

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

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 6BF 977 7Y

ON 27/12/2019 AT Along NIE 4th Rd KPE 4029

- I, the owner of vehicle no. SKV9707P hereby instruct you and authorise you to act for me with respect to the following: -
 - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - 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.
 - 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.
- 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.
- 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.
 - 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.
 - 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 #103-81</u> <u>SCS45125</u>	Claim Officer's Name	<u>De</u>
Telephone No	<u>97450830</u>	Telephone No	<u>6703 8161</u>
Date	<u>1 MAR 2019</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
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Sales: INSURANCE CUSTOMER

Invoice No: M189117

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DATE REC'D: 28-Feb-2019

SERVICE ADVISOR: DENNIS

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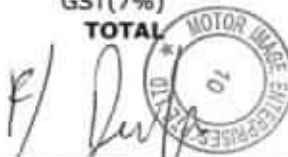
MILEAGE: 90365

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.: JF1SJK85FG057197
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!



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

Reg. No.
198403671H

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

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RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

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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 Motorimage 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 LENH 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

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--	--	--

--	--	--	--	--	--	--	--	--	--	--	--

Name & Signature of Authorised Bank Officer

Date