

Motor Image Enterprises Pte Ltd

Type of Claim:

- ☒ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255
☐ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

- ☒ **Third Party (Direct Settlement)**
☐ **Own Damage (Recovery Claim)**

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLR 6738 D **AND** SHB 711 B
ON 04 - 07 - 2021 **AT** FUNAN MALL PICK UP / DROP OFF POINT ALG Hill ST.

1. I, the owner of vehicle no. SLR 6738 D 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>SETO WAI ZONG BENJAMIN</u>		Company Name <u>MOTOR IMAGE ENTERPRISES PTE LTD</u>
Address <u>8 J JANSEN ROAD</u>		Claim Officer's Name <u>DANIEL A JUDE</u>
<u>S'PORE 544843</u>		
Telephone No <u>9040 3818</u>		Telephone No <u>6703 8101 / 8611 3195</u>
Date <u>05/07/2021</u>	Email <u>-</u>	Date <u>05 - 07 - 2021</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>x Benz</u>	Claim Officer Signature <u>[Signature]</u>





Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh Singapore 319255
T (65) 6417 0333 F (65) 6252 5655
W www.motorimage.net

Co Reg No: 198702032R

DISCHARGE VOUCHER

Name of Insured: **SETO WAI ZONG BENJAMIN**

Address of Insured: **8J JANSEN ROAD**

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

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

Place of Accident: **FUNAN MALL PICK UP DROP OFF PT**

Date of Accident: **04/07/2021** Vehicle No: **SLR6738D**

Policy No: **1700043392-03** 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 **FIRST CAPITAL INSURANCE LIMITED** 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:



[Signature]

Company's Chop & Signature

DANIEL A JUDE

Name

02/09/2021

Date

INSURED:

[Signature]

SXXXX946D

IC No. & Signature/Company's Chop

SETO WAI ZONG BENJAMIN

Name

02/09/2021

Date



Motor Image Enterprises Pte Ltd
19 Loring Road Paya
Singapore 319255
Tel: (65) 6417 0333
Fax: (65) 6252 5655
BRN 198703032R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLR6738D and SHB711B on 04/07/2021

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\$ 1733.61
b)	Loss of Use/ Rental of vehicles for <u>3</u> day(s) @ S\$ <u>110</u> per day	S\$ 330.00
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$ /
e)	Others	S\$ /
TOTAL		S\$ 2071.06

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 checked="" type="checkbox"/>	Discharge Voucher
<input type="checkbox"/>	Rental Invoice
<input checked="" type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Towing Invoice

<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Medical Invoice
<input checked="" type="checkbox"/>	Letter Of Authority
<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Survey Report
<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:

**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: L537914****For cash sales, payment will be
endorsed on this invoice and no
separate receipt will be issued.****DATE REC'D: 30-Aug-2021****SERVICE ADVISOR: HOOI****JOB No.: L537092****MILEAGE: 26826****ID:****NAME: MS FIRST CAPITAL INSURANCE LIMITED****ADDRESS: 36 ROBINSON ROAD**

#16-01 CITY HOUSE, S(068877)

TELEPHONE: 62222311 / 65063848**MODEL: FORESTER 2.0I-L AWD CVT****ENGINE No.: FB20YA88854****CHASSIS No.: JF1SJ5KC5JG097379****REGISTRATION No.: SLR6738D**

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SHB711B - MS FIRST CAP	
2	REMARK CONDUCT TP CLAIM MS FIRST CAP DATE:04/07/2021 TIME 1255HRS LOCATION:FUNAN MALL PICK UP DROP OFF PT	
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 FRT BUMPER & BEAM	560.00
13	REMARK RESPRAY FRT BUMPER & BEAM	420.00
14	REMARK LTA INSPECTION FOR OPC	120.00
	TOTAL(LABOUR)	1,100.00
1	BUMPER FACE F NA(FOR H/L WSH)MY2016 (SG030A 57709SG030(Qty : 1 @ 594.00 each(Discount 20.00%))	475.20
2	FRONT NUMBER PLATE	45.00

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: L537914

**For cash sales, payment will be
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separate receipt will be issued.**

DATE REC'D: 30-Aug-2021

SERVICE ADVISOR: HOOI

JOB No.: L537092

MILEAGE: 26826

ID:

NAME: MS FIRST CAPITAL INSURANCE LIMITED

ADDRESS: 36 ROBINSON ROAD
#16-01 CITY HOUSE, S(068877)

TELEPHONE: 62222311 / 65063848

MODEL: FORESTER 2.0I-L AWD CVT

ENGINE No.: FB20YA88854

CHASSIS No.: JF1SJ5KC5JG097379

REGISTRATION No.: SLR6738D

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
	WM001(Qty : 1 @ 45.00 each)	
	TOTAL(SPARE PARTS)	520.20

Subtotal	1,620.20
GST(7%)	113.41
TOTAL	\$1,733.61

DATE : 25-Nov-2021

CUSTOMER



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 and start accumulating your points for your invoice today!

Certified True Copy



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jul 2021 / 15:37:34

Receipt Date/Time : 06 Jul 2021 / 15:37:34

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210706-002765

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHB711B				
As at 04 Jul 2021/12:55:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB711B Enquiry Fee 20210706153622808154	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				
512972XXXXXX9171		eNETS Credit Card		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.