

**Motor Image Enterprises Pte Ltd**

19 Lorong 8 Toa Payoh Singapore 319255
Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535
25 Leng Kee Road Singapore 159097
Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137
Website: www.motorimage.net

**TAX INVOICE**

GST Reg No. M2-0076975-9
Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: L514261

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

DATE REC'D: 15-Jul-2019

SERVICE ADVISOR: HOOI

JOB No.: L504450

MILEAGE: 39692

ID:

NAME: AXA INSURANCE PTE LTD
ADDRESS: 8 SHENTON WAY
#27-01 AXA TOWER. S(068811)
TELEPHONE: 63387288
MODEL: FORESTER 2.0I-L AWD CVT
ENGINE No.: FB20YD37532
CHASSIS No.: JF1SJ5KC5JG107886
REGISTRATION No.: SLZ5183T

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SKZ6913J - AXA	
2	REMARK CONDUCT TP CLAIM AXA LOCATION:AFTER MOUNT PLEASANT FLYOVER(PIE) DATE:10/06/2018 TIME:1555HRS	
3	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
4	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
5	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
6	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
7	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
8	INS06 THE OWNER IS REQUIRED.	
9	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
10	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
11	INS09 CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
12	REMARK REPAIR/REPLACE REAR BUMPER AND PANEL	280.00
13	REMARK RESPRAY REAR BUMPER AND PANEL	420.00
	TOTAL(LABOUR)	700.00
1	BUMPER FACE REAR FORESTER IL 57704SG012(Qty : 1 @ 540.00 each(Discount 20.00%))	432.00
	TOTAL(SPARE PARTS)	432.00

Subtotal 1,132.00
GST(7%) 79.24
TOTAL \$1,211.24

DATE : 09-Apr-2020

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.DUO.com.sg and start accumulating your points for your invoice today!

Certified True Copy



Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payon
Singapore 319255
Tel : (65) 6417 0333
Fax : (65) 6252 5655
BRN 198702032R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLZ5183T and SKZ6913J on 10/06/2018

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ <u>1211.24</u>
b)	Loss of Use/ Rental of vehicles for <u>2</u> day(s) @ S\$ <u>110</u> per day	S\$ <u>220.00</u>
c)	LTA/ GIA Search Fees	S\$ <u>2.00</u>
d)	Towing Fees	S\$ <u>/</u>
e)	Others _____	S\$ <u>/</u>
TOTAL		S\$ <u>1433.24</u>

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input checked="" type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to **Motor Image Enterprises Pte Ltd/my favour** and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Siow Hooi – 6703 8115
hooi@motorimage.net



Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh Singapore 319255
T (65) 6417 0333 F (65) 6252 5655
W www.motorimage.net
Co Reg No: 198702032R

DISCHARGE VOUCHER

Name of Insured: **TAN BOON PIN**
Address of Insured: **BLK 171 LORONG 1 TOA PAYOH #20-1152 S(1231)**
Name of Repairs: **MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP**
Address of Repairs: **NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319225**
Place of Accident: **AFTER MOUNT PLEASANT FLYOVER (PIE)**
Date of Accident: **10/06/2018** Vehicle No: **SLZ5183T**
Policy No: **1800050270** Claim No: _____

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of **AXA INSURANCE LTD** settling the repair costs stated above with the said repairers, I/We hereby release and discharge the said insurers 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 Insurers in accordance with the laws governing such matters.

I/We hereby grant the said insurers 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 Insurers 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 may take in my/our name in the exercise of such rights and remedies.

REPAIRERS:



Company's Chop & Signature

DANIEL A JUDE

Name

17/07/2019

Date

INSURED:

S1462634D

IC No. & Signature/Company's Chop

TAN BOON PIN

Name

17/07/2019

Date

MotorImage

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 5183T **AND** SKZ 6913J
ON 10/06/18 **AT** AFTER MOUNT PLEASANT FLYOVER

1. I, the owner of vehicle no. SLZ 5183T 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>TAN BOON PIN</u>		Company Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u>
Address <u>APT BLK 171 LORONG 1 TOA PAYOH #20-1152 S (310171)</u>		Claim Officer's Name <u>DANIEL A JUDE</u>
Telephone No <u>9183 4438</u>		Telephone No <u>8611 3195</u>
Date <u>10 JUN 18</u>	Email <u>-</u>	Date <u>10 JUNE 2018</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>X [Signature]</u>	Claim Officer Signature <u>[Signature]</u>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9616670B



Name
TAN YU SHU
陈昱树

Race
CHINESE

Date of birth
08-05-1996

Sex
M

Country of birth
SINGAPORE

S9616670B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9616670B
Name: TAN YU SHU

Birth Date: 08 May 1996
Issue Date: 08 Oct 2016



002617806D

REPUBLIC OF SINGAPORE



Date of issue
14-03-2011


Address
APT. BLK 171 LORONG 1 TOA PAYOH
#20-1152
SINGAPORE 310171

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	08 Oct 2016

NP 428A

Licence No: S9616670B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1462634D



Name
TAN BOON PIN

陳文斌


Race
CHINESE

Date of Birth
26-12-1961

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE





Licence Number
S1462634D


Name
TAN BOON PIN

Birth Date
26 Dec 1961

Issue Date
30 Jun 2004



NRIC No. S1462634D



Blood Group
O+

Date of Issue
26-04-1993


Address
APT BLK 171 LORONG 1 TOA PAYOH #2C-1152
S PORE 1231

NRIC No: S1462634D Date: 3-7-95 No: 1708596

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	18 Aug 1983

NP 428A



Licence No: S1462634D

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Boon Pin
Period of Insurance : 07 May 2018 To 06 May 2019
Engine No. : FB20YD37532
Chassis No. : JF1SJ5KC5JG107886

Vehicle No. : SLZ5183T
Policy No. : 1800050270
Endorsement No. :
Issued Date : 25 May 2018

ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-L
Engine Capacity/Tonnage : 1,995.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

- a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Boon Pin - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500619225

TAN CHONG CREDIT SUBARU-HCW
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCSZB

TAX INVOICE

Our Ref No: GR-18-089158

Date of Request: 11/06/2018

Your Ref No: Online Purchase

Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh
Singapore 319255

Dear Sir/Madam,

Enquiry Date 11/06/2018
Enquiry By Lim Po Beng
TP Vehicle No. SKZ6913J
Accident Date 10/06/2018

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