

**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: L493128

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

DATE REC'D: 03-Dec-2018

SERVICE ADVISOR: HOOI

JOB No.: L492330

MILEAGE: 2322

ID:

NAME: LONPAC INSURANCE BHD.

ADDRESS: 100 BEACH ROAD

#19-00 SHAW TOWER, S(189702)

TELEPHONE: 62507388

MODEL: XV 2.0I-S EYESIGHT AWD CVT

ENGINE No.: FB20YE33510

CHASSIS No.: JF1GT7KL5JG046580

REGISTRATION No.: SJM7474H

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1 TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST GY8180X - LONPAC INSURED	
2 REMARK	CONDUCT TP CLAIM LONPAC LOCATION:WOODLANDS AVE 2 TIME:1900HRS DATE:25/10/2018	
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.	420.00
12 REMARK	RESPRAY RR BUMPER AND PANEL	420.00
TOTAL(LABOUR)		

Subtotal 420.00
GST(7%) 29.40
TOTAL \$449.40

DATE : 25-Feb-2019

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

BREAKDOWN OF PAYMENT

VEHICLE NO : SJM7474H

ACCIDENT ON 25/10/2018 AT Woodlands Avenue 2

INVOLVING VEHICLE/S GY8180X

- 1) Repair cost \$ 449.40 Payable to Motor Image Enterprises Pte Ltd
- 2) GIA or ~~LTA~~ Search fees \$ 2.00 Payable to Motor Image Enterprises Pte Ltd
- 3) Medical fees \$ - Payable to -
- 4) ~~Loss Of Use~~ or Rental Car \$ 96.30 Payable to Motor Image Enterprises Pte Ltd
- 5) Total Claim Amount \$ 547.70

* KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES

*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: KOK FOOK KEE
Address of Insured: BLK 158 CANBERRA DRIVE #09-36 S(768083))
Name of Repairs: MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP
Address of Repairs: NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319225
Place of Accident: WOODLANDS AVENUE 2
Date of Accident: 25/10/2018 Vehicle No: SJM7474H
Policy No: PNPV2018-00012960 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 **LONPAC INSURANCE BERHAD** 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

SAYEDINAH ALI

Name

04/12/2018

Date

INSURED:



S7126589G

IC No. & Signature/Company's Chop

KOK FOOK KEE

Name

04/12/2018

Date



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. SJM 7474 H AND GY 8180 X
ON 25/10/2018 AT WOODLANDS AVENUE 2

1. I, the owner of vehicle no. SJM 7474 H 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.

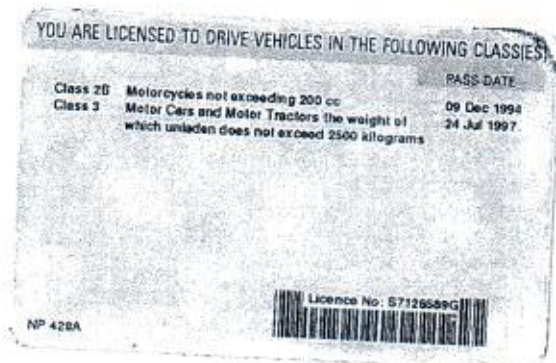
Claimant's Particulars		Authorized Workshop	
Name <u>KOK FOOK KEE (GUO FUJI)</u>		Company Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u>	
Address <u>APT BLK 158 CANBERRA DRIVE</u>		Claim Officer's Name <u>DANIEL A JUDE</u>	
#09-36 S (768083)			
Telephone No <u>9837 3825</u>		Telephone No <u>6703 8101</u>	
Date <u>31ST OCT 2018</u>	Email <u>-</u>	Date <u>31ST OCT 2018</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	

Sketch Plan Pg. 3



Hp: 9837 3285

Email: kokfk@yahoo.com.sg



dry
up
Ca: Yes

Woon Bee Hong (F)

Total: 2

StarHub 4G

5:36 PM

38%

Done

FWD Singapore Pte Ltd



FWD

CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00012960 (Comprehensive - Classic Plan)

Car plate number: SJM7474H

Your name (As the policyholder): Kok Fook Kee

Coverage start date: 16/10/2018

Coverage end date: 15/10/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 30/09/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6520-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

FWD Singapore Pte Ltd, 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038966. T: (65) 6820-8888. Company Registration No: 200501737H | www.fwd.com.sg
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FWD



TAX INVOICE

Our Ref No: GR-18-169581
Date of Request: 01/11/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 01/11/2018
Enquiry By: Lim Po Beng
TP Vehicle No: GY8180X
Accident Date: 25/10/2018

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

Vehicle Number: SKG6884J Make & Model: NISSAN SYLPHY 1.5 4AT
Change Over 1: _____ Initial: _____
Change Over 2: _____ Initial: _____

Date: 03/12/2018
Date: _____
Date: _____

Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD
Address: 19 LORONG 8 TOA PAYOH
Singapore: (319255)
Contact Person: MR SAYEDINAH Tel: 91779089

1st Driver

Name: KOK FOOK KEE
Address: BLK 156 CANBERRA DRIVE #09 - 36
Singapore: (768083)
Contact No: 98373205 (H) (O) (HP)
Occupation: _____ Date of Birth: 02/08/1971
Passport / NRIC No: S7126589G Nationality: SINGAPOREAN
Driver's Licence No: S7126589G Driving Exp: yrs
Country of Issue: SINGAPORE Driving Date: 26/12/2002

Additional Driver

Name: MOTOR IMAGE ENTERPRISES PTE LTD
Address: 19 LORONG 8 TOA PAYOH
Singapore: (319255)
Contact No: 91779089 (H) (O) (HP)
Occupation: _____ Date of Birth: _____
Passport / NRIC No: N.A. Nationality: SINGAPORE
Driver's Licence No: N.A. Driving Exp: yrs
Country of Issue: _____ Driving Date: _____

Remarks / Delivery Location

SJM7474H 3RD PARTY CLAMS REF MIE TPY DANIEL

Check In / Out

Date Out: 03/12/2018 Time Out: 10:30:00 Km Out: 12345.00

Petrol Level: F
Agreed Date of Return: 04/12/2018 10:30:00

Date In: _____ Time In: _____ Km In: _____

Petrol Level: E

Collision Damage Waiver & PAI

ACCEPTS

To Pay Extra Fees

Daily S\$0.00

Weekly S\$

Monthly S\$

Weekend S\$

Non-Waivable Excess

S\$ 0.00 per accident

DECLINES

Hirer Declines CDW

Excess S\$ 2,000.00

per accident

Signature _____

Signature _____

*The above is subjected to 7% GST.

Per Day	90.00	90.00
Per Week		
Per Month		
Weekend		
Rental Charges 1 day x \$90	90.00	
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	6.30	
Sub Total	96.30	

OVERALL CHARGES

\$96.30

Hirer hereby agrees to abide to 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 that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of S\$50 will be applied.

Deposit Tax Invoice

Deposit Inv: _____ Amount: _____

O/R No: _____ Date: _____

For Official Use

INV: 51014393 O/R: _____ Date: 5 DEC 2018

INV: _____ O/R: _____ Date: _____

INV: _____ O/R: _____ Date: _____

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD

Motor Image Enterprises Pte Ltd

Request For Car Rental

Date: 03/12/2018

Department: SERVICE INS.

Request By: BAJENDI VAM AH

Invoice To: MIE SVC (TP) MIE SVC - LK

Reason:

STAFF PARTY CAR RENTAL FOR STAFF 747441.

MR KOIC FOOK KEE

9887 3205

Owner's Car Plate No: STMA 747441.

Authorized No. of days:

1

Owner's Car Model: XV

Date Required: 3/12/2018

Date Returned: 04/12/2018

Model of Vehicle Required: (Auto / Manual):

Authorized By:



DANIEL LIM

(Name & Signature of Dept Mgr)

To Be Completed by Downtown Travel Service P L Staff:

Vehicle Number Assigned: SKG 6FF4J

Car Model: NISSAN SYLPHY

Rental Date: 3/12/18

Date Returned: 4 Dec 2018

Process by: ICAR

MOTOR IMAGE ENTERPRISES PTE LTD

19 LORONG 8 TOA PAYOH

S(319255)

ATTN : MR SAYEDINAH

GST Reg No. : M2-0067432-4

Tax Invoice : S1014373

Inv. date...: 05-DEC-2018

Print date...: 05-DEC-2018

Print time...: 10:00:34

Page no.....: 1

Agreement no: TP2018698

Salesman....: AK

Description

Amount

RENTAL CHARGE FROM 03-DEC-2018 TO 04-DEC-2018
NISSAN SYLPHY 1.5 4AT - SKG6884J
(KOK FOOK KEE)

90.00

TOTAL SGD(BEFORE GST)	90.00
GST(7%)	6.30
TOTAL SGD(AFTER GST)	96.30

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

DOWNTOWN TRAVEL SERVICES PTE LTD



Authorised Signature