b) Loss of Use/ Rental of vehicles for day(s) @ S\$ per day c) LTA/ GIA Search Fees	16							Date:
Attr. Motor Claims Department Dear Sirl Madam, Accident Involving vehicle 5M \$35 170 R and 5LK5828 X on 04-12-2018 I am the owner of vehicle no 6M \$2570 R which was involved in an accident with your insured vehicle no 5LK5828 X The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my finantiamised below: a) Repair Cost/ Excess S\$ 6,800 b) Loss of Use/ Rental of vehicles for 1 day(s) @ S\$ 110 per day S\$ 822 c) LTA/ GIA Search Fees 4) Administrative Charges e) Others Medico Fees TOTAL S\$ 7,792 enclose herewith copy of the following: (please tick the appropriate boxes) Repair Invoice Rental Invoice Certificate of Insurance I payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim.	*							M/s:
Attn: Motor Claims Department Dear Sir/ Madam, Accident involving vehicle 5M + 35 170 R and 5L + 58 28 X on 04-12-2018 I am the owner of vehicle no 6M + 3570 R which was involved in an accident with your insured vehicle no 5L + 58 28 X on 04-12-2018 I am the owner of vehicle no 6M + 3570 R which was involved in an accident with your insured vehicle no 5L + 58 28 X on 04-12-2018 The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my finantizemised below. a) Repair Cost/ Excess b) Loss of Use/ Rental of vehicles for 1 day(s) @ S\$ 110 per day S\$ 82.3 c) LTA/ GRASearch Fees d) Administrative Charges e) Others 158. TOTAL S\$ 7,79.2 enclose herewith copy of the following: (please tick the appropriate boxes) Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Certificate of Insurance Certificate of Insurance Certificate of Insurance Contact Details are as follow; No:								
Attn: Motor Claims Department Dear Sir/ Madam, Accident involving vehicle 5M + 35 170 R and 5L + 58 28 X on 04-12-2018 I am the owner of vehicle no 6M + 35 170 R which was involved in an accident with your insured vehicle no 5L + 58 28 X on 04-12-2018 I am the owner of vehicle no 6M + 35 170 R which was involved in an accident with your insured vehicle no 5L + 58 28 X on 04-12-2018 I am the owner of vehicle no 6M + 35 170 R which was involved in an accident with your insured vehicle no 5L + 58 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29								
Attn: Motor Claims Department Dear Sir/ Madam, Accident involving vehicle \$\(\frac{5\pi}{2\pi} \) \$\frac{70 R}{200 R} \] and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{5\pi F3 \frac{70 R}{200 R}}{200 R} \) and \$\(\frac{70 R}{200 R} \) and \$\(\frac{70 R} \) and \$\(\frac{70 R}{200 R} \) and \$\(\								-
Dear Sir/ Madam, Accident involving vehicle 5M + 35 170 R and 51 K 58 28 X on 04 12 - 2018 I am the owner of vehicle no 6M + 2570 R which was involved in an accident with your insured vehicle no 51 K 58 2 The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my finantiemisach below: a) Repair Cost/ Excess							ore	Singap
Accident involving vehicle							lotor Claims Department	Attn: M
Tam the owner of vehicle no SMF 2570R which was involved in an accident with your insured vehicle no SLF58: The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my finantiermised below: a) Repair Cost/ Excess b) Loss of Use/ Rental of vehicles for day(s) SS 110 per day c) LTA/ GNA Search Fees d) Administrative Charges e) Others Medico Fees TOTAL S\$ 7, 7492 enclose herewith copy of the following: (please tick the appropriate boxes) Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Contact Details are as follow; No:							ir/ Madam,	Dear S
The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my finantitemised below: a) Repair Cost/ Excess b) Loss of Use/ Rental of vehicles for day(s) S\$ 110 per day c) LTA/ GIA/ Search Fees c) LTA/ GIA/ Search Fees c) Others Medica/ Fees c) Others Medica/ Fees c) Contact Details are as follow; In the owner of vehicle no SIA/ 582 S\$ 6,800 S\$ 6,800 S\$ 6,800 S\$ 6,800 S\$ 6,800 S\$ 7,800 S\$ 7,800 S\$ 7,700 S\$ 7,700 LTA/ GIA/ Search Fees S\$ 7,700 In the following: (please tick the appropriate boxes) S\$ 158. In the owner of vehicle no SIA/ 582 S\$ 158. In the owner of vehicle no SIA/ 582 S\$ 6,800 S\$ 6,800 S\$ 6,800 S\$ 6,800 S\$ 7,700 S\$ 7,700 S\$ 7,700 In the following in th					on_04-12-2018	and SLK5828X	ent involving vehicle 5M+3547	Accide
The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my finantitemised below: a) Repair Cost/ Excess b) Loss of Use/ Rental of vehicles for	8 X	LX 5828	SL	e no s				
b) Loss of Use/ Rental of vehicles for							cident was caused solely by your insu	The acc
c) LTA/ GHA Search Fees d) Administrative Charges e) Others Medica Fees TOTAL S\$ 7, 792 enclose herewith copy of the following: (please tick the appropriate boxes) Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim. Payment should be made in my favour and the said payment as full and final settlement of my claim.	3.24	6,803	1	S\$			Repair Cost/ Excess	a)
d) Administrative Charges e) Others Medical Fee's SS 158. TOTAL S\$ 7,792 enclose herewith copy of the following: (please tick the appropriate boxes) Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Certificate of Insurance Contact Details are as follow: No:	.90	823		S\$	r day	day(s) @ S\$_ <u>110</u> ·pe	Loss of Use/ Rental of vehicles for _	b)
enclose herewith copy of the following: (please tick the appropriate boxes) Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Payment should be made in my favour and the said payment as full and final settlement of my claim. Passe acknowledge receipt and let me have your favourable reply soon. Contact Details are as follow;	49	7.		S\$			LTA/ GIA Search Fees	c)
enclose herewith copy of the following: (please tick the appropriate boxes) Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Certificate of Insurance Payment should be made in my favour and the said payment as full and final settlement of my claim. Passe acknowledge receipt and let me have your favourable reply soon. Contact Details are as follow;				S\$	OK AN		Administrative Charges	d)
Repair Invoice Rental Invoice Rental Invoice Certificate of Insurance Payment should be made in my favour and the said payment as full and final settlement of my claim. Contact Details are as follow; Policy Excess Invoice Rental Invoice Certificate of Insurance Survey Report Contact Details are as follow;	00	158.0		S\$		-	Others <u>Medica</u> Fee	e)
Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Payment should be made in my favour and the said payment as full and final settlement of my claim. Passe acknowledge receipt and let me have your favourable reply soon. Contact Details are as follow;				s\$	TOTAL			
No:	4				NRIC/ Driving License GIA Report Survey Report	aid payment as full and fina	Repair Invoice Policy Excess Invoice Rental Invoice Certificate of Insurance Int should be made in my favour and the chowledge receipt and let me have you	paymer paymer ack
								No: _
nail Address:								

Jia Le (LKK Auto)

From: Jia Le (LKK Auto)

Sent: Thursday, 7 November 2019 4:15 PM insurance@lioncityrentals.com.sg

Subject: ACCIDENT INVOLVING SLK 5828X(LCR) & SMF 3570R ON 04/12/2018 ALONG

CHOA CHU KANG NORTH 5 & CHOA CHU KANG LINK

LCRF PTE LTD

Policy Holder

Your Ref: SLK 5828X

Our Ref: CC4/LCR18022732/T1da3

Dear Sir/Madam,

ACCIDENT INVOLVING SLK 5828X(LCR) & SMF 3570R ON 04/12/2018 ALONG CHOA CHU KANG NORTH 5 & CHOA CHU KANG LINK

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

We have received a claim from SMF 3570R against your insurance policy.

Based on the information on hand, we are of the opinion that liability is down against us as it is head to rear collision.

We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Best Regards,

Chan Jia Le | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: <u>Jiale@lkkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



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)

ACCIE	DENT INVOLVING VEHICLE RE	GISTRA	TION No. SM	F3570R		AND SLK-5828X	4
NC	04-12-2018	AT			Chy	Koing North b	

- 1. I, the owner of vehicle no. 5/1 F3570/R 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.
- 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		Aut	horized Workshop	(a) (a)
Name Quain An Ben	2	Con	npany Name	
Address BIK 787 Chon	Claukang North 6	Clai	m Officer's Name Jeft	Teh
#10-208				
Telephone No 9669959		× Tele	phone No 6703 86	3
Date 31/1/10 x	Email benji-kobb gnot	x Date	phone No 670386	
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Clai	m Officer Signature	
			100	

RELEASE VOUCHER (AIG Asia Pacific - Express Third Party Claim)

"We/I, MOTOR IMAGE ENTERPRISES PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for \$\sum_{\text{S\$6.803.24}}\$ (Repair Cost), \$\sum_{\text{S\$823.90}}\$ (Loss of Use/Rental), \$\sum_{\text{S\$165.45}}\$ (Disbursement) for vehicle no. \$\sum_{\text{SMF}}\$ 3570R that was damaged pursuant to the accident which occurred on \$\frac{04/12/2018}{2018}\$ (date) along \$\frac{JUNCTION}{2018}\$ ALONG CHOA CHU KANG NORTH 6 (location) involving vehicle no/s \$\sum_{\text{SLK}}\$ 5828X. This is pursuant to the inspection conducted on \$\frac{19/12/2018}{2018}\$ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **QUAH AH BENG** (the third party claimant") of vehicle no. **SMF 3570R** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to <u>SMF 3570R</u> (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.



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: M189166

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

> DATE REC'D: 14-Jan-2019 SERVICE ADVISOR: JEFF TEH

JOB No.: M182641 MILEAGE: 2428

ID:

NAME: AIG ASIA PACIFIC INSURANCE PTE LTD

ADDRESS: 78 SHENTON WAY

#07-16 AIG BUILDING. S(079120)

TELEPHONE: 91007211

MODEL: XV 2.0I-S EYESIGHT AWD CVT

ENGINE No.: FB20YE77057

CHASSIS No.: JF1GT7KL5JG047593
REGISTRATION No.: SMF3570R

ITEM	S CODE	DESCRIPTION OF REPAIRS		AMOUNT
1	ANTI	TO CONDUCT ANTI-RUST PROTECTION FOR REAR		290.00
		UNDERCARRIAGE WITH ANTI RUST COATING		
2	REVERS	TO SUPPLY AND INSTALL 2-POINT REVERSE SENSOR		300.00
3	UNDERP	TO CONDUCT PANEL PROTECTION FOR REAR UNDERCARRIAGE		250.00
4	REMARK	TO REPAIR AND REPLACE REAR BUMPER, TAILGATE, REAR		1,000.00
A STATE		BUMPER BEAM, REAR END PANEL AND SPARE TYRE WELL		
5	REMARK	TO RESPRAY REAR BUMPER, TAILGATE, REAR BUMPER BEAM	eriani	625.00
	and the same of	, REAR END PANEL, REAR BOTH SIDE FENDER AND SPARE	The state of the s	The second of
6	REMARK	TYRE WELL		
7	REMARK	REMOVE AND REFIX EXHAUST FOR FACILITATE REPAIR AND CHECKING	e egouero Leo	250.00
8	REMARK	TRANSFER TAILGATE MECHANISM		180.00
9	REMARK	REMOVE & REFIX REAR BOOT GARNISH & TRIM TO		180.00
		FACILITATE REPAIR	71-11-1	
10	REMARK	REMOVE & INSTALL REAR WINDSCREEN		240.00
11	REMARK	TO SUPPLY AND INSTALL REAR WINDSCREEN TINT FILM		145.00
12	REMARK	SUNDRIES	-	20.00
13	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)		1 +2
14	REMARK	TO REPAIR REAR END PANEL (SUPP)		250.00
15	REMARK	TO RESPRAY REAR END PANEL (SUPP)	74 T	200.00
16	INS01	FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN		
- 19	OFFICE OF A	ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE		
17	INS02	IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO	31 (major) - 0	TOTAL PROPERTY.
1,000		STANDARD RATE CHART (REF. 0338).		
18	INS03	STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM	TEACH I	A TOTAL TOTA
		THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	STATES NO. 1	THE PERSON NAMED IN
19	INS04	SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT	The second second	
		THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.		
20	INS05	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF	CALL TO BE	T. E. S. S. S.
		THE PARTY OF STREET STREET STREET		E



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



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MODEL: XV 2.0I-S EYESIGHT AWD CVT

ENGINE No.: FB20YE77057

CHASSIS No.: JF1GT7KL5JG047593 REGISTRATION No.: SMF3570R

	ITEN	1S CODE	DESCRIPTION OF REPAIRS		AMOUNT
			IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM		
	21	INS06	THE OWNER IS REQUIRED.		
	22	INS07	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF	the state of the state of	
			DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	1	
	23	INS08	NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO.		100
	-	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	The section of the section of the section of	-
	24	REMARK	TO CONDUCT THIRD PARTY CLAIM - AXA	The state of the s	100 300 100 100
			ACCIDET DATE: 04/12/2018 TIME:1915HRS		
	25	REMARK	LOCATION: JUNCTION ALONG CHOA CHU KANG NORTH 6		
	26	REMARK	* VEHICLE B : SLK5828X *		
			TOTAL(LABOUR)		3,930.00
	1		MUFFLER ASSY W20		403.20
			44300FL000(Qty: 1 @ 576.00 each(Discount 30.00%))		
	2		BUMPER FACE R XV		280.77
			57704FL250(Qty: 1 @ 401.10 each(Discount 30.00%))		-
	3		BRKT SD R XV RH		8.47
			57707FL400(Qty: 1 @ 12.10 each(Discount 30.00%))		
	4		BRKT SD R XV LH		8.47
			57707FL410(Qty: 1 @ 12.10 each(Discount 30.00%))		
	5		BRKT LWR R *2		35.28
	-		57707FL510(Qty: 2 @ 25.20 each(Discount 30.00%))	The state of the s	1100
	6		BEAM COMPL R EU		142.03
		and the	57711FL0419P(Qty: 1 @ 202.90 each(Discount 30.00%))	THE CONSTRUCTION OF THE PARTY O	The sections
	7	12 F	COVER HOOK R XV	The second second	4.55
			57731FL570NN(Qty: 1 @ 6.50 each(Discount 30.00%))	The second second	1000
	8		PANEL COMPL R GAT	1320	658.00
			60809FL0009P(Qty: 1 @ 940.00 each(Discount 30.00%))	The state of the state of	
	9		GLASS ASSY R G	THE PERSON NAMED IN COLUMN TWO	743.40
i	-	A Partie of the			



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

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ADDRESS: 78 SHENTON WAY

#07-16 AIG BUILDING, S(079120)

TELEPHONE: 91007211

MODEL: XV 2.0I-S EYESIGHT AWD CVT

ENGINE No.: FB20YE77057

CHASSIS No.: JF1GT7KL5JG047593 **REGISTRATION No.: SMF3570R**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
	63019FL030(Qty: 1 @ 1062.00 each(Discount 30.00%))	
10	DAM RUBBER LWR	12.60
	65045FL010(Qty: 1 @ 18.00 each(Discount 30.00%))	
11	LETTER MK R	63.00
20 对源"结论	93079FL100(Qty: 1 @ 90.00 each(Discount 30.00%))	The state of the s
12	LETTER MK R XV	25.20
The second secon	93079FL140(Qty: 1 @ 36.00 each(Discount 30.00%))	April 1985
13	EYE SIGHT EMBLEM (TCS)	43.20
	LPH010ES-EMB(Qty: 1 @ 43.20 each)	
	TOTAL(SPARE PARTS)	2,428.17

Subtotal 6,358.17 GST(7%) 445.07 TOTAL \$6,803.24

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

DATE: 28-Aug-2019

Not yet a DUO Member? Join us now at www.DUO.com.sg and start accumulating your points for your invoice today!



SERVICE WORKSHOP

ATTN : MR DAVID KOH

25 LENG KEE RD

MOTOR IMAGE ENTERPRISES PTE LTD



DOWNTOWN TRAVEL SERVICES PTE LT.

19 Lorong 8 Toa Payoh Singapore 319255 Tel (65) 6703 8400 Fax (65) 6336 4677 Co. Reg. No. 1984-03671/H GST Reg. No. M2-0067432-4

GST Reg No.: M2-0067432-4

Tax Invoice: S1014594

Inv. date...: 22-JAN-2019

Print date..: 22-JAN-2019

Print time..: 16:50:44

1 Agreement no: TP2018848

Salesman...: AK

Page no....:

Description

S(159097)

Amount

RENTAL CHARGE FROM 14-JAN-2019 TO 21-JAN-2019 NISSAN QASHQAI+2 2.0 SMT ABS - SKG7358E (QUAH AH BENG)

770.00

TOTAL SGD(BEFORE GST)

770.00

GST(7%) TOTAL SGD(AFTER GST)

53.90 823.90

========

DOWNTOWN TRAVEL SERVICES PTE LTD

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.

Vel Ser



Hiring Agreement Co,Reg.No : 198403671H

GST Reg.No.: M2-0067432-1

TP2018848

CUSTOMER COPY

SALESMAN CODE: AK

Vehicle Number: SKG7358E		AN QASHQAI+2 2,0 SMT ABS	Date: 14/01/2019
Change Over 1: Change Over 2:	Initial:		Date:
r =		Check In / Out	Dato
Hirer Name: MOTOR IMAGE ENTERPRISES PTE LTD		Date Out: 14/01/2019 Time Out	40.00.00 Km Out 40045.00
Address: 25 LENG KEE RD			10:00:00
Singapore: (159097)		Petrol Level: F	
Non-process to		Agreed Date of Return: 21/01/201	9 10:00:00
Contact Person: MR DAVID KOH Tel:	96894556	Date In: Time In	Km In
1st Driver		Petrol Level: E	
Name: QUAH AH BENG		Collision Damage Waiver & PAI	
Address: BLK 787 CHOA CHU KANG NORTH 6 # 10 -	206		
Singapore: (682787)			DECLINES
Contact No: 96699592 (H) (O)	(HP)	/	Hirer Declines CDW
Occupation:		Daily \$\$0/00	
		Weekly SS	
Passport / NRIC No: S1760094Z	Nationality: SINGAPOREAN	Monthly \$\$	
Driver's Licence No: S1760094Z	Driving Exp: yrs	Weekend /S\$	
Country of Issue: SINGAPORE	Driving Date:	1	Excess S\$ 2,000.00
		S\$ 0.00 per accident	per accident
Additional Driver		/	
Name: BENJAMIN QUAH YONG JIE		Signature	Signature
Address: BLK 787 CHOA CHU KANG NORTH 6 # 10 -	206	J. Signature	87
Singapore: (682787)		*The above is subjected to 7	% GST.
Contact No: 90217433 (H) (O)	(HP)		
Occupation:	Date of Birth: 29/10/1994	Per Day	110.00 770.00
D. J. L.		Per Week	
Passport / NRIC No: S9440053H	Nationality: SINGAPOREAN	Per Month	
Driver's Licence No: S9440053H	Driving Exp: yrs	Weekend Rental Charges	770.00
Country of Issue: SINGAPORE	Driving Date: 16/09/2014	CDW	0.00
SINGAPORE	511Villig 5d.c. 16/09/2014	PAI	0.00
Remarks / Delivery Location		Deliver / Collection	0.00
		Malaysia Charge	
SMF3570R 3RD PARTY CLAIM REF MIE LK JEFF		Petrol Other Charge	
		7% GST	53.90
		Sub Total	823.90
firer hereby agrees to abide to the terms and conditons as set out by signature here will be deemed to have been made on the applica	overleaf. If I opt to pay by credit / charge card, able credit and card charge slip.	OVERALL CHARGES	
also agree to allow the company to hold a security deposit equival	ent to the excess amount as set out in the Hire		
greement for the term of hire by credit card/ cash. he Hirer agrees that smoking and carriage of pets are not allowed i	in the hired vehicle. An extra charge of S\$250	Deposit Tax Invoice	
ill be applicable to ionize the vehicle.	The fired vertical fire of duties	Deposit Inv:	Amount
he Hirer agrees that the vehicle must be returned at the agreed tim harge of \$\$50 will be applied.	e and date. Late return is chargeable, an hourly	O/R No:	Date
	Reg. No. 198403671H	For Official Use INV: O/R: INV: O/R:	Date Date
IRER'S SIGNATURE DO	WNTOWN TRAVEL SERVICES PTE LTD	INV: O/R:	Date