

Letter Of Claim For Uninsured Loss

Insurance Company: India International Insurance Date: _____
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SKZ5644S & SND6509Z
at Butik Timah Road (After Balmoral Plaza near the Uturn) on 14/8/24 8.30am.

I am the owner of Vehicle Number SKZ5644S which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SND6509Z, I hereby submit my claim against your company for the ~~loss~~ loss which are as follows:

Excess payment for OD claim	\$ _____
Loss of usage (\$\$/day) for _____ days	\$ _____
Car rental as per invoice attached	\$ <u>490.50</u>
Search fee	\$ <u>2.18</u>
Others <u>COR</u>	\$ <u>3,925.40</u>
Total claim amount	\$ <u>4,418.08</u>

Enclosed please find copies of GIA report, invoices and certificate of insurance for your necessary review.

Kindly reply me within 14 days from the date hereof, or alternatively let me have the full and final settlement for all ~~loss~~ loss which amounted to \$ 4,418.08, failing which I will have to recover all losses via legal action. Please also note your prompt action will help to reduce the claim cost.

Yours sincerely



(Owner of motor vehicle)

Name : Lalwani Anil Mangan

Address : 14 Kitchener Link

#28-31

Telephone : 90234787 S(207223)

TAX INVOICE



Co. Reg. No: 198403671H
GST Reg. No: M2-0067432-4

TAN CHONG MOTOR SALES PTE LTD
911 BUKIT TIMAH ROAD
SINGAPORE 589622

Tax Invoice:	51022605
Invoice Date:	07-Sep-2024
Print Date:	07-Sep-2024
Print Time:	11:26:21
Agreement No.:	TP2024172
Payment Due:	06-Oct-2024
Amount:	\$ 490.50
Salesman:	YANTY

DESCRIPTION	AMOUNT (\$GD)
RENTAL CHARGE FROM 03-Sep-2024 TO 06-Sep-2024	450.00
QASHQAI 1.3 DIG-T PREMIUM MHEV 2-TONE - SNN5042G	
LALWANI ANIL MANGAN	
SUBTOTAL (BEFORE GST)	450.00
GST (9%)	40.50
TOTAL	\$ 490.50

PAYMENT BY INTERNET BANK TRANSFER

Bank Account name: DOWNTOWN TRAVEL SERVICE PTE LTD
Bank Name: UOB LIMITED, Swift BIC: UOVBSGSG, Bank Account No.: 901-354-254-2.
Please quote your Invoice number.

PAYMENT BY PAYNOW

Simply enter our UEN number 198403671H. Invoice number as the Bill Reference No.

PAYMENT BY CHEQUE

Cross cheque to DOWNTOWN TRAVEL SERVICES PTE LTD
Please write your Invoice number at the back of the cheque

Interest at 1.25% per month on overdue account.

This is a computer-generated document. No signature is required.

1997

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

snd6509z

Date of Accident

14/08/2024



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance India International Insurance ...
Period of Insurance 08/08/2024 - 07/08/2025
Requested By Eric Koh Yong Lang (Tan Chon...
Requested Date 15/08/2024 12:07

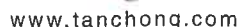
Payment details

Request Amount: **\$2**

GST Amount: **\$0.18**

Total Amount Due (GST Inclusive): **\$2.18**

General Insurance Association
Records Management Centre
GST Registration No: **M400017735**



911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
19 LORONG 8, TOA PAYOH, SINGAPORE 319255. TEL: 63570753/4/5



GST Regn No: 19-9106231-D
Co. Regn No : 199106231D

TAX INVOICE

GST REG: 19-9106231-D

NAME : INDIA INT'L INSURANCE PTE LTD
ADDRESS : 64 CECIL STREET
#04-05 IOB BUILDING S(049711)
TELEPHONE : 63476100
MODEL : JDRNRRT32EWA-----
ENGINE NO : MR20814319B
CHASSIS NO : JN1JANT32Z0001383
VEHICLE NO : SK256445

INVOICE NO	:	W121444890
INVOICE DATE	:	30-SEP-2024
TERMS	:	CREDIT
DATE REC'D	:	02-SEP-2024
SA/SE	:	ZHR
JOB NO	:	BG1152934
MILEAGE	:	109012
YOUR REFERENCE	:	INS/IC/ZHR/0254/2

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
THREE THOUSAND NINE HUNDRED TWENTY
FIVE AND CENTS FORTY ONLY.

WORKSHEET MANAGER

The General Terms and Conditions of Service (the "**Conditions**") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER



Tan Chong Motor Sales Pte Ltd

911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
19 LORONG 8, TOA PAYOH, SINGAPORE 319255. TEL: 63570753/4/5



GST Regn No: 19-9106231-D

Co. Regn No : 199106231D

TAX INVOICE

GST REG: 19-9106231-D

NAME : INDIA INT'L INSURANCE PTE LTD
ADDRESS : 64 CECIL STREET
TELEPHONE : #04-05 10B BUILDING S(049711)
MODEL : 63476100
ENGINE NO : JDRNRRT3ZEWA-----
CHASSIS NO : MR20814319B
VEHICLE NO : JN1JANT3ZZ0001383
SKZ5644S

INVOICE NO : W12144890
INVOICE DATE : 30-SEP-2024
TERMS : CREDIT
DATE REC'D : 02-SEP-2024
SA/SE : ZHR
JOB NO : BG1152934
MILEAGE : 109012
YOUR REFERENCE : 1NS/1C/ZHR/0254/2

ITEMS	JOB DESCRIPTION	AMOUNT
	LABOUR	
1	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00
2	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	110.00
3	REPAIR RR END PANEL & TAILGATE	860.00
4	RENEW RR BUMPER	
4	S/PAINT RR BUMPER(2TONE),RR END PANEL & TAILGATE	1330.00
	SUBTOTAL	2420.00
	PARTS	
1	GROMMET(\$2.2X2)	4.40
	Qty:2 @ \$2.20 each (Special Nett Item)	
2	CLIP(\$1.5X10)	12.00
	Qty:10 @ \$1.50 each (Disc:20.00% After Disc:\$12.00each)	
3	EMBLEM	57.76
	Qty:1 @ \$72.20 each (Disc:20.00% After Disc:\$57.76each)	
4	EMBLEM	97.92
	Qty:1 @ \$122.40 each (Disc:20.00% After Disc:\$97.92each)	
5	FACE-RR BUMPER	679.20
	Qty:1 @ \$849.00 each (Disc:20.00% After Disc:\$679.20each)	

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER



Tan Chong Motor Sales Pte Ltd

911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
19 LORONG 8, TOA PAYOH, SINGAPORE 319255. TEL: 63570753/4/5



GST Regn No: 19-9106231-D

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TAX INVOICE

GST REG: 19-9106231-D

NAME : INDIA INT'L INSURANCE PTE LTD
ADDRESS : 64 CECIL STREET
TELEPHONE : #04-05 10B BUILDING S(049711)
MODEL : 63476100
ENGINE NO : JDRNRRT3ZEWA-----
CHASSIS NO : MR20814319B
VEHICLE NO : JN1JANT32Z0001383
SKZ5644S

INVOICE NO : W12144890
INVOICE DATE : 30-SEP-2024
TERMS : CREDIT
DATE REC'D : 02-SEP-2024
SA/SE : ZHR
JOB NO : BG1152934
MILEAGE : 109012
YOUR REFERENCE : INS/1C/ZHR/0254/2

ITEMS	JOB DESCRIPTION	AMOUNT
6	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)	20.00
7	REAR LICENCE PLATE Qty:1 @ \$60.00 each (Special Nett Item)	60.00
8	SENSOR-REVERSE Qty:1 @ \$250.00 each (Special Nett Item)	250.00
	SUBTOTAL :	1181.28
1	REMARKS AIG INS. CLAIM AGAINST INDIA INT'L INS. DOA:14.08.2024	
2	TOC:DIRECT SETTLEMENT OUR REF:INS/1C/ZHR/0254/2024	
3	T/P VEHICLE NO:SND6509Z SATISFACTORY NOTE ATTACHED	
4	SURVEY BY:RASUL(LKK) ON 27.08.2024 RECOMMEND REPAIR 4 DAYS	
5	AUTHORISE BY:HSIAO TONG(LKK) ON 23.08.2024 ***LOR - DTS	
	Insurance Co : INDIA INT'L INSURANCE PTE LTD Policy No....: TP-SND6509Z	

DOLLARS:

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

☒

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

☐

TC AUTOCLINIC PTE LTD (TCAC)

☐

TYPE OF CLAIM:

DATE:

☐

OWN DAMAGE (OD)

OWNER NAME:

MR. LALWANI ANIL MANGAN

☐

OWN DAMAGE (OD) & UNINSURED LOSS
(EXCESS & LOSS OF USAGE) VIA
TCMS / AIPL / TCAC

NRIC NO.:

ADDRESS:

☐

THIRD PARTY THROUGH
TCMS / AIPL / TCAC

☒

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE

☐

WINDSCREEN / GLASS (W/S)

VEHICLE MODEL:

NISSAN X-TRAIL

INSURANCE CO.:

TP-SND6509Z

REGN. NO.:

SKZ5644S

CLAIM NO.:

CHASSIS NO.:

POLICY NO.:

AIG Ins - III Ins.

DATE OF ACCIDENT:

14.08.24

DATE RECEIVED:

03.09.24

DATE COMPLETED:

06.09.24

We / I hereby confirmed that the accident repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd and that all necessary repairs as resulted of the accident of the above vehicle have been completed to our / my satisfaction and that We / I have no futher claim whatsoever against the above Company in repect thereof. Terms and Conditions as stipulated in the overleaf applies.

We / I have taken delivery of my car after all necessary repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd on*

Note: In the event of an Own Damage Claim, your Insurance Company may under policy terms & conditions, or as standard Industrial Practice, increase the loading on your premium during Insurance Policy renewal. Your NCD [Non Claim Discount] may also be affected, subject to business policy of respective Insurance Company.


(NAME / SIGNATURE OF INSURED)

FOOTNOTE:

☐

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER
THROUGH TCMS'S LEGAL AID

☐

DEPOSIT PAID BY OWNER

☐

OWNER WILL MAKE CLAIM AGAINST
THIRD PARTY INSURANCE COMPANY

☐

DOCUMENTS RETURNED TO
OWNER

☐

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER UNINSURED LOSS. (EXCESS
PAYMENT & LOSS OF USAGE)

INSURANCE CO. COPY



LETTER OF AUTHORITY AND INDEMNITY

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SKZ 5644 S AND SND6509Z
ON 14/8/24 8.30am AT Bukit Timah Road (after Balmoral Plaza near the 4th turn.

1. I, the owner of vehicle no. _____ 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>Lalwani Anil Mangar</u>	Company Name	<u>TAN CHONG MOTOR SALES PTE LTD</u>
Address	<u>14 Kitchener Link</u>	Claim Officer's Name	<u>[Signature]</u>
	<u>#28-31 (S) 207223</u>		<u>Singapore 589623</u>
Telephone No	<u>90234787</u>	Telephone No	<u>Tel: 6466 7711 Fax: 6469 7472</u>
Date	<u>14/8/24</u>	Email	<u>llyral@hotmail.com</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>[Signature]</u>	Date	<u>[Signature]</u>
		Claim Officer Signature	<u>[Signature]</u>