

NAME: AXA INSURANCE PTE LTD

MODEL: FORESTER 2.0I-L AWD CVT

ENGINE No.: FB201781452(5Y100K)

CHASSIS No.: JF1SJ5KC5FG056079

REGISTRATION No.: SKV3249J

ADDRESS: 8 SHENTON WAY

TELEPHONE: 63387288

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

#27-01 AXA TOWER, S(068811)





TAX INVOICE

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

Sales: INSURANCE CUSTOMER

Invoice No: L491954
For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 13-Nov-2018 SERVICE ADVISOR: HOOI

JOB No.: L491164 MILEAGE: 56166

ID:

TTEM	IS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
		AGAINST SLQ12475 - AXA	
2	REMARK	CONDUCT TP CLAIM AXA LOCATION: YISHUN AVENUE 2	
		DATE:03/07/2018 TIME:1845HRS	
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.	280.00
12	REMARK	REPAIR/REPLACE REAR BUMPER AND PANEL	420.00
13	REMARK	RESPRAY REAR BUMPER AND PANEL	20.00
14	REMARK	SUNDRIES	
		TOTAL(LABOUR)	720.00
1		BUMPER FACE R	432.00
50		57704SG012(Qty: 1 @ 540.00 each(Discount 20.00%))	(2.53/53)
2		CARGO STEP PANEL S/S	368.00



Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore 319255 Service Centre Tel (65) 64170100/101 Fax (65) 62535535 25 Leng Kee Road Singapore 159097

Service Centre Tel (65) 64764776 Fax (65) 64791137 Website: www.motorimage.net



TAX INVOICE

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

Sales: INSURANCE CUSTOMER

Invoice No: L491954 For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 13-Nov-2018 SERVICE ADVISOR: HOOI

JOB No.: L491164 MILEAGE: 56166

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.: FB201781452(5Y100K) CHASSIS No.: JF1SJ5KC5FG056079 REGISTRATION No.: SKV3249J

ITEMS CODE

DESCRIPTION OF REPAIRS

E7710SG000(Qty: 1 @ 460.00 each(Discount 20.00%))

TOTAL(SPARE PARTS)

AMOUNT

800.00

Subtotal GST(7%)

106.40

TOTAL

\$1,626.40

1,520.00

MANAGER

DATE: 30-Jan-2019

CUSTOMER

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!







Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore 319255 Tel : (65) 6417 0333 Fax : (65) 6252 5655 BRN 198702032R

BREAKDOWN OF PAYMENT

VEHICLE NO: 6kV 33493
ACCIDENT ON 03 107 2018 AT Yishun Avenue 2
INVOLVING VEHICLE/S
1) Repair cost \$
2) GIA or LTA Search fees \$Payable to Motor Image Enterprises Pte Ltd
3) Medical fees \$Payable to
4) Loss Of Use or Rental Car \$ 240.00 Payable to Low Mon Khong
5) Total Claim Amount \$
* MINDLY SERABATE THE DAVMENT IN 2 CHECUES

* KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES

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





DISCHARGE VOUCHER

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

Name of Insured:	LOW MOH KHONG					
Address of Insured:	APT BLK 824 YISHUN	STREET 81 #06-592	S (760824)			
Name of Repairs:	MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP					
Address of Repairs:	NO. 19 LORONG 8 TOA	NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319225				
Place of Accident:	YISHUN AVE 2					
Date of Accident:	03/07/2018	Vehicle No:	SKV3249J			
Policy No:	28538-02	Claim No:				
settling the repair costs all further obligations and vehicle on or about the allowed agree that by virtue vehicle are subrogated. I/We hereby grant the sall or any of such rights. I/We further agree to fur exercising such rights allowed agree to fur exercising such rights.	stated above with the said rep id liabilities under the aforesaid abovementioned date and place e of such payment, all my/our of to the said Insurers in accordance aid insurers the authority to use and remedies including the rig mish the said Insurers with any	airers, I/We hereby release dipolicy in respect on and accept. rights and remedies in respect on and accept. rights and remedies in respect on a second accept. rights and remedies in respect once with the laws governing the my/our name to the extent that to give discharge and recovers assistance that they may rest they agree to indemnify respectively.	t necessary to effectively exercise eipts therefore. easonably require of me/us when ne/us against liability for costs			
exercise of such rights a	ENTERPO	INSURED:	Quint S255(893E			
Company's Ohop &	Signature	IC No. & Signi	S2556882F ature/Company's Chop			
DANIEL	A JUDE		LOW MOH KHONG			
Name		Name				
15/11/2	2018		15/11/2018			
Date	The same of the sa	Date				





LETTER OF AUTHORITY AND INDEMNITY

Motor Image Enterprises Pte Ltd Solution 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)

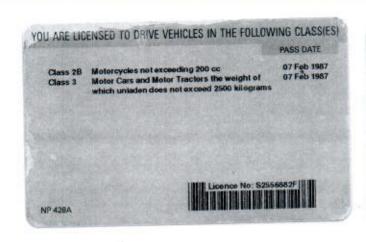
ACCIDENT INVOLVING VEHICLE REGISTRATION No.			AND	SLQ 12478	
ON 03 JULY 2018 AT YISHU	N AVE	2			

- 1. I, the owner of vehicle no. SKV 3249 Thereby 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.
- 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.
- 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.
- 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.
- 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.
 - 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 Low MOH	KHONG	Company Name motorimage ENTERPRISES PTE LTE		
	24 YISHUN ST 81	Claim Officer's Name DANIEL A JUDE		
#06-592 S(7	60824)			
Telephone No 9621 54	83	Telephone No 6703 8101		
Date 13th NOV 2018	Email — (Date 13th NOV 2018		
Company Stamp [For Co Regn Vehicle]	Authorized Signerary	Claim Officer Signature		











CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: LOW MOH KHONG

Period of Insurance

: 12 Sep 2017 To 11 Sep 2018

Engine No.

: FB201781452

Chassis No.

: JF1SJ5KC5FG056079

Vehicle No.

: SKV3249J

Policy No.

Endorsement No.

Issued Date

: 11 Sep 2017

: 2100428538-02

ABOUT THE COVER

Make/Model

SUBARU FORESTER 2,01-L

Engine Capacity/Tonnage: 1,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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 antior 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-setting, 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 insperalive 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 Floor Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LOW MOH KHONG - \$800 (Own Damage)

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

1 Motor image Enterprises Pie Lini Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline 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: United Overseas Bank Limited

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 I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500619212

TAN CHONG CREDIT SUBARU-TEY 911 BUKIT TIMAH ROAD SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



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-18-102202

Date of Request:

04/07/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

04/07/2018

Enquiry By

Lim Po Beng

TP Vehicle No.

SLQ1247S

Accident Date

03/07/2018

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:

[X] GIRO [] Cash [] Cheque