

**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 ACCIDET 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

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#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!
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**Motor Image Enterprises Pte Ltd**

25 Leng Kee Road
Singapore 159097
Tel : (65) 6703 8333
Fax : (65) 6479 3811
BRN 198702032R

DISCHARGE VOUCHER

Name of Insured: XIE JIXIANG

Address of Insured: APT BLK 136 RIVERVALE STREET #06-742 SINGAPORE 540136

Name of Repairer: MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP

Address of Repairer: NO. 25 LENG KEE ROAD SINGAPORE 159097

Place of Accident: REPUBLIC BLVD FILTER LANE TO KPE

Date of Accident: 26-12-2019 Vehicle No.: SMK1721J

Policy No.: 1900081761 Claim no.: _____

I/We hereby declare that I/We have received from the aforesaid repairer(s) my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of **MS FIRST CAPITAL INSURANCE PTE LTD** settling the repair costs stated above with the said repairer(s), I/We hereby release and discharge the said insurer(s) 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 insurer(s) in accordance with the laws governing such matters.

I/We hereby grant the said insurer(s) 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 insurer(s) 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.

REPAIRER(S):


Company's Stamp & Signature

JEFF TEH
Name

20/01/2020
Date

INSURED:


NRIC No. & Signature/Company's Stamp

XIE JIXIANG
Name

20/01/2020
Date



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 JIXIANG</u>		Company Name
Address <u>Unit 136 Riverside Street #06-742 (S)</u>		Claim Officer's Name <u>Jeff Tan</u>
<u>540176</u>		
Telephone No <u>9856344</u>		Telephone No
Date	Email	Date <u>20-01-2020</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 



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 :**

Date:

M/s:

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

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

> 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\$)
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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.