

## Hsiao Tong (LKKAuto)

**From:** Seloshinah Sinivasagam <seloshinah@motorimage.net>  
**Sent:** Thursday, 22 August 2024 2:49 PM  
**To:** CWS Motor Claims  
**Cc:** LKINSTEAM  
**Subject:** OUR REF: SLZ9598D YOUR REF: SH8443K DOA: 26 JUN 2024 TP - PENDING PAYMENT  
**Attachments:** SLZ9598D LOD.pdf

EXTERNAL EMAIL - This email was sent by a person from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

### **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\$ 8,193.53 <b><i>(Inclusive GST)</i></b>
Loss of Use	S\$ 600.00 <b><i>( 5 days)</i></b>
GIA/LTA Fee	S\$ 2.18
<b>TOTAL</b>	<b>S\$ 8,795.71</b>

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](http://www.tanchong.com) :: [www.subaru.asia](http://www.subaru.asia)



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## LETTER OF AUTHORITY AND INDEMNITY

### 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. SLZ 95 98D AND S48443K  
ON 26 Jun 2024 AT SLIP ROAD FROM YISHUN AVE 2 TO AVE 7

- I, the owner of vehicle no. SLZ9598D 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>NEO LAN SEE</u>	Company Name	<u>Motor Image Ent Pte Ltd</u>
Address	<u>18 CANBERRA DRIVE #13-40</u>	Claim Officer's Name	<u>Dennis Leong</u>
Telephone No	<u>9828 8287</u>	Telephone No	<u>6703 8164</u>
Date	<u>18/7/2024</u>	Date	<u>18/7/2024</u>
Company Stamp [For Co Regn Vehicle]	Email <u>nanayneels@gmail.com</u> Authorized Signature <u>[Signature]</u>	Claim Officer Signature <u>[Signature]</u>	



**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 : NEO LAN SEE  
Address of insured : 18 CANBERRA DRIVE #13-40 EIGHT COURTYARDS S(768098)  
Name of Repairer : Motor Image Enterprises Pte Ltd  
Address of Repairer : 25 Leng Kee Road S159097  
Place of Accident : SLIP ROAD FROM YISHUN AVE 2 TO AVE 7  
Date of Accident : 26/JUN/2024 Vehicle Number : SLZ9598D  
Policy Number : P103262670R04 AUTO & GENERAL 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 of 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

  
S7521532J

NRIC No. & Signature/Company's stamp

Name : Dennis Leong Jia Hui

Name : NEO LAN SEE

Date : 18/JUL/2024

Date : 18/JUL/2024





AL 12/17/2024

Motor Image Enterprises Pte Ltd  
25 Lang Kee Road  
Singapore 159087  
Tel : (65) 6417 0888  
Fax : (65) 6478 0811  
BRN 188702062F

## BREAKDOWN OF PAYMENT

VEHICLE NO : SL79598D

ACCIDENT ON 26 JUN 2024 AT SLIP ROAD FROM  
YISHUN AVE 2 TO AVE 7

INVOLVING VEHICLE / S SH 8448K

1) Repair cost \$ 8,193.53 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 \$120.00 x 5 days.

Rental Car \$ 600.00 Payable to Motor Image Enterprises Pte Ltd.

5) Total Claim Amount \$ 8,795.71

\*KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES

\*Co-sign Person :

TP, CHONG  
PTE. LTD.

**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:** M256093**For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.****DATE REC'D:** 15-Jul-2024**SERVICE ADVISOR:** DENNIS**JOB No.:** M255501**MILEAGE:** 67035**ID:****NAME:** MS FIRST CAPITAL INSURANCE LIMITED**ADDRESS:** 36 ROBINSON ROAD

#16-01 CITY HOUSE. S(068877)

**TELEPHONE:** 62222311 / 65063848**MODEL:** XV 2.0I-S EYESIGHT AWD CVT**ENGINE No.:** FB20YC50692**CHASSIS No.:** JF1GT7KL5JG029294**REGISTRATION No.:** SLZ9598D

ITEMS	CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST MS FIRST CAP - SH8443K	
2	REMARK	DOA:26/JUN/2024 TIME:1655 HRS LOC:SLIP ROAD FROM YISHUN AVE 2 TO AVE 7	
3	REMARK	REPLACE REAR BUMPER,BUMPER BEAM & TAILGATE	1,360.00
4	REMARK	RESPRAY REAR BUMPER & TAILGATE	1,200.00
5	REMARK	TO SUPPLY PARKING SENSOR (2 PC SENSOR TYPE) (S/N)	360.00
6	REMARK	TO RMV, INSP & TRF TAILGATE LOCK & MOTOR, WIPER ASSY, TAIL-LIGHT, RR SPOILER & ATCH PART (S/N)	280.00
7	REMARK	TO RMV & RENEW REAR WINDSCREEN (S/N)	300.00
8	REMARK	TO SUPPLY WINDSCREEN SEALANT (S/N)	120.00
9	REMARK	TO SUPPLY & INSTALL REAR SOLAR FILM (S/N)	180.00
10	REMARK	CARRY OUT DIAGNOSTIC CHECKS & RESET SYSTEMS (S/N)	320.00
11	REMARK	SUNDRIES	30.00
12	REMARK	RESPRAY REAR BUMPER BEAM (0.5 SUPP)	300.00
TOTAL(LABOUR)			4,450.00
1		BUMPER FACE R XV 57704FL250(Qty : 1 @ 448.00 each)	448.00
2		BEAM COMPL R EU 57711FL0419P(Qty : 1 @ 220.00 each)	220.00
3		COVER HOOK R XV 57731FL570NN(Qty : 1 @ 7.00 each)	7.00
4		PANEL COMPL R GAT FROM TCS 60809FL0009C(Qty : 1 @ 987.00 each)	987.00
5		GLASS ASSY R G 63019FL030(Qty : 1 @ 1148.00 each)	1,148.00
6		DAM,RUBBER 65245FL000(Qty : 1 @ 20.00 each)	20.00

**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: XV 2.0I-S EYESIGHT AWD CVT****ENGINE No.: FB20YC50692****CHASSIS No.: JF1GT7KL5JG029294****REGISTRATION No.: SLZ9598D**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
7	CLIP BMPR *11PCS 909140007(Qty : 11 @ 3.00 each)	33.00
8	CLIP *4PCS 909140062(Qty : 4 @ 4.00 each)	16.00
9	CLIP *2PCS (REAR MUD GUARD CLIP) 909140065(Qty : 2 @ 2.00 each)	4.00
10	LETTER MK R 93079FL100(Qty : 1 @ 98.00 each)	98.00
11	LETTER MK R XV 93079FL140(Qty : 1 @ 39.00 each)	39.00
12	EYE SIGHT EMBLEM (TCS) LPH010ES-EMB(Qty : 1 @ 47.00 each)	47.00
TOTAL(SPARE PARTS)		3,067.00

Subtotal 7,517.00

GST(9%) 676.53

**TOTAL \$8,193.53**

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](http://www.DUORewards.com) and start accumulating your points for your invoice today!**

INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SH8443K

Date of Accident

26/06/2024 

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... **MS First Capital Insurance Ltd**

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

Requested By ..... **Dennis Leong Jia Hui (MOTOR ...**

Requested Date ..... **01/07/2024 16:47**

#### 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**