

303, Alexandra Road
Sime Darby Performance
Singapore 159941
Tel. 63190100 (Sale)
63190111 (After)
Fax. 64747770280, Kampong Arang
East Coast Centre
Singapore 438180
Tel. 63190888 (After)
Fax. 63449773315, Alexandra Road
Sime Darby Business
Singapore 159944
Tel. 63190528 ()
63190533/530 ()
Fax. 64796601 ()
64796674 ()

SERVICE TAX INVOICE

Repair Order No. : B1 1673372	Page No. : 1 of 2
Date IN : 07/07/2022	Invoice Number : 2554550 / WSB
Motor Claim Advisor: Chua Kee Sin	Invoice Date : 16/08/2022
	Payment Terms : 30 Days From Invoice
	Invoice By : Mahamod Bin Mohd Sanif

- CUSTOMER INFORMATION -

Ms Tan Yong Leng Gillian
106 Pemimpin Terrace

Singapore 575990

- INVOICE TO - 85

Liberty Insurance Pte Ltd
51 Club Street
#03-00 Liberty House
Singapore 069428

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMW1022E	WBA6Y320707F66617	30/10/2020	225XE	22270

- - - - LABOUR 1 - - - -

	NETT
Replace front right side fender, front make good front bumper include knock out accident area.	✓ 1,700.00
Painting front bumper and right front side fender	✓ 1,923.00
To check electrical wiring system at the front section for proper function including adjustment of headlights.	✓ 177.00
To carry out body cavity preservation. (Per panel).	✓ 118.00
Sundries.	✓ 80.00
Customer wanted to have the front bumper replace please check with insurance surveyor to confirm thank you	0.00
INS CLAIMS : ACCIDENT REPAIR. OD CLAIMS.	0.00
DATE OF ACCIDENT : 25.06.22. POLICY NO : C0121633.	
YOUR REF NO : AVS22/1772.	
PAPER SURVEY BY THINH NGUYEN FROM LIBERTY ON 06.07.22. AUTHORISED BY THINH VIA EMAIL ON 07.07.22.	
UNINSURED LOSSES HANDLED BY T.A AGAINST SPFD	0.00
3RD PARTY CAR : QX1724K INSURANCE EXCESS = \$535.00	
PROPOSE LOSS OF USE = \$100X4 XXX SEARCH FEE = \$	

Total Labour 1: **3,998.00**

- - - - PARTS - - - -

	Retail Qty	Price	NETT
FRT RH FENDER	1	639.70	✓ 639.70
RH FINISHER	1	50.90	✓ 50.90
PLAQUE 82MM	1	72.85	✓ 72.85
Total Parts :			763.45

4 days

303, Alexandra Road
Sime Darby Performa
Singapore 159941
Tel. 63190100 (Sale)
63190111 (After)
Fax. 64747770280, Kampong Arang
East Coast Centre
Singapore 438180
Tel. 63190888 (After)
Fax. 63449773315, Alexandra Road
Sime Darby Business
Singapore 159944
Tel. 63190528 ()
63190533/530 ()
Fax. 64796601 ()
64796674 ()**SERVICE TAX INVOICE**

Repair Order No. : B1 1673372	Page No. : 2 of 2
Date IN : 07/07/2022	Invoice Number : 2554550 / WSB
Motor Claim Advisor: Chua Kee Sin	Invoice Date : 16/08/2022
	Payment Terms : 30 Days From Invoice
	Invoice By : Mahamod Bin Mohd Sanif

Labour Charges :	3,918.00	Total Labour & Parts Charges :	S\$ 4,761.45
Parts Charges :	763.45	Less Insurance Excess :	S\$ 500.00
Lubricant/Misc :	80.00	Invoice Total Amount Exclude GST :	S\$ 4,261.45
		GST @ 7% :	S\$ 298.30
		Invoice Total Amount Include GST :	S\$ 4,559.75

Computer generated invoice. No signature is required.

Amount Payable Include GST : S\$ 4,559.75

All amounts are in Singapore Dollars.

Work was carried out subject to the Company's Terms and Conditions of Service.

No complaints will be entertained unless reported within seven (7) days of the date of this invoice.

For credit purchases, interest @1% per month will be debited on overdue amounts.





DISCHARGE / SATISFACTION CERTIFICATE

Vehicle No. : SMW 1022 E

Make / Model : Bmw F45 225 xE

Accident Location : Pemimpin Terrace

Date of Accident : 25.06.2022

Name of Owner / Insured : Tan Yong Leng Gillian

Repairer : Performance Motors Limited

Own Insurer : Liberty Insurance

Motor Insurance Policy No. : C0121633

Claim Reference No. : QX 1724 K

Policy Excess (W/GST) : \$535.00 Reamy

Official Receipt No. : 998759 21.07.22

I/We hereby declare and confirm that I have received from the Repairers my/our Vehicle and that the repairs have been carried out to my/our entire satisfaction. I/We agree that the settlement of the cost of repairs by the Insurance Company to the account of the Repairers for the repairs shall be in full discharge of all claims under the Motor Insurance Policy in respect of damage to my/our vehicle resulting from the Accident/Loss on the Date of Accident/Loss.

Signature of Owner / Insured :

Date :

* Without Prejudice for any
Personal Injury Claim