



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

To : M/s EQ INSURANCE COMPANY LTD

Date: 18/09/2020

**THIRD PARTY DIRECT SETTLEMENT**

Vehicle No.	GBA 4910T (Insd Veh)	Your Ref. No. : DM19HO00868-JG
	SME 5452R (TP Veh)	Our Ref. No. : CC4/EQI19006259/Kga3s2
Date of Accident	26/3/2019	

Liability	100%	
Final Repair Cost	: \$ 7,998.68	(W/GST)
Loss of Use	: \$	days
Rental (If any)	: \$ 866.70	9 days
Others:	: \$ 2.00	
	: \$	
	8,867.38	
Final Settlement Sum	: \$ 8,867.38	
Remarks	:	

**Payment Instruction: Payee's Breakdown**

1)	MOTOR IMAGE ENTERPRISES PTE LTD	: \$ 8,867.38
		: \$

NUR SHAQILAH  
LKK Auto Consultants Pte Ltd



Motor Image Enterprises Pte Ltd  
19 Lorong 8 Toa Payoh  
Singapore 319255  
Tel : (65) 6417 0333  
Fax : (65) 6252 5052  
BRN 198702032R

### BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle Qme S452R and G3A 4910T on 26.03.2019

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

a)	Repair Cost/ Excess	S\$ 7998.68
b)	Loss of Use/ Rental of vehicles for _____ day(s) @ S\$ _____ per day	S\$ 866.70
c)	LTA/ GIA Search Fees	S\$ 2.00
d)	Towing Fees	S\$
e)	Others _____	S\$
TOTAL		S\$ 8867.38

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

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input checked="" type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input checked="" type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to **Motor Image Enterprises Pte Ltd/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.

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



## LETTER OF AUTHORITY AND INDEMNITY

### Motor Image Enterprises Pte Ltd

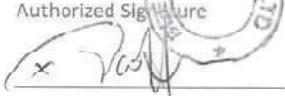

- ☒ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255  
☐ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

### Type of Claim:

- ☒ Third Party (Direct Settlement)  
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SME 5452R AND GBA 4910T  
ON 26<sup>th</sup> MAR 19 AT ECD (CHANGI) BEFORE TANJONG KATONG EXIT

1. I, the owner of vehicle no. SME 5452R 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>BEE SIM FOODS PTE LTD</u>		Company Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u>	
Address <u>20 BUKIT BATOK CRESCENT</u>		Claim Officer's Name <u>DANIEL A JUDE</u>	
<u>#13-15 ENTERPRISE CENTRE 3 (658180)</u>			
Telephone No <u>87526230 / 4222 6200</u>		Telephone No <u>6703 8101 / 8611 3195</u>	
Date <u>27<sup>th</sup> MAR 19</u>	Email <u>BEE.SIM@SIMEEDS.COM</u>	Date <u>27<sup>th</sup> MAR 19</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	





**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:** L514237

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

**DATE REC'D:** 17-Apr-2019

**SERVICE ADVISOR:** HOOI

**JOB No.:** L499948

**MILEAGE:** 15034

**ID:**

**NAME:** EQ INSURANCE COMPANY LTD

**ADDRESS:** 5 MAXWELL ROAD

#17-00 TOWER BLOCK MND COMPLEX, S(069110)

**TELEPHONE:**

**MODEL:** XV 2.0I-S EYESIGHT AWD CVT

**ENGINE No.:** FB20YE57097

**CHASSIS No.:** JF1GT7KL5JG045909

**REGISTRATION No.:** SME5452R

ITEMS	CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST GBA49101 - EQ	
2	REMARK	CONDUCT TP CLAIM EQ DATE:26/03/2019 TIME:1525HRS LOCATION:ECP CHANGI BFR TANJONG KATONG EXIT	
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	INS05	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY, IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
7	INS06	THE OWNER IS REQUIRED.	
8	INS07	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
9	INS08	NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
10	INS09	CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
11	REMARK	REPAIR/REPLACE RR BUMPER,RR TAILGATE,RR FLOORPAN & PANEL	1,680.00
12	REMARK	RESPRAY RR BUMPER,RR TAILGATE,RR FLOORPAN & PANEL	1,260.00
13	REMARK	TO CONDUCT WATER SEEPAGE TEST	20.00
14	REMARK	TRANSFER TAILGATE MECHANISM	120.00
15	REMARK	REMOVE & REFIX CARPET,SEATS TO FACILITATE REPAIRS	250.00
16	REMARK	REMOVE & INSTALL REAR WINDSCREEN	300.00
17	REMARK	TO CONDUCT REAR LIGHTING TEST	30.00
18	REMARK	TO CONDUCT PROTECTANT COATING	250.00
19	REMARK	TO CONDUCT ANTI-RUST COATING	290.00

*Certified True Copy*



**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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**ENGINE No.:** FB20YE57097

**CHASSIS No.:** JF1GT7KL5JG045909

**REGISTRATION No.:** SME5452R

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
20	REMARK TO SUPPLY & INSTALL REVERSE SENSOR - 2 EYES	300.00
21	REMARK TO SUPPLY & INSTALL REAR TINTED FILM	145.00
22	REMARK SUNDRIES	30.00
23	REMARK REMOVE & REFIX REAR BOOT GARNISH & TRIM TO FACILITATE REPAIRS	120.00
TOTAL(LABOUR)		4,795.00
1	SKIRT COMPL R 5D 52401FL0209P(Qty : 1 @ 432.00 each(Discount 20.00%))	345.60
2	BUMPER FACE R XV 57704FL250(Qty : 1 @ 401.00 each(Discount 20.00%))	320.80
3	BRKT LWR R 57707FL510(Qty : 1 @ 50.40 each(Discount 20.00%))	40.32
4	BEAM COMPL R EU 57711FL0419P(Qty : 1 @ 203.00 each(Discount 20.00%))	162.40
5	COVER HOOK R XV 57731FL570NN(Qty : 1 @ 6.50 each(Discount 20.00%))	5.20
6	PANEL COMPL R GAT 60809FL0009P(Qty : 1 @ 940.00 each(Discount 20.00%))	752.00
7	GLASS ASSY R G 63019FL030(Qty : 1 @ 1062.00 each(Discount 20.00%))	849.60
8	DAM RUBBER 65245FL000(Qty : 1 @ 18.00 each(Discount 20.00%))	14.40
9	ORNAMENT ASSY F SIX 91174SA181(Qty : 1 @ 68.40 each(Discount 20.00%))	54.72
10	LETTER MK R 93079FL100(Qty : 1 @ 90.00 each(Discount 20.00%))	72.00
11	LETTER MK R XV 93079FL140(Qty : 1 @ 36.00 each(Discount 20.00%))	28.80

Certified True Copy



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**ENGINE No.: FB20YE57097**

**CHASSIS No.: JF1GT7KL5JG045909**

**REGISTRATION No.: SME5452R**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
12	EYE SIGHT FMRI FM (TCS)	34.56
	LPII010ES-EMD(Qty : 1 @ 43.20 each(Discount 20.00%))	
	TOTAL(SPARE PARTS)	2,680.40

Subtotal 7,475.40  
GST(7%) 523.28  
**TOTAL \$7,998.68**

DATE : 09-Apr-2020

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](http://www.DUO.com.sg) and start accumulating your points for your invoice today!**

Certified True Copy





# Hiring Agreement

Co.Reg.No : 198403871H  
GST Reg.No.: M2-0067432-1

TP2019238

ACCOUNTS COPY

SALESMAN CODE: AK

Vehicle Number: 9KQ5529P Make & Model: SUDARU IMPREZA 4D 1.0i-3 AWD CVT Date: 17/04/2019  
 Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
 Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD  
 Address: 18 LORONG 0 TOA PAYOH  
 Singapore: (319255)  
 Contact Person: MR SAYEDINAH Tel: 01770080

## 1st Driver

Name: LEE DAI HAN  
 Address: 36 LORONG ONG LYE  
 Singapore: (536407)  
 Contact No: 07520230 (H) (O) \_\_\_\_\_ (HP) \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Date of Birth: 01/12/1989  
 Passport / NRIC No: S8943693A Nationality: SINGAPOREAN  
 Driver's Licence No: S8943693A Driving Exp: yrs  
 Country of Issue: SINGAPORE Driving Date: \_\_\_\_\_

## Additional Driver

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Singapore: ( )  
 Contact No: (H) (O) \_\_\_\_\_ (HP) \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Passport / NRIC No: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Driver's Licence No: \_\_\_\_\_ Driving Exp: yrs  
 Country of Issue: \_\_\_\_\_ Driving Date: \_\_\_\_\_

## Remarks / Delivery Location

SMEb452R 3RD PARTY CLAIMS REF MIE IPY JUDE

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 \$5250 will be applicable to initialize 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 \$550 will be applied.

  
 \_\_\_\_\_  
 HIRER'S SIGNATURE

  
 \_\_\_\_\_  
 DOWNTOWN TRAVEL SERVICES PTE LTD



## Check In / Out

Date Out: 17/04/2019 Time Out 09:30:00 Km Out 12345.00

Petrol Level: E

Agreed Date of Return: 26/04/2019 09:30:00

Date In: \_\_\_\_\_ Time In \_\_\_\_\_ Km In \_\_\_\_\_

Petrol Level: E

## Collision Damage Waiver & PAI

### ACCEPTS

To Pay Extra Fees

Daily \$90.00

Weekly \$630

Monthly \$1890

Weekend \$180

Non-Waivable Excess

\$5 0.00 per accident

### DECLINES

Hirer Declines CDW

Excess \$5 2,000.00

per accident

Signature \_\_\_\_\_

Signature 

\*The above is subjected to 7% GST.

Per Day	90.00	810.00
Per Week		
Per Month		
Weekend		
Rental Charges 9 days x \$90	810.00	
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
7% GST	56.70	
Sub Total	866.70	

## OVERALL CHARGES

\$866.70

## Deposit Tax Invoice

Deposit Inv: \_\_\_\_\_ Amount: \_\_\_\_\_  
 O/R No: \_\_\_\_\_ Date: \_\_\_\_\_

## For Official Use

INV: 51015118 O/R: \_\_\_\_\_ Date 26-04-19  
 INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date \_\_\_\_\_  
 INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date \_\_\_\_\_

Motor Image Enterprises Pte Ltd

Request For Car Rental

Date: 15<sup>th</sup> APR 19

Department: INS Request By: JUDE

Invoice To: MIE SVC - TP / MIE SVC - LK

Reason:

3<sup>rd</sup> PARTY RENTAL REQUEST  
(LEE DAI HAN) BEE SIM FOODS PTE LTD -> 87.52 6230

Owner's Car Plate No: SME 5452R Authorized No. of days:

Owner's Car Model: XV

Date Required: 17<sup>th</sup> APR 19 Date Returned:                     

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: SKQSS29P Car Model: S MYR24

Rental Date: 17/4/19 Date Returned: 26.04.2019

Process by: KANAR





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

OTOR IMAGE ENTERPRISES PTE LTD

9 LORONG 8 TOA PAYOH

319255)

ATTN : MR SAYEDINAH

GST Reg No. : M2-0067432-4  
Tax Invoice : S1015118  
Inv. date... : 26-APR-2019  
Print date... : 26-APR-2019  
Print time... : 18:15:22  
Page no..... : 1  
Agreement no: TP2019238  
Salesman..... : AK

Description	Amount
RENTAL CHARGE FROM 17-APR-2019 TO 26-APR-2019	810.00
JBARU IMPREZA 4D 1.6I-S AWD CVT - SKQ5529P	
(LEE DAI HAN)	

TOTAL SGD(BEFORE GST)	810.00
GST (7%)	56.70
TOTAL SGD(AFTER GST)	866.70

**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.  
198403671/H

Authorised Signature



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #10-00, 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-19-048752

Date of Request: 28/03/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 28/03/2019  
Enquiry By: Lim Po Beng  
TP Vehicle No.: GBA4910T  
Accident Date: 26/03/2019

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/EQI19006259/Kga3

25 SEPTEMBER 2019

**CASUAL MEDIA PTE LTD  
18 EASTWOOD PLACE  
SINGAPORE 486543**

Dear Sir/Madam,

**ACCIDENT INVOLVING GBA 4910T AND SME 5452R ON 26/03/2019**

We refer to the above accident. We are the Appointed Surveyor and Loss Adjuster Company by your Motor Insurer (EQ INSURANCE COMPANY LIMITED) to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

This is to inform you that we received a Third Party Claim from SME 5452R.

Based on the accident report and accident scenario, liability is down against us. 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 note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

**CECILIA CHONG**  
Case Handler  
DID: 6749 4274  
FAX: 6741 4108  
EMAIL: ceciliachong@lkkauto.com

c.c. *EQ INSURANCE COMPANY LIMITED*  
(Motor Claims Dept)