

# AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd  
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483  
Business Reg. No.: 199500871W  
GST Reg. No.: M2-8920338-9



## TAX INVOICE

GST REG: M2-8920338-9

NAME : ERGO INSURANCE PTE LTD  
ADDRESS : 5 TEMASEK BOULEVARD  
TELEPHONE : #04-01 SUNTEC TOWER FIVE S(038985)  
MODEL : 68299199  
ENGINE NO : JDRNRRZT32EWA-----  
CHASSIS NO : MR20890013B  
VEHICLE NO : JN1JANT32Z0002327  
SLF2188E

INVOICE NO. : W32147339  
INVOICE DATE : 19-SEP-2019  
TERMS : CREDIT  
DATE REC'D : 02-AUG-2019  
SA/SE : HAMZAH  
JOB NO : HG808650  
MILEAGE : 091394  
YOUR REFERENCE : INS/IC/H/0298/19

ITEMS	JOB DESCRIPTION	AMOUNT
	LABOUR	
1	LABOUR CHARGES TO REPAIR RADIATOR SUPPORT, FRONT BUMPER AND RENEW BONNET.	585.00
2	CHARGES TO SPRAY PAINTING SAME.	500.00
3	CHECK LIGHT SYSTEM AND FOCUS.	48.00
4	APPLY SEALANT TO BONNET.	100.00
5	SUPPLY FRONT LICENCE PLATE.	NC
	SUBTOTAL :	1233.00
	PARTS	
1	CLIP FRT BUMPER @ \$1.20 EACH	5.76
	Qty:6 @ \$1.20 each (Disc:20.00% After Disc:\$5.76each)	
2	GRILLE-RADIATOR	312.24
	Qty:1 @ \$390.30 each (Disc:20.00% After Disc:\$312.24each)	
3	BONNET	721.52
	Qty:1 @ \$901.90 each (Disc:20.00% After Disc:\$721.52each)	
4	FRT LICENCE PLATE	60.00
	Qty:1 @ \$60.00 each (Special Nett Item)	
	SUBTOTAL :	1099.52
	REMARKS	
1	THIRD PARTY DIRECT SETTLEMENT	

DOLLARS:

  
WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO :

RELEASE BY

# AUTOLUTION INDUSTRIAL PTE LTD

In Association with Tan Chong Motor Sales Pte Ltd  
19 UBI ROAD 4 SINGAPORE 408623 TEL: 64909666/67038680 FAX: 68467483  
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MILEAGE : 091394  
YOUR REFERENCE : INS/IC/H/0298/19

ITEMS	JOB DESCRIPTION	AMOUNT
<p>Insurance Co : ERGO INSURANCE PTE LTD Policy No..... : * Claim Type ... : DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA..... : 27-MAY-2019 Our Ref..... : INS/IC/H/0298/19 Surveyor..... : SURVEYOR FROM INSURANCE CO</p>		
	LABOUR :	1233.00
	PARTS :	1099.52
	SUBTOTAL :	2332.52
	TOTAL :	2332.52
	GST(7%) :	163.28
	AMOUNT DUE :	2495.80

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)  
DOLLARS: TWO THOUSAND FOUR HUNDRED NINETY  
FIVE AND CENTS EIGHTY ONLY.

  
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CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TO SECURITY GUARD

DATE

TIME

VEHICLE NO : SLF2188E (HG808650/W32147339)

22-08-2019  
RELEASE BY

09:36:34

## LETTER OF AUTHORITY AND INDEMNITY


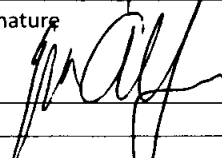
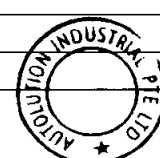
- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☒ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng kee Road, Singapore 159097
- ☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

**Type of Claim:**

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

**ACCIDENT INVOLVING VEHICLE REGISTRATION No.** SLF2188 E **AND** YN 7552 H  
**ON** 27/05/2019 **AT** BLK 3032A UBI ROAD 3 CAR PARK EXIT.

1. I, the owner of vehicle no. SLF2188 E 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>LOW HEE PENG</u>		Company Name <u>AUTOLUTION INDUSTRIAL PTE LTD</u>	
Address <u>APT BLK 260 SENGKANG</u>		Claim Officer's Name <u>WILLER ALFONSO</u>	
<u>EAST WAY # 15-462 541260</u>			
Telephone No		Telephone No <u>9645 2084</u>	
Date <u>27/05/2019</u>	Email	Date <u>27/05/2019</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature	
			

**Autolution Industrial Pte Ltd**

Tan Chong Motor Sales Pte Ltd's Authorised Dealer  
19 Ubi Road 4  
Singapore 408623  
Tel: (65) 64909666 / 67038680  
Fax: (65) 68467480  
Business Reg. No.: 199500871W

DATE: 19.9.2019  
YOUR REF: YN7552H/SL/jc  
OUR REF: INS/IC/H/0298/19

The Motor Claims Department ERGO INSURANCE PTE LTD  
ATTENTION TO CLAIMS OFFICER : MOTOR CLAIM MANAGER

Dear Sir/ Madam,

Accident Involving: MY CLIENT VEHICLE SLF2188E AND YOUR INSURED VEHICLE YN7552H

Accident Date: 27/5/2019 TIME 13:50

Place and time of accident: BLK 3032A UBI ROAD 3 CAR PARK EXIT

RE: Direct Settlement for the Vehicle Number. SLF2188E

On behalf of the owner of Motor Vehicle No. SLF2188E, which was involved

in the captioned accident

The Vehicle was surveyed by your appointed suveyor at AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623

and I based my claims on his recommendation for SGD \$ 2786.70 being the repair cost and period of repair for

3 days. (Strictly on a Without Prejudice Basis)

As the accident was caused by the negligent act of your insured YN7552H I am submitting this claim for your consideration

COST REPAIR		SGD \$	<u>2,495.80</u>
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COST OF LESS	<u>                    </u> DAYS (S) SGD\$ <u>                    </u> /DAY	SGD \$	<u>                    </u>
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(Please refer to authorization letter

GIA REPORT FEES (SGD\$ 12.00 FOR SEARCH FEE & SGD\$ 15.00 FOR EACH	SGD \$	<u>                    </u>
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REPORT FEE

LTA SEARCH /SURVEY FEE	SGD \$	<u>2.00</u>
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COST OF CAR RENTAL	<u>                    </u> DAY(S) SGD \$ <u>                    </u>	SGD \$	<u>288.90</u>
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TOTAL AMOUNT	SGD \$	<u>2,786.70</u>
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We enclose herewith the following documents to support my claims,

- |  |                                 |
|--|---------------------------------|
| A. <b>AUTHORIZATION LETTER</b>         | E. <b>FINAL REPAIR BILL (S)</b> |
| B. <b>LTA SEARCH</b>                   | F. <b>GIA REPORT (S) RESULT</b> |
| C. <b>INSURANCE CERTIFICATE ETC.</b>   | G. <b>LETTER OF DEMAND</b>      |
| D. <b>CAR RENTAL INVOICE/AGREEMENT</b> |                                 |

Kindly look into this matter and let me hear from you on the settlement of the owner's claims as soon as possible. Thank you .

Yours faithfully,

  
Hamzah Bin Sa'ad  
Service Supervisor

Tel: 7038690 HP: 96450079

  
www.tanchong.com



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-19-086289

Date of Request: 31/05/2019

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd  
911, Bukit Timah Road  
Singapore 589622

Dear Sir/Madam,

Enquiry Date 31/05/2019  
Enquiry By Eric Koh Yong Lang  
TP Vehicle No. YN7552H  
Accident Date 27/05/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN7552H	ERGO Insurance Pte. Ltd.	12/03/2019-11/03/2020	6829 9199

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.



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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-19-086289

Date of Request: 31/05/2019

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd  
911, Bukit Timah Road  
Singapore 589622

Dear Sir/Madam,

Enquiry Date 31/05/2019  
Enquiry By Eric Koh Yong Lang  
TP Vehicle No. YN7552H  
Accident Date 27/05/2019

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



TAN CHONG

www.tanchong.com



**DOWNTOWN TRAVEL SERVICES PTE LTD**

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6334 1700 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

**AUTOLUTION INDUSTRIAL PTE LTD**

**19 UBI ROAD 4  
UBI SERVICE CENTRE**

**S(408623)  
ATTN : HAMZAH**

**GST Reg No. : M2-0067432**

**Tax Invoice : S1015844**

**Inv. date...: 22-AUG-201**

**Print date...: 22-AUG-201**

**Print time...: 11:23:19**

**Page no.....: 1**

**Agreement no: TP2019762**

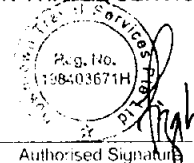
**Salesman.....: MS**

Description	Amount
RENTAL CHARGE FROM 19-AUG-2019 TO 22-AUG-2019	270.0
NISSAN SYLPHY 1.6 CVT - SKM6851Y	
(LOW HEE PENG)	

TOTAL SGD(BEFORE GST)	270.0
GST(7%)	18.9
TOTAL SGD(AFTER GST)	288.9

**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



# Hiring Agreement

Co.Reg.No : 198403671H  
GST Reg.No.: M2-0067432-1

TP2019762

CUSTOMER COPY

SALESMAN CODE: MS

Vehicle Number: SKM6851Y  
Change Over 1:  
Change Over 2:

Make & Model: NISSAN SYLPHY 1.6 CVT  
Initial:  
Initial:

Date: 16/08/2019  
Date:  
Date:

## Hirer

Name: AUTOLUTION INDUSTRIAL PTE LTD  
Address: 19 UBI ROAD 4 UBI SERVICE CENTRE  
Singapore: (408623)  
Contact Person: HAMZAH Tel:

## 1st Driver

Name: LOW HEE PENG  
Address: BLK 260A SENGKANG EAST WAY #15-482  
Singapore: (541260)  
Contact No: (H) (O) (HP)  
Occupation: Date of Birth: 16/08/1963  
Passport / NRIC No: S1588811C Nationality: SINGAPOREAN  
Driver's Licence No: S1588811C 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

SLF2188E 3RD PARTY CLAIMS REF TC-UBI ELMER

## Check In / Out

Date Out: 19/08/2019 Time Out 09:00:00 Km Out 12345.00

Petrol Level: F

Agreed Date of Return: 22/08/2019 09:00:00

Date In: Time In Km In

Petrol Level: F

## Collision Damage Waiver & PAI

### ACCEPTS

To Pay Extra Fees  
Daily \$0.00  
Non-Waivable Excess  
\$0.00 per accident  
Windscreen Excess: \$100.00

Signature

### DECLINES

Hirer Declines CDW  
Excess S\$ 2,000.00  
per accident  
Windscreen Excess: \$100.00

Signature

\*The above is subjected to 7% GST.

Per Day	90	00
Per Week		
Per Month		
Weekend		
<b>Rental Charges</b>	270	00
CDW	0	00
PAI	0	00
Deliver / Collection	0	00
Malaysia Charge		
Petrol		
Other Charge		
7% GST	18	90
<b>Sub Total</b>	288	90

## OVERALL CHARGES

## Deposit Tax Invoice

Deposit Inv: Amount  
O/R No: Date

## For Official Use

INV: O/R: Date  
INV: O/R: Date  
INV: O/R: Date

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD