

AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
Business Reg. No.: 199500871W
GST Reg. No.: M2-8920338-9



TAX INVOICE

GST REG: M2-8920338-9

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20859688B
VEHICLE NO : JN1JANT32Z0001816
SLC980M

INVOICE NO. :
INVOICE DATE : W32146036
TERMS : 10-OCT-2018
DATE REC'D : CREDIT
SA/SE : 19-JAN-2018
JOB NO : HOS
MILEAGE : HG768612
YOUR REFERENCE : 034000
INS/IC/HOS/0040/18

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNTS
	LABOUR		
1	RENEW REAR BUMPER, L/R FENDER, REPAIR REAR END PANEL, BACK DOOR & L/R DOOR		1000.00
2	S/PAINT REAR BUMPER, L/R FENDER, REAR END PANEL, BACK DOOR & L/R DOOR		800.00
3	RENEW L/R QUARTER GLASS		120.00
4	R/I REAR SEAT CUSHION & FLOOR CARPET TO RENEW L/R FENDER		250.00
5	RENEW L/R SPORTS RIM, TYRE & BALANCE		15.00
6	CONDUCT WHEEL ALIGNMENT		95.00
7	RENEW REAR MULTI-LINK BEAM		NC
8	SUPPLY & INSTALL L/R QUARTER GLASS SOLAR FILM		100.00
9	RENEW REVERSE SENSOR		55.00
10	RENEW TAIL LAMP LIGHTINGS & CHECK WIRING		20.00
	SUBTOTAL :		2455.00
	PARTS		
1	FENDER INNERSHIELD CLIPS X 10 Qty:10 @ \$1.20 each (Disc:20.00% After Disc:\$9.60each)		9.60
2	REAR BUMPER CLIPS X 10 Qty:10 @ \$1.20 each (Disc:20.00% After Disc:\$9.60each)		9.60
3	LH TAIL LAMP Qty:1 @ \$260.20 each (Disc:20.00% After Disc:\$208.16each)		208.16

SURVEY REPORT REQUIRED

DOLLARS:

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WORKSHOP MANAGER

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CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE TIME

VEHICLE NO :

RELEASE BY

SIGNATURE

AUTOLUTION INDUSTRIAL PTE LTD

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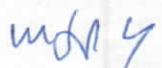
NAME : AXA INSURANCE PTE LTD
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MODEL : 68804741
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20859688B
VEHICLE NO : JN1JANT32Z0001816
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ITEMS	JOB DESCRIPTION	Credit terms	AMOUNTS
4	L/R FENDER INNERSHIELD Qty:1 @ \$81.60 each (Disc:20.00% After Disc:\$65.28each)		65.28
5	L/R WHEEL ARC MOULDING Qty:1 @ \$150.00 each (Disc:20.00% After Disc:\$120.00each)		120.00
6	L/R QUARTER GLASS Qty:1 @ \$380.00 each (Special Nett Item)		380.00
7	NISSAN EMBLEM Qty:1 @ \$59.70 each (Disc:20.00% After Disc:\$47.76each)		47.76
8	X-TRAIL EMBLEM Qty:1 @ \$101.30 each (Disc:20.00% After Disc:\$81.04each)		81.04
9	REAR BUMPER FASCIA Qty:1 @ \$623.80 each (Disc:20.00% After Disc:\$499.04each)		499.04
10	REAR BUMPER LH BRACKET Qty:1 @ \$35.80 each (Disc:20.00% After Disc:\$28.64each)		28.64
11	L/R SPORTS RIM Qty:1 @ \$1434.50 each (Special Nett Item)		1434.50
12	L/R FENDER Qty:1 @ \$1097.40 each (Disc:20.00% After Disc:\$877.92each)		877.92
13	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00
14	TYRE Qty:1 @ \$300.00 each (Special Nett Item)		300.00
	SUBTOTAL	:	4081.54

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PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO :

RELEASE BY

SIGNATURE

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19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483
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TAX INVOICE

GST REG: M2-8920338-9

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20859688B
VEHICLE NO : JN1JANT32Z0001816
SLC980M

INVOICE NO. :
INVOICE DATE : W32146036
TERMS : 10-OCT-2018
DATE REC'D : CREDIT
SA/SE : 19-JAN-2018
JOB NO : HOS
MILEAGE : HG768612
YOUR REFERENCE : 034000
INS/IC/HOS/0040/18

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNTS
1	REMARKS OD - ASSIST		
2	SATISFACTORY NOTE ATTACHED YOUR INSURED VEHICLE CB7557T		
	Insurance Co : AXA INSURANCE PTE LTD Policy No.....: GA186143/1 Claim Type ..: OD OR OD RECOVERY CLAIM DOA.....: 16-JAN-2018 Excess.....: 600.00 Our Ref.....: INS/IC/HOS/0040/18 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES		
	LABOUR	:	2455.00
	PARTS	:	4081.54
	SUBTOTAL	:	6536.54
	ADD. DISCOUNT	:	220.10
	Less Excess	:	600.00
	TOTAL	:	5716.44
	GST (7%)	:	400.15
	AMOUNT DUE	:	6116.59

SURVEY REPORT REQUIRED

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
SIX THOUSAND ONE HUNDRED SIXTEEN
AND CENTS FIFTY NINE ONLY.

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WORKSHOP MANAGER

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TO SECURITY GUARD

VEHICLE NO : SLC980M (HG768612/W32146036)

DATE : 12-02-2018 TIME : 17:56:32

RELEASE BY :
SIGNATURE



Autolution Industrial Pte Ltd

Tan Chong Motor Sales Pte Ltd's Authorised Dealer
19 Ubi Road 4
Singapore 408623
Tel (65) 64909665 / 67038680
Fax (65) 68467483
Business Reg. No.: 199500871W

DATE: 09-10-18
YOUR REF: CB7557T
OUR REF: INS/IC/HOS/0040/18

The Motor Claims Department SOMPO INSURANCE SINGAPORE PTE LTD
ATTENTION TO CLAIMS OFFICER : MOTOR CLAIM MANAGER

Dear Sir/ Madam,

Accident Involving: MY CLIENT VEHICLE SLC980M AND AGAINST YOUR INSURED VEHICLE CB7557T

Accident Date: 16/01/2018 TIME 07:15

Place and time of accident: ALONG BUANGKOK GREEN TOWARDS SENGKANG

RE: Direct Settlement for the Vehicle Number. SLC980M

On behalf of the owner of Motor Vehicle No. SLC980M, which was involved

in the captioned accident

The Vehicle was surveyed by AXA appointed suveyor at AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623

As the accident was cause by the negligent act of your insured CB7557T I am submitting this claim for your consideration

EXCESS PAYMENT CLAIM		SGD \$	642.00
COST OF LESS	8 DAYS (S) SGD\$ 120 /DAY	SGD \$	960.00
(Please refer to authorization letter			
GIA REPORT FEES (SGD\$ 12.00 FOR SEARCH FEE & SGD\$ 15.00 FOR EACH REPORT FEE		SGD \$	
LTA SEARCH /SURVEY FEE		SGD \$	2.00
COST OF CAR RENTAL	DAY(S) SGD \$	SGD \$	
TOTAL AMOUNT		SGD \$	1,604.00

We enclose herewith the following documents to support my claims,

- A. AUTHORIZATION LETTER
- B. LTA SEARCH
- C. INSURANCE CERTIFICATE ETC.
- D. CAR RENTAL INVOICE
- E. FINAL REPAIR BILL (S)
- F. GIA REPORT (S) RESULT
- G. LETTER OF DEMAND
- H. EXCESS INVOICE

Kindly look into this matter and let me hear from you on the settlement of the owner's claims as soon as possible. Thank you .

Yours Faithfully


Hamzah Bin Sa'ad
Service Supervisor





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-142633
Date of Request: 14/09/2018

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd
911, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

Enquiry Date 14/09/2018
Enquiry By Eric Koh Yong Lang
TP Vehicle No. CB7557T
Accident Date 16/01/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



LETTER OF AUTHORITY AND INDEMNITY

- Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- TC Autoclinic Pte Ltd, 25, Leng kee Road, Singapore 159097
- TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLC980M AND CB7557T
 ON 16/1/2018 AT Buangkok Green

1. I, the owner of vehicle no. SLC980M hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all loses 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>CHINMAVELUCHAMY CHANDRASEKAR</u>		Company Name <u>Autolution Industrial Pte. Ltd</u>
Address <u>20 Maxwell Road #109-17</u> <u>Maxwell House. S(069118)</u>		Claim Officer's Name <u>Hamsah Srad</u>
Telephone No <u>67273857</u>		Telephone No <u>96450079</u>
Date <u>08/02/18</u>	Email	Date <u>8/2/2018</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>Chandy</u>	Claim Officer Signature <u>[Signature]</u>

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TAX INVOICE

GST REG: M2-8920338-9

NAME : M/S VOLT ENGINEERING SERVICES PTE LTD
ADDRESS : 20 MAXWELL ROAD
TELEPHONE : #09-17 MAXWELL HOUSE S(069113)
MODEL : 98333914
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20859688B
VEHICLE NO : JN1JANT32Z0001816
SLC980M

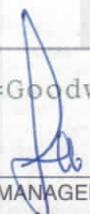
INVOICE NO. :
INVOICE DATE : W31422280
TERMS : 08-FEB-2018
DATE REC'D : CASH
SA/SE : 19-JAN-2018
JOB NO : HOS
MILEAGE : HG768612
YOUR REFERENCE : 034000
INS/IC/HOS/0040/18

(ID : XXXX917561D-)

ITEMS	JOB DESCRIPTION	AMOUNT
1	LABOUR COMPLIMENTARY:-CAR WASH AND VACUUM INTERIOR SUBTOTAL :	NC 0.00
	PARTS SUBTOTAL :	0.00
1	REMARKS OD - ASSIST SATISFACTORY NOTE ATTACHED Insurance Co : AXA INSURANCE S'PORE PTE LTD Policy No....: YOUR INSURED: CB7557T Claim Type ..: THIRD PARTY CLAIM DOA.....: 16-JAN-2018 Excess.....: 600.00 Our Ref.....: INS/IC/HOS/0040/18 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES IMPORTANT NOTE : KINDLY CONTACT YOUR SERVICE ADVISOR HOSNI AT 96450084 FOR FOLLOW UP ACTION IF NECESSARY.	
	LABOUR :	0.00
	PARTS :	0.00
	SUBTOTAL :	0.00
	Insurance Excess:	600.00
	TOTAL :	600.00
	GST (7%) :	42.00
	AMOUNT DUE :	642.00

Cash

PAID



WORKSHOP MANAGER

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)

DOLLARS: SIX HUNDRED FORTY TWO ONLY.

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