



Motor Image

Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159097
Tel : (65) 6417 0333
Fax : (65) 6479 3811
BRN 198702032R

BREAKDOWN OF PAYMENT

VEHICLE NO : SMK1721J

ACCIDENT ON 26-12-2019 AT Republic Blvd filter
lane to KPE

INVOLVING VEHICLE / S SHL7258S

1) Repair cost \$ 3,863.04 Payable to Motor Image Enterprises Pte Ltd

2) ~~GIA~~ ~~or~~ LTA
Search fees \$ 7.45 Payable to Motor Image Enterprises Pte Ltd

3) Medical fees \$ - Payable to -

4) Loss Of Use or
Rental Car \$ 400.00 Payable to XIE JIXIANG

5) Total Claim Amount \$ 4,270.49

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

*Contact Person :



www.tanchong.com

Date:

M/s:

MS FIRST CAPITAL INSURANCE LTD

Singapore _____

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SMK1721J and SHC7258S on 26-12-2019

I am the owner of vehicle no SMK1721J which was involved in an accident with your insured vehicle no SHC7258S.

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\$ 3,863.04
b)	Loss of Use/ Rental of vehicles for <u>05</u> day(s) @ S\$ <u>80</u> per day	S\$ 400.00
c)	LTA/GIA Search Fees	S\$ 7.45
d)	Administrative Charges	S\$
e)	Others _____	S\$
TOTAL		S\$ 4,270.49

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

<input checked="" type="checkbox"/>	Repair Invoice
<input type="checkbox"/>	Policy Excess Invoice
<input type="checkbox"/>	Rental Invoice
<input checked="" type="checkbox"/>	Certificate of Insurance

<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	GIA Report
<input 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: _____

HP No: _____

Address: _____

E-mail Address: _____

Sincerely

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. SMK1721J AND SHC7258S
 ON 26-12-2019 AT Republic Blvd filter lane to KPE

1. I, the owner of vehicle no. SMK1721J 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>Mr JIXING</u>		Company Name
Address <u>136 Riverside Street #06-742 (S)</u>		Claim Officer's Name <u>Jeff Tan</u>
Telephone No <u>9825634</u>		Telephone No
Date	Email	Date <u>20-01-2020</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 

DISCHARGE RECEIPT

CLAIM REFERENCE : D20000073MFSH
ACCIDENT DATE : 26/12/2019
ACCIDENT LOCATION : REPUBLIC BLVD FILTER LANE TO KPE
INSURED : CITYCAB PTE LTD
INSURED DRIVER : FONG KIM LOONG RAYMOND
INSURED VEHICLE : SHC 7258S
INVOLVED PARTY : SMK 1721J
SETTLEMENT SUM : \$4,270.49

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest, D20000758MFSH

2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT : XIE JIXIANG

Signature and Date :



17/06/2020

WITNESS : Jeff Teh

Signature and Date :



17/06/2020

**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: M198074

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

DATE REC'D: 16-Jan-2020

SERVICE ADVISOR: JEFF TEH

JOB No.: M195826

MILEAGE: 11252

ID:

NAME: FIRST CAPITAL INSURANCE LIMITED
ADDRESS: 36 ROBINSON ROAD
#16-01 CITY HOUSE. S(068877)
TELEPHONE: 62222311 / 65063848
MODEL: FORESTER 2.0I-S EYESIGHT AWD CVT
ENGINE No.: FB20YF23032
CHASSIS No.: JF1SK7KL5KG006359
REGISTRATION No.: SMK1721J

ITEMS	CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
2	REMARK	CONDUCT TPCLAIM 1ST CAP DATE:26/12/2019 TIME:0725 LOCATION:REPUBLIC BLVD LANE TO KPE	
3	REMARK	REPAIR/REPLACE REAR END PANEL AND REAR BUMPER	560.00
4	REMARK	RESPRAY REAR END PANEL AND REAR BUMPER	440.00
5	REMARK	SUPPLY/TRANSFER REVERSE SENSOR 2 EYES	120.00
6	REMARK	SUNDRIES	20.00
7	REMARK	TO REPAIR REAR END PANEL (SUPP)	560.00
8	REMARK	TO RESPRAY REAR END PANEL (SUPP)	440.00
9	INS01	FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
10	INS02	IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
11	INS03	STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
12	INS04	SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
13	INS05	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
14	INS06	THE OWNER IS REQUIRED.	
15	INS07	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
16	INS08	NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
17	REMARK	TO CONDUCT THIRD PARTY CLAIM - FIRST CAPITAL ACCIDENT DATE: 26/12/2019 TIME:1924HRS	
18	REMARK	LOCATION : REPUBLIC BLVD FILTER LANE TO KPE	
19	REMARK	TO CONDUCT REAR PORTION ANTI RUST COATING AFTER REPAIR (SUPP)	290.00



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: M198074

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endorsed on this invoice and no
separate receipt will be issued.**

DATE REC'D: 16-Jan-2020

SERVICE ADVISOR: JEFF TEH

JOB No.: M195826

MILEAGE: 11252

ID:

NAME: FIRST CAPITAL INSURANCE LIMITED
ADDRESS: 36 ROBINSON ROAD
#16-01 CITY HOUSE. S(068877)
TELEPHONE: 62222311 / 65063848
MODEL: FORESTER 2.0I-S EYESIGHT AWD CVT
ENGINE No.: FB20YF23032
CHASSIS No.: JF1SK7KL5KG006359
REGISTRATION No.: SMK1721J

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
	TOTAL(LABOUR)	2,430.00
1	BUMPER FACE R HG 57704SJ310(Qty : 1 @ 482.40 each(Discount 20.00%))	385.92
2	BEAM COMPL R EU (SUPP) 57711SJ0309P(Qty : 1 @ 252.00 each(Discount 20.00%))	201.60
3	BUMPER GUARD R RGD 57734SJ310(Qty : 1 @ 216.00 each(Discount 20.00%))	172.80
4	CARGO STEP PANEL S/S E7710SJ000(Qty : 1 @ 420.00 each)	420.00
	TOTAL(SPARE PARTS)	1,180.32

Subtotal 3,610.32
GST(7%) 252.72
TOTAL \$3,863.04

DATE : 13-May-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 and start accumulating your points for your invoice today!

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jan 2020 / 11:46:21

Receipt Date/Time : 06 Jan 2020 / 11:46:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200106-001262

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHC7258S				
As at 26 Dec 2019/19:24:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC7258S Enquiry Fee 20200106114527438164	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx2334	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Jasper Chua (LKK Auto)

From: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Sent: Wednesday, 17 June 2020 4:31 PM
To: Jasper Chua (LKK Auto)
Cc: Admin A
Subject: RE: SURVEYOR APPOINTED; OUR REF : D20000073MFSH ; YOUR REF: SMK1721J
***LKK REF: CC4/FCI20000394/Eba3q2 // EXPRESS SETTLEMENT

Dear Jasper,

Your approval to settle up to \$4,270.49.

Thank you.

Best Regards,
Merina Chia (Ms)
Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856
| Fax No. : 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

As a response to the COVID19 outbreak, we are observing staggered working hours and some of us are on Work From Home arrangement. However, we are actively working to support our clients and partners. We have access to e-mails and will work to respond in a timely manner. We appreciate your kind understanding. Stay safe.

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Jasper Chua (LKK Auto) <jasperchua@lkkauto.com>
Sent: Wednesday, 27 May 2020 12:34 pm
To: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: SURVEYOR APPOINTED; OUR REF : D20000073MFSH ; YOUR REF: SMK1721J ***LKK REF: CC4/FCI20000394/Eba3q2 // EXPRESS SETTLEMENT

Dear Merina,

It was reported that Insured driver rear-ended third party.

As such, in view of BOLA 27, liability is not to our Insured's favour and we have to settle the claim from the TP vehicle.

We propose to offer to TP repairer "**MOTOR IMAGE ENTERPRISES PTE LTD**" as below:

TP CLAIMED		REVISED - TO OFFER
Cost of Repair (w/gst)	\$ 5,299.50	\$ 3,863.04

Loss of Use (\$80.00 x 5 days)	\$ 400.00	\$ 400.00
LTA Search Fee	\$ 7.45	\$ 7.45
TOTAL	\$ 5,706.95	\$ 4,270.49

Breakdown of days is as follows:

Our surveyor's recommended days to repair	5 days
Weekend / Downtime	0 days
TOTAL	5 days

The above is for your approval and/or further instructions please.

Thank you.

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,

Jasper Chua | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2928 | email: jasperchua@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)