

**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: L529686****For cash sales, payment will be  
endorsed on this invoice and no  
separate receipt will be issued.****DATE REC'D: 24-Feb-2021****SERVICE ADVISOR: HOOI****JOB No.: L530221****MILEAGE: 79130****ID:****NAME: INDIA INTERNATIONAL INSURANCE PTE LTD****ADDRESS: 64 CECIL STREET**

#05-00. S(049711)

**TELEPHONE: 63476100****MODEL: FORESTER 2.0I-L AWD CVT****ENGINE No.: FB20Y251137****CHASSIS No.: JF1SJ5KC5GG070412****REGISTRATION No.: SLT5328A**

ITEMS	CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SLP8997U - III INSURED	
2	REMARK	CONDUCT TP CLAIM III DATE:05/02/2021 TIME:1007HRS LOCATION:KPE TUNNEL AFTER P83K TUNNEL EMERGENCY EX	
3	INS01	FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
4	INS02	IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
5	INS03	STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
6	INS04	SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
7	INS05	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
8	INS06	THE OWNER IS REQUIRED.	
9	INS07	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
10	INS08	NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
11	INS09	CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
12	REMARK	REPAIR/REPLACE RR BUMPER,END PANEL,BEAM & TAILGATE	2,240.00
13	REMARK	RESPRAY RR BUMPER,END PANEL,TAILGATE & FLOORPAN	1,680.00
14	REMARK	TRANSFER TAILGATE MECHANISM	150.00
15	REMARK	REMOVE & REFIX CARPETS,SEATS TO FACILITATE REPAIRS	300.00
16	REMARK	TO CONDUCT RR LIGHTING TEST	30.00
17	REMARK	SUNDRIES	20.00
18	REMARK	REMOVE & REDIX RR BOOT GARINSH & TRIM TO FACILITATE REPAIR	150.00

*Certified True Copy*



**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:** L529686

**For cash sales, payment will be  
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**DATE REC'D:** 24-Feb-2021

**SERVICE ADVISOR:** HOOI

**JOB No.:** L530221

**MILEAGE:** 79130

**ID:**

**NAME:** INDIA INTERNATIONAL INSURANCE PTE LTD

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

**TELEPHONE:** 63476100

**MODEL:** FORESTER 2.0I-L AWD CVT

**ENGINE No.:** FB20Y251137

**CHASSIS No.:** JF1SJ5KC5GG070412

**REGISTRATION No.:** SLT5328A

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
19	REMARK TO CONDUCT ANTI RUST COATING	290.00
20	REMARK TO SUPPLY & INSTALL RR WINDSCREEN TINTED FILM	145.00
	TOTAL(LABOUR)	5,005.00
1	BUMPER FACE REAR FORESTER IL	432.00
	57704SG012(Qty : 1 @ 540.00 each(Discount 20.00%))	
2	BEAM COMPL R EU	230.40
	57711SG0219P(Qty : 1 @ 288.00 each(Discount 20.00%))	
3	COVER HOOK R	10.08
	57731SG010NN(Qty : 1 @ 12.60 each(Discount 20.00%))	
4	PANEL CPL R/G NA	858.24
	60809SG0109P(Qty : 1 @ 1072.80 each(Discount 20.00%))	
5	GLASS R/G	639.36
	63019SG000(Qty : 1 @ 799.20 each(Discount 20.00%))	
6	RUBBER DAM GLS	5.76
	63232SG000(Qty : 2 @ 3.60 each(Discount 20.00%))	
7	RUBBER R/G WIND	10.08
	63232SG010(Qty : 1 @ 12.60 each(Discount 20.00%))	
8	LETTER MARK FORESTOR R	31.68
	93079SG000(Qty : 1 @ 39.60 each(Discount 20.00%))	
9	LETTER MK R SUB SUPP	51.84
	93079SG030(Qty : 1 @ 64.80 each(Discount 20.00%))	
10	CARGO STEP PANEL (RESIN)	336.00
	E775ESG000(Qty : 1 @ 420.00 each(Discount 20.00%))	
	TOTAL(SPARE PARTS)	2,605.44

Subtotal 7,610.44  
GST(7%) 532.73  
**TOTAL \$8,143.17**

DATE : 21-Apr-2021

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!**

Certified True Copy



## BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

**Accident involving vehicle** SLT 5328A **and** SLP 8997U **on** 05/02/2021

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 8143.17
b)	Loss of Use/ Rental of vehicles for _____ day(s) @ S\$ _____ per day	S\$ 1059.30
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$ /
e)	Others _____	S\$ /
<b>TOTAL</b>		<b>S\$ 9209.92</b>

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

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input type="checkbox"/>	Medical Invoice
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input checked="" type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input checked="" type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Others

All payment should be payable to **Motor Image Enterprises Pte Ltd/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.

\*Contact person: Siow Hooi – 6703 8115  
 hooi@motorimage.net





**Motor Image Enterprises Pte Ltd**  
19 Lorong 8 Toa Payoh Singapore 319255  
T (65) 6417 0333 F (65) 6252 5655  
W [www.motorimage.net](http://www.motorimage.net)  
Co Reg No: 198702032R

## DISCHARGE VOUCHER

Name of Insured: **KOH KENG NGEE**

Address of Insured: **BLK 217B SUMANG WALK , #07-242 S(822217)**

Name of Repairs: **MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP**

Address of Repairs: **NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319255**

Place of Accident: **KPE TUNNEL JUST AFTER P38K TUNNEL EMERGENCY EXIT**

Date of Accident: **05 / 02 / 2021** Vehicle No: **SLT5328A**

Policy No: **GA305015** Claim No: \_\_\_\_\_

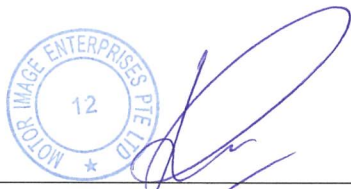
I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of INDIA INTERNATIONAL INSURANCE PTE LTD setting the repair costs stated above with the said repairers, I/We hereby release and discharge the said insurers 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 above mentioned date and place.

I/We agree that by virtue of such payment, all my/our rights and remedies in respect of damages to the said Motor Vehicle are subrogated to the said Insurers in accordance with the laws governing such matters.

I/We hereby grant the said insurers 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 Insurers 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.

REPAIRERS:



Company's Chop & Signature

**DANIEL JUDE**

Name

**05 / 03 / 2021**

Date

INSURED:

**SXXXX221H**

IC No. & Signature/Company's Chop

**KOH KENG NGEE**

Name

**05 / 03 / 2021**

Date



## 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. SLT 5328 A AND SLP 8997 U  
ON 05-02-2021 AT KPE TUNNEL JUST AFT P38K TUNNEL EMERGENCY EXIT

1. I, the owner of vehicle no. SLT 5328 A 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>KOH KENG NGEE</u>		Company Name <u>MOTOR IMAGE ENTERPRISES PTE LTD</u>
Address <u>BLK 217B SUMANG WALK</u> <u>07-242 S(822217)</u>		Claim Officer's Name <u>DANIEL A JUDE</u>
Telephone No <u>9777 9034</u>		Telephone No <u>6703 8101 / 8611 3195</u>
Date <u>05-02-2021</u>	Email <u>-</u>	Date <u>05-02-2021</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>X [Signature]</u>	Claim Officer Signature <u>[Signature]</u>





redefining / insurance

KOH KENG NGEE  
BLK 217B SUMANG WALK  
#07-242  
SINGAPORE 822217

AXA Insurance Pte Ltd  
1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4740  
customer.care@axa.com.sg  
www.axa.com.sg

**Renewal**

date  
13/05/2020

your servicing distributor  
SD CONTEGO SERVICES / 00303

your servicing distributor contact  
65140556/0557

## Policy Schedule

Your SmartDrive Comprehensive Flexi

**Your policy snapshot**

Policyholder name	KOH KENG NGEE	Policy number	VA1 / GA305015
Cover	Comprehensive	FIN / NRIC	S8231221H
Period of Insurance	from 01/06/2020 to 31/05/2021 (both dates inclusive)		

**Premium breakdown**

Gross Premium after 10% NCD	SGD 1,401.87
7% GST	SGD 98.13
<b>Final Premium</b>	<b>SGD 1,500.00</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive Comprehensive Flexi Benefits**

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

**Add-on Benefits**

- Courtesy car Standard in Singapore up to ten (10) days

**Vehicle details**

Make & Model of Vehicle	SUBARU FORESTER 2.0 I-L CVT AWD	Year of manufacture	2016
Vehicle registration number	SR SLT5328A	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1995
Seating capacity (excl driver)	4	Engine number	FB20Y251137
Off-Peak car	No	Chassis number	JF1SJ5KC5GG070412

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	DBS BANK LTD

**Excess applicable** (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

1 of 2



## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 05/02/21 To: Owner of Vehicle Number: SLT5328A

The following has been advised to you via your workshop, CDGE through their staff, Baldwin. Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop of the claims procedure as follows.
- > if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
  - > if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☐ You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- > \$200 off on your Basic Own Damage Excess or
  - > \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
  - > Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is                     . The estimated arrival time does not include the repair period.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

Signed and acknowledged by:

Koh Keng Ngee

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]  
Name and signature of workshop personnel including company stamp

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Feb 2021 / 16:04:04

Receipt Date/Time : 05 Feb 2021 / 16:04:04

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210205-002699

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 - SLP8997U

As at 05 Feb 2021/10:07:00

Insurance Co: INDIA INT'L INS PTE LTD

Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - SLP8997U Enquiry Fee 20210205160237720603	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

526471XXXXXX2648	eNETS Credit Card	7.45
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Total		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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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.



Vehicle Number: SI Q3919Z Make & Model: X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR Date: 24/02/2021  
Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD

Address: 19 LORONG 8 TOA PAYOH

Singapore: (319255)

Contact Person: DANIEL JUDE

Tel: \_\_\_\_\_

## 1st Driver

Name: KOH KENG NGEE

Address: 217B SUMANG WALK #07-342

Singapore: (822217)

Contact No: 97779034 (H)

(O)

(HP)

Occupation: \_\_\_\_\_

Date of Birth: 20/09/1982

Passport / NRIC No: SXXXX221H

Nationality: SINGAPOREAN

Driver's Licence No: SXXXX221H

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

SLT5328A TP CLAIM (MIE JUDE)

## Check In / Out

Date Out: 24/02/2021 Time Out: 11:00:00 Km Out: 39684.00

Petrol Level: F

Agreed Date of Return: 05/03/2021 10:00:00

Date In: \_\_\_\_\_

Time In: \_\_\_\_\_

Km In: \_\_\_\_\_

Petrol Level: F

## Collision Damage Waiver & PAI

### ACCEPTS

To Pay Extra Fees

Daily \$80.00

Non-Waiverable Excess

\$S 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 [Signature]

\*The above is subjected to 7% GST.

Per Day	110	00
Per Week		
Per Month		
Weekend		
<b>Rental Charges</b> 9 days x \$110	990	00
CDW	0	00
PAI	0	00
Deliver / Collection	0	00
Malaysia Charge		
Petrol		
Other Charge		
7% GST	69	30
<b>Sub Total</b>	1,059	30

## OVERALL CHARGES

\$1,059.30

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 \$S250 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.

More than 2 hrs - 3rd hour	40% of the rental charges
More than 3 hrs - 4th hour	80% of the rental charges
More than 5 hours	100% (1 day rental chargeable)

## Deposit Tax Invoice

Deposit Inv: \_\_\_\_\_ Amount: \_\_\_\_\_

O/R No: \_\_\_\_\_ Date: \_\_\_\_\_

## For Official Use

INV: 51018609 O/R: \_\_\_\_\_ Date: 05/03/21

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

INV: \_\_\_\_\_ O/R: \_\_\_\_\_ Date: \_\_\_\_\_

[Signature]

HIRER'S SIGNATURE



DOWNTOWN TRAVEL SERVICES PTE LTD

high  
8/3/21

Motor Image Enterprises Pte Ltd

Request For Car Rental

Date: 22/02/2021

Department: INS

Request By: DANIEL JUDE

Invoice To: MIE SVC - TP / MIE SVC - LK

Reason:

3<sup>rd</sup> Party Rental Request

9777 9034 —————> KOH KENG NGEE

Owner's Car Plate No: SLT 5328 A

Authorized No. of days:

7

Owner's Car Model: Forester

Date Required: 24 - 02 - 2021

Date Returned: \_\_\_\_\_

Model of Vehicle Required: (Auto / ~~Manual~~): Forester

Authorized By: Daniel Lim (Name & Signature of Dept Mgr)

To Be Completed by Downtown Travel Service P L Staff:

Vehicle Number Assigned: SLR 3914 Z Car Model: X-Trail 2.0

Rental Date: 24/2/21

Date Returned: 05/03/2021

Process by: Bo L

TP2021404

51018609

\$110



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

MOTOR IMAGE ENTERPRISES PTE LTD  
(TPY SERVICE)  
19 LORONG 8 TOA PAYOH

S(319255)  
ATTN:DANIEL JUDE

GST Reg No. : M2-0067432-4  
Tax Invoice : S1018609  
Inv. date...: 05-MAR-2021  
Print date...: 05-MAR-2021  
Print time...: 16:49:05  
Page no.....: 1  
Agreement no: TP2021404  
Payment Due : 04-APR-2021  
Amount.....: \$1059.30  
Salesman....: ZAINI

Description	Amount
RENTAL CHARGE FROM 24-FEB-2021 TO 05-MAR-2021	990.00
X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR - SLQ3919Z	
(KOH KENG NGEE)	

TOTAL SGD(BEFORE GST)	990.00
GST(7%)	69.30
TOTAL SGD(AFTER GST)	1059.30

Interest at 1.25% per month  
on overdue account.

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

XXXXXXXXXXXXXXXXXXXX

**DOWNTOWN TRAVEL SERVICES PTE LTD**



Authorised Signature