

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:

binird Party (Direct Settlement)

□ Own Damage (Recovery Claim)

ACCI	DENT INVOLVING VEHICLE REC	ISTRA	TION No.	SLU	2556Y	AND	GB49124B
ON	11/11/2021	AT	ORCHAR	RD	ROAD		

- 1. I, the owner of vehicle no. Sw 25567 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.
- 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 LOCK YIN PI		Company Name MOTOR MAGIE ENT PTE LTD		
Address IS FABER PARK S(129105)		Claim Officer's Name Dennis Lean		
		3		
Telephone No 8/26 6059		Telephone No 6703 8161		
Date 72 /11/2021 Email		Date 22 /11 /2021		
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:	LOCK YIN PI				
Address of Insured:	15 FABER PARK S(129105) MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP NO.25 LENG KEE ROAD SINGAPORE 159097 ORCHARD ROAD				
Name of Repairs:					
Address of Repairs:					
Place of Accident:					
Date of Accident:	22-11-2021	Vehicle No:	SLU2556Y		
Policy No:510484	40632-02 (NTUC)	Claim No:			
settling the repair costs a all further obligations and vehicle on or about the all I/We agree that by virtue	tated above with the said repail liabilities under the aforesaid povementioned date and place	and in consideration of Circrs, I/We hereby release a colicy in respect on and acc.	HINA TAIPING INSURANCE Indicate the said insurers from ident involving my/our said motor		
I/We hereby grant the said all or any of such rights at I/We further agree to furni exercising such rights and	d insurers the authority to use and remedies including the right ship the said Insurers with any a remedies whilst on their parts sing in connection with any pro-	my/our name to the extent n to give discharge and recei assistance that they may rea they agree to indemnify me	pts therefore. sonably require of me/us when		
REPAIRERS: Company's Chop & Signature Ch	gnature	INSURED (Lunf) IC No. & Signatu	S1601340D		
DENNIS LEONG Name		LOCK YIN PI			
22/11/20 Date	21	Date	22/11/2021		



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

SUBARU

TAX INVOICE

GST Reg No. M2-0076975-9 Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: M215747
For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 16-Nov-2021 SERVICE ADVISOR: DENNIS

> 180.00 1,120.00 840.00 150.00 300.00 145.00 150.00 20.00

JOB No.: M214551 MILEAGE: 14773

ID:

NAME: CHINA TAIPING INSURANCE (SINGAPORE)PTE LTD

ADDRESS: 3 ANSON ROAD

#15-00 SPRINGLEAF TOWER. S(079909)

TELEPHONE: 6389 6111

MODEL: SUBARU XV 1.6I-S AWD CVT

ENGINE No.: FB16YB77134

CHASSIS No.: JF1GT3KC5JG024326 REGISTRATION No.: SLU2556Y

ITEMS	CODE	DESCRIPTION OF REPAIRS	
1	REVERS	TO SUPPLY AND INSTALL 2-POINT REVERSE SENSOR	
2	REMARK	TO REPLACE REAR BUMPER,BUMPER BEAM,TAILGATE	
3	REMARK	TO RESPRAY REAR BUMPER,BUMPER BEAM,TAILGATE	
4	REMARK	TRANSFER TAILGATE INNER TRIMS & MECHANISM	
5	REMARK	REMOVE & REPLACE REAR WINDSCREEN	
6	REMARK	TO INSTALL REAR WINDSCREEN SOLAR FILM	
7	REMARK	TO CONDUCT REAR LIGHTING TEST	
8	REMARK	SUNDRIES	
9	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
10	REMARK	TO CONDUCT THIRD PATRTY CLAIM - CHINA TAIPING INS	
		ACCIDENT DATE:11/11/2021 TIME:1510HRS	
11	REMARK	LOCATION:ORCHARD ROAD	
12	REMARK	VEHICLE B :GBH9124B	
13	INS01	FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN	
		ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
14	INS02	IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO	
		STANDARD RATE CHART (REF. 0338).	
15	INS03	STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM	
		THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
16	INS04	SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT	
		THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
17	INS05	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF	
		IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
18	INS06	THE OWNER IS REQUIRED.	
19	INS07	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF	
		DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
20	INS08	NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO.	
		APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
21	INS09	CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE	



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

SUBARU

TAX INVOICE

GST Reg No. M2-0076975-9 Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: M215747 For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 16-Nov-2021 **SERVICE ADVISOR: DENNIS**

5,270.00

\$5,638.90

368.90

JOB No.: M214551 **MILEAGE: 14773**

ID:

NAME: CHINA TAIPING INSURANCE (SINGAPORE)PTE LTD

ADDRESS: 3 ANSON ROAD

#15-00 SPRINGLEAF TOWER. S(079909)

TELEPHONE: 6389 6111

MODEL: SUBARU XV 1.6I-S AWD CVT

ENGINE No.: FB16YB77134

CHASSIS No.: JF1GT3KC5JG024326 **REGISTRATION No.:** SLU2556Y

ITEMS CODE	DESCRIPTION OF REPAIRS WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	AMOUNT
	TOTAL(LABOUR)	2,905.00
1	BUMPER FACE R XV 57704FL250(Qty: 1 @ 601.50 each(Discount 20.00%))	481.20
2	BEAM COMPL R EU 57711FL0419P(Qty: 1 @ 203.00 each(Discount 20.00%))	162.40
3	PANEL COMPL R GAT 60809FL0009P(Qty: 1 @ 940.00 each(Discount 20.00%))	752.00
4	GLASS ASSY R G 63019FL030(Qty: 1 @ 1062.00 each(Discount 20.00%))	849.60
5	DAM RUBBER 65245FL000(Qty: 1 @ 18.00 each(Discount 20.00%))	14.40
6	CLIP 2 PCS 909140062(Qty: 2 @ 2.88 each(Discount 20.00%))	4.60
7	LETTER MK R 93079FL100(Qty : 1 @ 90.00 each(Discount 20.00%))	72.00
8	LETTER MK R XV 93079FL140(Qty: 1 @ 36.00 each(Discount 20.00%))	28.80
	TOTAL(SPARE PARTS)	2,365.00

MANAGER

Subtotal

GST(7%)

TOTAL

DATE: 04-Mar-2022

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!

INSURER ENQUIRY

Find insurer Vehicle reg. no.

GBH9124B

Date of Accident

11/11/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Period of Insurance _______24/10/2021 - 23/10/2022 Requested By ______ Dennis Leong Jia Hui (MOTOR ... Requested Date _______12/11/2021 14:14

Payment details

Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: M400017735

Date: 0	07/05/2022			
M/s:				
CHINA TAIPING INSURANCE(SINGAPORE) PTE LTD				
3 ANSON ROAD #15-00				
SPRIN	GLEAF TOWER			
Singapo	pre_079120			
Attn: Mo	otor Claims Department			
Dear Si	r/ Madam,		*	
Accide	nt involving vehicle SLU2556Y and GBH9124B	3o	n11/11/2021	
I am the	e owner of vehicle no <u>SLU2556Y</u> which was involved in	an acci	dent with your insured vehicle	noGBH9124B
The acc	cident was caused solely by your insured's negligence. I am th d below:			
a)	Repair Cost/ Excess			S \$ 5,638.90
b)	Loss of Use/ Rental of vehicles for _05_ day(s) @ S\$_500	.00 per	day +GST	S\$ 500.00
c)	LTA/ GIA Search Fees			S\$ 2.00
d)	Administrative Charges		ri .	s\$
e)	Others			S\$
	5		TOTAL	s\$ 6,140.90
l enclose	e herewith copy of the following: (please tick the appropriate bo	exes)		
	Repair Invoice	√	LTA/ GIA Search Receipt	
	Policy Excess Invoice	✓	NRIC/ Driving License	
	Rental Invoice	✓	GIA Report	
✓	Certificate of Insurance	√	Survey Report	
All paym	nent should be made in my favour and the said payment as full	and fina	al settlement of my claim.	
Please a	acknowledge receipt and let me have your favourable reply sool	л.		
My Cont	act Details are as follow;			
Tel:	NA			
HP No:	8126 6089			
Address:	15 FABER PARK S(129105)			
E-mail A	ddress:			

Sincerely LOCK YIN PI





Motor Image Enterprises Pte Ltd 25 Lang Kee Road Singapore 159097 Tel: (65) 6417 0333 Fax: (65) 6479 3811 BRN 198702032R

BREAKDOWN OF PAYMENT

VEHICLE NO: SLU2556Y
ACCIDENT ON 11/11/2021 AT ORCHARD ROAD

INVOLVING VEHICLE / S GBH9124B

1) Repair cost \$5,638.90 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 - \$ 500.00 Payable to LOCK YIN PI
5) Total Claim Amount \$6,140.90

*KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES

*Contact Person: DENNIS LEONG-67038161/94899000

dennisleong@motorimage.net

