

# 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 : MS FIRST CAPITAL INSURANCE LIMITED  
ADDRESS : 36 ROBINSON ROAD  
TELEPHONE : #16-01 CITY HOUSE S(068877)  
MODEL : 65073848  
ENGINE NO : TDWARDZE12EDAY487Z  
CHASSIS NO : HR12275201B  
VEHICLE NO : JN1TAAE12Z0980143  
SJM75Y

INVOICE NO. : W32148297  
INVOICE DATE : 16-JUN-2020  
TERMS : CREDIT  
DATE REC'D : 01-JUN-2020  
SA/SE : HAMZAH  
JOB NO : HG823129  
MILEAGE : 033683  
YOUR REFERENCE : D20000489MFSH

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	LABOUR CHARGE TO REPAIR REAR PANEL AND RENEW REAR BUMPER.		390.00
2	CHARGES TO SPRAY PAINTING SAME.		500.00
3	REMOVE AND INSTALL REVERSE SENSOR.		55.00
	SUBTOTAL :		945.00
	PARTS		
1	CLIP REAR BUMPER @ \$1.30 EACH Qty:6 @ \$1.30 each (Disc:20.00% After Disc:\$6.24each)		6.24
2	REAR BUMPER FASCIA Qty:1 @ \$460.00 each (Disc:20.00% After Disc:\$368.00each)		368.00
	SUBTOTAL :		374.24
	REMARKS		
1	DIRECT SETTLEMENT.		
	Insurance Co : MS FIRST CAPITAL INSURANCE LIMITED Policy No..... : * Claim Type ... : DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA..... : 18-JAN-2020 Our Ref..... : INS/IC/H/0026/20		

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

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

SIGNATURE



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D20000489MFSH

LABOUR	:	945.00
PARTS	:	374.24
SUBTOTAL	:	1319.24
TOTAL	:	1319.24
GST(7%)	:	92.35
AMOUNT DUE	:	1411.59

DOLLARS: ONE THOUSAND FOUR HUNDRED ELEVEN  
AND CENTS FIFTY NINE ONLY.

way

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## CUSTOMER

PLEASE TEAR ALONG PERFORATED LINE

TIME

RELEASE BY 2020 16:08:00

SIGNATURE

## LETTER OF AUTHORITY AND INDEMNITY

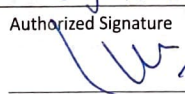
- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☒ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic 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. SJM 75 Y AND SHA 1689 G  
ON 18/1/2020 AT Tampines Ave 9

1. I, the owner of vehicle no. SJM 75 Y 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>SENG CHIEW HONG</u>		Company Name <u>Autolution Industrial Pte. Ltd</u>	
Address <u>BLK 108 PASIR RIS STREET 12</u>		Claim Officer's Name <u>Hemesh Saad</u>	
<u>#12-75 SC510108</u>			
Telephone No <u>93667898</u>		Telephone No <u>96450079</u>	
Date <u>18 JAN 2020</u>	Email <u>sengchiewhong@gmail.com</u>	Date <u>18/1/2020</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 / 67038630  
Fax: (65) 68467463  
Business Reg. No.: 199500371W

DATE: 15/6/2020  
YOUR REF: D20000889MESH  
OUR REF: INS/IC/H/0026/20

The Motor Claims Department M/ MS FIRST CAPITAL INSURANCE LTD  
ATTENTION TO CLAIMS OFFICER : MOTOR CLAIM MANAGER

Dear Sir/ Madam,

Accident Involving: MY CLIENT VEHICLE SSM75Y AND AGAINST YOUR INSURED VEHICLE SHA 1689G

Accident Date: 18/1/2020 TIME 13:15

Place and time of accident: Tampines Ave 9

RE: Direct Settlement for the Vehicle Number. SSM75Y

On behalf of the owner of Motor Vehicle No. SSM75Y, which was involved

in the captioned accident

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

and I based my claims on his recommendation for SGD \$ 1651.59 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 SHA 1689G I am submitting this claim for your consideration

COST REPAIR		SGD \$	<u>1411.59</u>
COST OF LESS	<u>3</u> DAYS (S) SGD \$ <u>80</u> /DAY	SGD \$	<u>240</u>

(Please refer to authorization letter)

GIA REPORT FEES (SGD\$ 12.00 FOR SEARCH FEE & SGD\$ 15.00 FOR EACH	SGD \$	
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REPORT FEE	SGD \$	
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LTA SEARCH /SURVEY FEE	SGD \$	
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COST OF CAR RENTAL	DAY(S) SGD \$	SGD \$	
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		SGD \$	
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TOTAL AMOUNT	SGD \$	<u>1651.59</u>
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We enclose herewith the following documents to support my claims,

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

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: 67038690 HP: 96450079

**TANCHONG**  
INDUSTRIAL

