

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MC2018/3020
Claimant Ref: SKV 9707P

We/I, MOTOR IMAGE ENTERPRISES PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 2,951.83 (repair cost), S\$ 706.20 (loss of use/rental), S\$ 2.00 (search fee), vehicle no. SKV 9707P that was damaged pursuant to the accident which occurred on 29/12/2018 (date) at ALONG PIE AFTER KPE EXIT (location) involving vehicle no. GBF 9727Y (insured vehicle). This is pursuant to the inspection conducted on 31/01/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner ONG ENG SENG ("the third party claimant") of vehicle no. SKV 9707P to 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 India International 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 cost of repairs and/or rental and/or loss of use pursuant to the damage to SKV 9707P (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims 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.

We/I authorize you to pay the total amount of S\$ 3,660.03 to MOTOR IMAGE ENTERPRISES PTE LTD.

Dated this 30 day of October 20 19

CLAIMANT:

Signature: _____

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____

Signed by "the workshop" (with chop)

Dennis Leong

G2810243M

25 Leag Kee Road

S(159097)

Malayalan

Service Advisor

WITNESS:

Signature: _____

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____

Signed by appointed Surveyor

LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

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. SKV9707P **AND** GBF9727X
ON 29/12/2018 **AT** Along PIE after KPE exit

1. I, the owner of vehicle no. SKV9707P 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>ONG ENG SENG</u>		Company Name	
Address <u>7 RIVERVALE LINK #03-33</u> <u>SC 545125</u>		Claim Officer's Name <u>Dennis Leng</u>	
Telephone No <u>97450850</u>		Telephone No <u>6703 8161</u>	
Date <u>1 Mar 2019</u>	Email <u>jacob5500</u>	Date <u>1/3/2019</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>[Signature]</u>	Claim Officer Signature <u>[Signature]</u>	

**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: M189117**

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

DATE REC'D: 28-Feb-2019**SERVICE ADVISOR: DENNIS****JOB No.: M184200****MILEAGE: 90365****ID:****NAME: INDIA INTERNATIONAL INSURANCE PTE LTD****ADDRESS: 64 CECIL STREET**
#05-00. S(049711)**TELEPHONE: 63476100****MODEL: FORESTER 2.0XT AWD CVT****ENGINE No.: FA20K944764****CHASSIS No.: JF1SJGK85FG057197****REGISTRATION No.: SKV9707P**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	REMARK REPLACE REAR BUMPER, BRACKET LHS AND UNDER SPOILER	560.00
2	REMARK RESPRAY REAR BUMPER ASSY	660.00
3	REMARK REMOVE AND REFIX REVERSE SENSOR	80.00
4	REMARK TO INSTALL REAR UNDER SPOILER (STI)	150.00
5	REMARK SUNDRIES	
6	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
7	REMARK TO CONDUCT THIRD PATRTY CLAIM - INDIA INT INS ACCIDENT DATE:29/12/2018 TIME:1455HRS	
8	REMARK LOCATION:ALONG PIE AFTER KPE EXIT	
9	REMARK TP VEHICLE :GBF9727Y	
10	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
11	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
12	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
13	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
14	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
15	INS06 THE OWNER IS REQUIRED.	
16	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
17	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
18	INS09 CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
TOTAL(LABOUR)		1,450.00



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: M189117

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

DATE REC'D: 28-Feb-2019

SERVICE ADVISOR: DENNIS

JOB No.: M184200

MILEAGE: 90365

ID:

NAME: INDIA INTERNATIONAL INSURANCE PTE LTD

ADDRESS: 64 CECIL STREET
#05-00. S(049711)

TELEPHONE: 63476100

MODEL: FORESTER 2.0XT AWD CVT

ENGINE No.: FA20K944764

CHASSIS No.: JF1SJGK85FG057197

REGISTRATION No.: SKV9707P

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	BUMPER FACE R 57704SG012(Qty : 1 @ 540.00 each(Discount 20.00%))	432.00
2	BRKT SD R RH 57707SG080(Qty : 1 @ 14.40 each(Discount 20.00%))	11.52
3	BRKT SD R LH 57707SG090(Qty : 1 @ 14.40 each(Discount 20.00%))	11.52
4	LETTER MK R XT 93079SG010(Qty : 1 @ 64.80 each(Discount 20.00%))	51.84
5	LETTER MK R SUB 93079SG030(Qty : 1 @ 64.80 each(Discount 20.00%))	51.84
6	STI REAR UDR SPR SJG ONLY SILVER ST96050SF060(Qty : 1 @ 750.00 each)	750.00
TOTAL(SPARE PARTS)		1,308.72

Subtotal 2,758.72
GST(7%) 193.11
TOTAL \$2,951.83

DATE : 26-Aug-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!



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

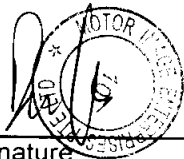
Name of Insured: ONG ENG SENG
Address of Insured: 7 RIVERVALE LINK #03-33 SINGAPORE(545125)
Name of Repairs: MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP
Address of Repairs: NO.25 LENG KEE ROAD SINGAPORE 159097
Place of Accident: ALONG PIE AFTER KPE EXIT
Date of Accident: 29/12/2018 Vehicle No: SKV9707P
Policy No: PNPV2018-00011196 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 INDIA INT INSURANCE 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

INSURED:

S1809584Z

IC No. & Signature/Company's Chop

DENNIS LEONG

Name

ONG ENG SENG

Name

01/03/2019

Date

01/03/2019

Date



Motor Image Enterprises Pte Ltd
25 Tang Kee Road
Singapore 159037
Tel: (65) 6417 0333
Fax: (65) 6479 3811
BRN: 198702032R

BREAKDOWN OF PAYMENT

VEHICLE NO : SKV9707P.....

ACCIDENT ON 29/12/2018.....AT ALONG PIE AFTER.....

KPE EXIT.....

INVOLVING VEHICLE / S GBF9727Y.....

1) Repair cost \$ 2,951.83..... 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
\$ 823.90..... Payable to MOTOR IMAGE ENT PTE LTD

5) Total Claim Amount \$ 3,777.73.....

***KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES**

*Contact Person : DENNIS LEONG-67038161

dennisleong@motorimage.net



Date: 05/10/2019

M/s:

INDIA INTERNATIONAL INS PTE LTD

64 CECIL STREET

#05-00 S(049711)

Singapore 049711

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SKV9707P and GBF9727Y on 29/12/2018

I am the owner of vehicle no SKV9707P which was involved in an accident with your insured vehicle no GBF9727Y.

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

a)	Repair Cost/ Excess	S\$ 2,951.83
b)	Loss of Use / Rental of vehicles for <u>7</u> day(s) @ S\$ <u>117.70</u> per day +GST	S\$ 823.90
c)	LTA / GIA Search Fees	S\$ 2.00
d)	Administrative Charges	S\$ -----
e)	Others -----	S\$ -----
TOTAL		S\$ 3,777.73

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

<input type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Rental Invoice	<input checked="" type="checkbox"/>	GIA Report
<input type="checkbox"/>	Certificate of Insurance	<input checked="" type="checkbox"/>	Survey Report

All payment should be made in 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.

My Contact Details are as follow;

Tel: NA

HP No: 97450850

Address: 7 RIVERVALE LINK #03-33 S(545125)

E-mail Address: ---

Sincerely
ONG ENG SENG



www.tanchong.com



DOWNTOWN TRAVEL SERVICES PTE LTD

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

MOTOR IMAGE ENTERPRISES PTE LTD
SERVICE WORKSHOP
25 LENG KEE RD

S(159097)
ATTN : MR DAVID KOH

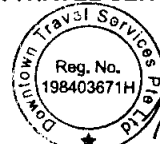
GST Reg No. : M2-0067432-4
Tax Invoice : S1014879
Inv. date...: 07-MAR-2019
Print date...: 07-MAR-2019
Print time...: 17:24:56
Page no.....: 1
Agreement no: TP2019038
Salesman.....: AK

Description	Amount
RENTAL CHARGE FROM 28-FEB-2019 TO 07-MAR-2019	770.00
NISSAN TEANA 2.5 CVT - SKU9943D	
(ONG ENG SENG)	

TOTAL SGD(BEFORE GST)	770.00
GST(7%)	53.90
TOTAL SGD(AFTER GST)	823.90

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



RECORDS MANAGEMENT CENTRE

**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

Third Party Insurer Enquiry

Our Ref No: GR-19-000814

Date of Request: 02/01/2019

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159097

Dear Sir/Madam,

Enquiry Date 02/01/2019

Enquiry By Jeff Teh

TP Vehicle No. GBF9727Y

Accident Date 31/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF9727Y	India International Insurance Pte Ltd	01/04/2018-31/03/2019	63476100

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**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-19-000814

Date of Request: 02/01/2019

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159097

Dear Sir/Madam,

Enquiry Date 02/01/2019

Enquiry By Jeff Teh

TP Vehicle No. GBF9727Y

Accident Date 31/12/2018

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

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of Motor Image Enterprise. Payment will be credited directly
(Name of Paying Organisation)
into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form,
obtain his banker's certification in Part II and return the duly completed form to

(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: _____
(Name of Paying Organisation)

Supplier's Particulars:

Name : Motor Image Enterprises pte Ltd
Address : 25 LENG KEE ROAD S(159097)
Telephone Number: 6703 8163 Fax Number: 6479 3811
Name of Bank : United Oversea Bank Name of Branch: UCB Plaza 1
Account Number To Be Credited : 901-355-461-3

I/We hereby authorise _____ to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: _____
(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.

Signatures and Company's stamp As In Bank Account

Date

Part II (To Be Completed By Supplier's Bank)

To: _____
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank	Branch	Account Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name & Signature of Authorised Bank Officer

Date