

Date: 27/09/2020

M/s:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#05-00

Singapore 049711

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SML4123K and GBJ4209M on 25/06/2020

I am the owner of vehicle no SML4123K which was involved in an accident with your insured vehicle no GBJ4209M.

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/ <del>Excess</del>	S\$ 2,769.63
b)	Loss of Use/ Rental of vehicles for <u>04</u> day(s) @ S\$ <u>117.70</u> per day +GST	S\$ 470.80
c)	LTA/ GIA Search Fees	S\$ 2.00
d)	Administrative Charges	S\$ -----
e)	Others -----	S\$ -----
<b>TOTAL</b>		<b>S\$ 3,242.43</b>

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

<input 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 type="checkbox"/>	Rental Invoice	<input checked="" type="checkbox"/>	GIA Report
<input checked="" type="checkbox"/>	Certificate of Insurance	<input checked="" 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;

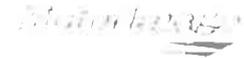
Tel: NA

HP No: 8418 1357

Address: 299 BEDOK SOUTH AVENUE 3 #04-14 S(469298)

E-mail Address: SLOWPH@GMAIL.COM

Sincerely  
SLOW PENG HAN



**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 : SML4123K.....

ACCIDENT ON 25/06/2020..... AT NICOLL HIGHWAY.....

.....  
INVOLVING VEHICLE / S ... GBJ4209M.....  
.....

- 1) Repair cost \$ 2,769.63 Payable to Motor Image Enterprises Pte Ltd
- 2) GIA or LTA  
Search fees \$ 2.00 Payable to Motor Image Enterprises Pte Ltd
- 3) Medical fees \$ ----- Payable to -----
- 4) ~~Loss Of Use~~ or Rental  
\$ 470.80 Payable to MOTOR IMAGE ENT PTE LTD
- 5) Total Claim Amount \$ 3,242.43

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

\*Contact Person : DENNIS LEONG-67038161/94899000

dennisleong@motorimage.net



www.tanchong.com



**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.** SML 4123K **AND** 68J 4209M  
**ON** 25/06/2020 **AT** NICOLL HIGHWAY

1. I, the owner of vehicle no. SML4123K hereby instruct you and authorise you to act for me with respect to the following: -
  - (a) To submit my claims for all loses 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>SLOW PENG HAN</u>		Company Name <u>MOTOR IMAGE</u>
Address <u>299 BEDOK SOUTH AVENUE 3</u> <u>#04-14 S(469298)</u>		Claim Officer's Name <u>DENNIS LEONG</u>
Telephone No <u>8418 1357</u>		Telephone No <u>6703 8111</u>
Date <u>24/7/20</u>	Email	Date <u>24/7/20</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III- Direct Settlement (PODS)

**India Ref:** MCV2020D0001188  
**Claimant Ref:** SML4123K

We/I, Motor Image Enterprises Pte Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 2,769.63 (repair cost), S\$ 470.80 (loss of use/rental), S\$ 2.00 (search fee), vehicle no. SML4123K that was damaged pursuant to the accident which occurred on 25/06/2020 (date) at NICOLL HIGHWAY (location) involving vehicle no. GBJ4209M (insured vehicle). This is pursuant to the inspection conducted on 29/06/2020 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner SIOW PENG HAN ("the third party claimant") of vehicle no. SML4123K to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SML4123K (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 3,242.43 to Motor Image Enterprises Pte Ltd.

Dated this 22 day of October 2020

**CLAIMANT:**

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:




Signed by "the workshop" (with chop)  
Dennis Leong Jia Hui  
G2810243M  
25 Leng Kee Road  
S(159 097)

**WITNESS:**

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:




Signed by appointed Surveyor  
LKK AUTO CONSULTANTS PTE LTD  
199607198R  
51 UBI AVE 1 #02-25  
PAYA UBI INDUSTRIAL PARK S(408933)

**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: M202190**

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

**DATE REC'D: 21-Jul-2020****SERVICE ADVISOR: DENNIS****JOB No.: M201416****MILEAGE: 13902****ID:****NAME: INDIA INTERNATIONAL INSURANCE PTE LTD**

**ADDRESS: 64 CECIL STREET**  
 #05-00. S(049711)

**TELEPHONE: 63476100****MODEL: FORESTER 2.0I-L EYESIGHT AWD CVT****ENGINE No.: FB20YG03466****CHASSIS No.: JF1SK7KL5KG010250****REGISTRATION No.: SML4123K**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	REMARK TO CONDUCT PANEL BEATING REAR QUARTER PANEL LHS	560.00
2	REMARK TO REPLACE REAR BUMPER,BRKT RHS &BRKT LHS	560.00
3	REMARK TO RESPRAY REAR QUARTER PANEL AND REAR BUMPER	880.00
4	REMARK TO REMOVE AND REINSTALL REVERSE SENSOR	80.00
5	REMARK SUNDRIES	20.00
6	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
7	REMARK TO CONDUCT THIRD PATRTY CLAIM - III INS ACCIDENT DATE:25/06/2020 TIME:0845HRS	
8	REMARK LOCATION:NICOLL HIGHWAY	
9	REMARK VEHICLE B :GBJ4209M	
10	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
11	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
12	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
13	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
14	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
15	INS06 THE OWNER IS REQUIRED.	
16	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
17	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
18	INS09 CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
	TOTAL(LABOUR)	2,100.00



**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: M202190**

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

**DATE REC'D: 21-Jul-2020**  
**SERVICE ADVISOR: DENNIS**  
**JOB No.: M201416**  
**MILEAGE: 13902**  
**ID:**

**NAME: INDIA INTERNATIONAL INSURANCE PTE LTD**  
**ADDRESS: 64 CECIL STREET**  
 #05-00. S(049711)  
**TELEPHONE: 63476100**  
**MODEL: FORESTER 2.0I-L EYESIGHT AWD CVT**  
**ENGINE No.: FB20YG03466**  
**CHASSIS No.: JF1SK7KL5KG010250**  
**REGISTRATION No.: SML4123K**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	BUMPER FACE R STD 57704SJ300(Qty : 1 @ 482.40 each(Discount 20.00%))	385.92
2	BRKT SD R LH 57707SJ330(Qty : 1 @ 14.40 each(Discount 20.00%))	11.52
3	CLIP 909140062(Qty : 2 @ 2.88 each(Discount 20.00%))	4.60
4	GARNISH AY DR R ULH UPPER 91112SJ310(Qty : 1 @ 108.00 each(Discount 20.00%))	86.40
	TOTAL(SPARE PARTS)	488.44

Subtotal 2,588.44  
 GST(7%) 181.19  
**TOTAL \$2,769.63**



DATE : 22-Sep-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.DUORewards.com](http://www.DUORewards.com) and start accumulating your points for your invoice today!**

Vehicle Number: SMR5562M Make & Model: XV 2.0I-S EYESIGHT AWD CVT Date: 18/07/2020  
 Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
 Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Hirer**

Name: MOTOR IMAGE ENTERPRISES PTE LTD  
 Address: 25 LENG KEE ROAD  
 Singapore: (159097)  
 Contact Person: MR. DAVID KOH Tel: \_\_\_\_\_

**1st Driver**

Name: SIOW PENG HAN  
 Address: 299 BEDOK SOUTH AVENUE 2 #04-14  
 Singapore: (469298)  
 Contact No: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Date of Birth: 17/12/1964  
 Passport / NRIC No: S1634988G Nationality: SINGAPOREAN  
 Driver's Licence No: S1634988G 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**

SML4123K TP CLAIM (MIE TPY DENNIS)

**Check In / Out**

Date Out: 20/07/2020 Time Out 15:00:00 Km Out 8888.00  
 Petrol Level: F  
 Agreed Date of Return: 24/07/2020 15:00:00  
 Date In: \_\_\_\_\_ Time In \_\_\_\_\_ Km In \_\_\_\_\_  
 Petrol Level: E

**Collision Damage Waiver & PAI**

ACCEPTS To Pay Extra Fees Daily <u>S\$0.00</u> Non-Waiverable Excess S\$ <u>0.00</u> per accident Windscreen Excess: \$100.00 Signature _____	DECLINES Hirer Declines CDW Excess S\$ <u>2,000.00</u> per accident Windscreen Excess: \$100.00 Signature <u>[Signature]</u>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

\*The above is subjected to 7% GST.

Per Day	110	00
Per Week		
Per Month		
Weekend		
<b>Rental Charges</b>	440	00
CDW	0	00
PAI	0	00
Deliver / Collection	0	00
Malaysia Charge		
Petrol		
Other Charge		
7% GST	30	80
<b>Sub Total</b>	470	80

**OVERALL CHARGES**

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 S\$250 will be applicable to ionize 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 S\$50 will be applied.

**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 \_\_\_\_\_

[Signature]  
 HIRER'S SIGNATURE

[Signature]  
 DOWNTOWN TRAVEL SERVICES PTE LTD





www.tanchong.com

**DOWNTOWN**

**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

4/8/20

MOTOR IMAGE ENTERPRISES PTE LTD  
(SERVICE WORKSHOP)  
25 LENG KEE ROAD

S(159097)  
ATTN : MR. DAVID KOH

GST Reg No. : M2-0067432-4  
Tax Invoice : S1017582  
Inv. date...: 25-JUL-2020  
Print date...: 25-JUL-2020  
Print time...: 11:43:37  
Page no.....: 1  
Agreement no: TP2020795  
Salesman.....: RUSYDI

Description	Amount
RENTAL CHARGE FROM 20-JUL-2020 TO 24-JUL-2020 XV 2.0I-S EYESIGHT AWD CVT - SMR5562M (SIOW PENG HAN)	440.00

TOTAL SGD(BEFORE GST)	440.00
GST(7%)	30.80
TOTAL SGD(AFTER GST)	470.80

110

**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



**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-20-075081  
Date of Request: 25/06/2020

Your Ref No: Online Purchase

Motor Image Enterprises Pte Ltd  
25 Leng Kee Road  
Singapore 159097

Dear Sir/Madam,

Enquiry Date 25/06/2020  
Enquiry By Jeff Teh  
TP Vehicle No. GBJ4209M  
Accident Date 25/06/2020

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBJ4209M	India International Insurance Pte Ltd	12/04/2020-11/04/2021	63476100

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.



**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

**TAX INVOICE**

Our Ref No: GR-20-075081  
Date of Request: 25/06/2020

Your Ref No: Online Purchase

Motor Image Enterprises Pte Ltd  
25 Leng Kee Road  
Singapore 159097

Dear Sir/Madam,

Enquiry Date 25/06/2020  
Enquiry By Jeff Teh  
TP Vehicle No. GBJ4209M  
Accident Date 25/06/2020

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

## Print Received Message

This mail is associated with :

**\*SML4123K (MCV2020D0001188)**

**[GBJ4209M]**

TP

SLOW PENG HAN

Jun 25 2020 8:00AM

[-]

Motor Image Enterprises Pte Ltd

**From** India International Insurance Pte Ltd (HQ) (III\_SG), sent on 02/10/2020 16:37 PM.  
**To** LKK\_HQ  
**Subject** Alert - Adj Mandate Approved (\$3242.43) - SML4123K - Claim Handler: C. Meenachi

Approved:3242.43.