

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 9517 U **AND** SHB96T
ON 06 - 09 - 2021 **AT** NEAR BISHAN MRT TAXI STAND

1. I, the owner of vehicle no. SLT 9517 U 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>HUANG YUNPING</u>		Company Name <u>MOTOR IMAGE ENTERPRISES PTE LTD</u>	
Address <u>228B ANG MO KIO ST 23</u>		Claim Officer's Name <u>DANIEL A JUDE</u>	
<u>#18-45 S(562228)</u>			
Telephone No <u>9640 6931</u>		Telephone No <u>6703 8101 / 8611 3195</u>	
Date <u>06 - 09 - 2021</u>	Email <u>-</u>	Date <u>07 - 09 - 2021</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	



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: **HUANG YUNPING**

Address of Insured: **APT BLK 307D ANCHORVALE ROAD #03-92**

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

Address of Repairs: **NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319225**

Place of Accident: **NEAR BISHAN MRT TAXI STAND**

Date of Accident: **06/09/2021** Vehicle No: **SLT9517U**

Policy No: **P10464208R00** 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

INSURED:

[Signature]

SXXXX373F

IC No. & Signature/Company's Chop

DANIEL JUDE

Name

18/10/2021

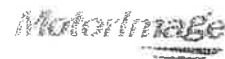
Date

HUANG YUNPING

Name

18/10/2021

Date



Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh
Singapore 319253
Tel: 65 6417 0333
Fax: 65 6252 5655
BRN 198702032R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLT9517 U and SHB96 T on 06-09-2021

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\$ 4085.82
b)	Loss of Use/ Rental of vehicles for <u>4</u> day(s) @ S\$ <u>110</u> per day	S\$ 440.00
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$
e)	Others	S\$
TOTAL		S\$ 4533.27

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.



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: L537944

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

DATE REC'D: 12-Oct-2021

SERVICE ADVISOR: HOOI

JOB No.: L538840

MILEAGE: 66268

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.: FB20YB31277
CHASSIS No.: JF1SJ5KC5JG099650
REGISTRATION No.: SLT9517U

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST - SHB96T MS FIRST CAP INSURED	
2	REMARK CONDUCT TP CLAIM MS FIRST CAP DATE:06/09/2021 TIME 2035HRS LOCATION:NEAR BISHAN MRT TAXI STAND	
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 LH DOOR,LF WING MIRROR & PANEL	840.00
13	REMARK RESPRAY FRT LH DOOR,LF WING MIRROR & PANEL	630.00
14	REMARK TRANSFER DOOR MECHANISM (LH FRT)	200.00
15	REMARK TO SUPPLY & INSTALL TINTED FILM (FRT LH WINDOW)	145.00
16	REMARK SUNDRIES	20.00
	TOTAL(LABOUR)	1,835.00
1	PNL COMPL DR F LH	576.00

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



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CHASSIS No.: JF1SJ5KC5JG099650
REGISTRATION No.: SLT9517U

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
2	60009SG0529P(Qty : 1 @ 720.00 each(Discount 20.00%)) GLASS ASSY DR F LH	403.20
3	61011SG211(Qty : 1 @ 504.00 each(Discount 20.00%)) WSTR OUT DR F LH	80.64
4	61280SG031(Qty : 1 @ 100.80 each(Discount 20.00%)) LAMP ASSY-SIDE TURN MIRROR LH	81.60
5	84401AJ010(Qty : 1 @ 102.00 each(Discount 20.00%)) TAPE DR SASH F F LH	4.32
6	90422SG010(Qty : 1 @ 5.40 each(Discount 20.00%)) TAPE DR SASH F M LH	14.40
7	90422SG030(Qty : 1 @ 18.00 each(Discount 20.00%)) TAPE DR SASH F R LH	14.40
8	90422SG050(Qty : 1 @ 18.00 each(Discount 20.00%)) R VIEW MIR UNIT RHL	380.16
9	91036SG854(Qty : 1 @ 475.20 each(Discount 20.00%)) COVER MIR BODY LH	28.80
10	91054AJ231(Qty : 1 @ 36.00 each(Discount 20.00%)) SIDE MIRROR LED SIGNAL SET (INS:\$500)	400.00
	LPHSML-9005(Qty : 1 @ 500.00 each(Discount 20.00%)) TOTAL(SPARE PARTS)	1,983.52

Subtotal 3,818.52
GST(7%) 267.30
TOTAL \$4,085.82

DATE : 25-Nov-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 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 : 09 Sep 2021 / 15:02:15

Receipt Date/Time : 09 Sep 2021 / 15:02:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210909-002312

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHB96T				
As at 06 Sep 2021/20:35:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB96T Enquiry Fee 20210909150105827195	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.