ 177.00 each)	177.00
2		PNL COMPL DR R WRH FROM TCS 60409FL0419C(Qty : 1 @ 933.00 each)	933.00
3		TAPE DR SASH R M WRH 90422FL040(Qty : 1 @ 8.00 each)	8.00
4		GARNISH AY SDSL RH USE 91112FL100 91112FL102(Qty : 1 @ 187.00 each)	187.00
5		GARNISH AY R QTR RH 91112FL140(Qty : 1 @ 152.00 each)	152.00
6		RIM GT EDTN 18" LPHGT28100FL18(Qty : 1 @ 1553.00 each)	1,553.00

**Motor Image Enterprises Pte Ltd**

25 Leng Kee Road Singapore 159097

Service Centre Tel (65) 6703 8163 Fax (65) 64791137

Website: www.subaru.asia

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#16-01 CITY HOUSE. S(068877)

TELEPHONE: 62222311 / 65063848**MODEL: SUBARU XV 2.0I-S EYESIGHT AWD CVT****ENGINE No.: FB20YP69302****CHASSIS No.: JF1GT7KL5MG122593****REGISTRATION No.: SNG8913K**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
7	SIDE UNDER SPOILER GT RH-ML	347.00
	LPHGT96031HQ4-RH(Qty : 1 @ 347.00 each)	
	TOTAL(SPARE PARTS)	3,357.00

Subtotal 7,057.00

GST(9%) 635.13

TOTAL \$7,692.13

DATE : 22-Aug-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!**



Hiring Agreement

Co.Reg.No.: 198403671HGST
GST Reg.No.: M2-0067432-1

TP2024024

SALESMAN CODE: ZAINI

Vehicle Number: SNN6202E Make & Model: KICKS PREMIUM 1.2L E-POWER Date: 08/07/2024
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

DATE OF AGREEMENT

(Day) 8 (Month) 7 (Year) 2024

THE HIRER AND NAMED DRIVERS

Hirer
Name: MOTOR IMAGE ENTERPRISE PTE LTD
Address: 25 LENG KEE ROAD
Singapore: 159097
Contact Person: FADZLEE Tel: 90601361
1st Driver
Name: RAMESH S/O DORASAMY
Address: BLK 525 #09-433 WOODLANDS DRIVE 14
Singapore: 130525
Contact Person: 98522840 Tel: _____
Occupation: _____ Date of Birth: 04/04/1965
Passport / NRIC No: SXXXX010F Nationality: SINGAPOREAN
Driver's Licence No: SXXXX010F Driving Exp: 32
Country of Issue: SINGAPORE Driving Date: _____
2nd Driver
Name: _____
Address: _____
Singapore: _____
Contact Person: _____ Tel: _____
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp: _____
Country of Issue: _____ Driving Date: _____

DEPOSIT

0

MILEAGE LIMITED

Unlimited, Complimentary

MALAYSIA DRIVE

Not applicable

MOTOR INSURANCE

Owner Insured

REMARK

SNG8913K TP CLAIM MIE LK JEFFERY TAN

HIRER'S DECLARATION

I/We confirm that I have read, understood and hereby agree to abide by the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of S\$250 will be applicable to ionize the vehicle.

The Hirer agrees to pay additional rental charges calculated at one-fifth of the daily rate for each overdue hour for the return of the Vehicle.

X

HIRER'S SIGNATURE & Affix CO. STAMP

DOWNTOWN TRAVEL SERVICES PTE LTD



PERIOD OF HIRE

Date Out: 08/07/2024 Time Out: 09:30 Mileage Out: 9473.00

Petrol Level: F

Agreed Date of Return: 12/07/2024 09:30 (4 Days)

Date In: _____ Time In: _____ Mileage In: _____

Petrol Level: _____

Collision Damage Waiver

ACCEPTS

To Pay Extra Fee

Daily: S

Non-Waiverable Excess

Singapore: _____

Malaysia: _____

Windscreen: \$ 100.00

DECLINES

Non-Waiverable Excess

Singapore: \$ 2,000.00

Malaysia: \$ 4,000.00

Windscreen: \$ 100.00

Petrol

FULL tank premium grade fuel upon return of vehicle. Otherwise, an administrative fee of S\$ 20 shall be charged to the Hirer, in addition to the petrol charges

IMPORTANT NOTES

An Additional Excess of S\$3,000 on top of the stipulated excess for drivers under 23 years or above 70 years of age or less than 2 years of driving experience provided that the Hirer is permitted in accordance with the licensing or other laws or regulations to drive the Vehicle. The Owner's Policy does not cover carrying of passenger(s) in the Vehicle for Hire and Reward purpose. The Vehicle is strictly to be driven by the Hirer and named drivers to whom it is hired to. If Vehicle is hired by a company, the company shall only permit the named drivers to drive the Vehicle, and not use the Vehicle to carry passengers for hire/reward.

If in the reasonable opinion of the Owner, the driving behavior of Hirer and/or authorized driver of the vehicle is deemed undesirable, the Owner may thereupon by notice in writing to the Hirer forthwith terminate this Agreement. The termination of the Hire shall not affect the rights of the Owner or liabilities of the Hirer subsisting at the date of termination.

Signature: X

OVERALL CHARGES

Per Day Rental Charges	120	00
Total Rental Charges	<u>360</u>	<u>480</u>
Collection & Delivery Surcharge	0	00
Other Surcharge	0	00
GST	<u>32.40</u>	<u>43.20</u>
Sub Total	<u>392.40</u>	<u>523.20</u>

Deposit Tax Invoice

Inv: _____ Amount: _____

O/R No: _____ Date: _____

Mode of Payment: _____

For Official Use

Inv: _____ Amount: _____

O/R No: _____ Date: _____

Termination

Date: _____

Remarks: _____

Hirer's Name: MIE (Ramesh slo Dorasamy)
 Vehicle Reg. No: SNN6202E

Hiring Agreement No: TP2024024
 Make & Model: Kicks Premium 1.2l

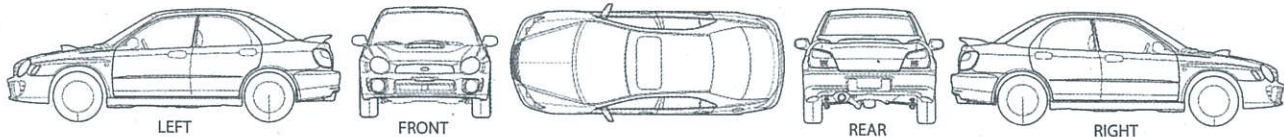
Vehicle Check Out Report

Please tick appropriate box below: YES (✓) NO (✗)

INTERIOR	EXTERIOR	LUGGAGE COMPARTMENT	Petrol
Road Tax Disc	Wipers	Spare Tyre	E ¼ ½ ¾ (F) Date: <u>08/07/24</u> Time: <u>0945hrs</u> Mileage: <u>9473</u>
Breakdown Decal	Fuel Lid	Tool Kit	
Radio/ CD Player	Petrol Cap	Jack	
Rear View Mirror	Wheel Cap	Lever	
Vanity Mirror		Breakdown sign	
Front & Rear Cam			
SD Card			

Remarks: _____

BODY EXTERIOR INSPECTION



X - Missing O - Dent / - Scratch # - Crack * - Paint Faded

Checked Out By: Yanny Received By: 8
 Date: 08/07/24 Passport/ NRIC No.: 014F Date: 804 24

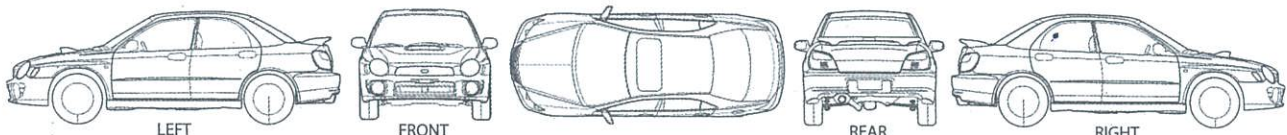
Vehicle Check In Report

Please tick appropriate box below: YES (✓) NO (✗)

INTERIOR	EXTERIOR	LUGGAGE COMPARTMENT	Petrol
Road Tax Disc	Wipers	Spare Tyre	E ¼ ½ ¾ (F) Date: <u>11/07/24</u> Time: <u>1720hrs</u> Mileage: <u>9624</u>
Breakdown Decal	Fuel Lid	Tool Kit	
Radio/ CD Player	Petrol Cap	Jack	
Rear View Mirror	Wheel Cap	Lever	
Vanity Mirror			

Remarks: _____

BODY EXTERIOR INSPECTION



X - Missing O - Dent / - Scratch # - Crack * - Paint Faded

KINDLY REMOVE YOUR CASH & VALUABLES FROM VEHICLE

THE MANAGEMENT SHALL NOT BE LIABLE FOR ANY LOSS OF CASH, VALUABLE ITEMS OR ANY ARTICLES FROM THE VEHICLE

Checked In By: Yanny Returned By: Ramesh Dorasamy
 Date: 11/07/24 Passport/ NRIC No.: S2644010F Date: 11 Jul 24

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SHD4401J

Date of Accident

21/06/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance MS First Capital Insurance Ltd

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

Requested By Seloshinah Sinivasagam (MOT...

Requested Date 21/06/2024 16:50

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**