

Letter Of Claim For Uninsured Loss

Insurance Company: MS FORT CAPITAL Date: 24/08/2024
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SKU55792 & SHA80410
at INDUS ROAD on 25/07/2024

I am the owner of Vehicle Number SKU55792 which was involved with the accident as mentioned above.


As the accident was solely caused by your insured vehicle, bearing registration number SHA80410, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim	\$	_____
Loss of usage (\$\$/day) for <u>02</u> days x \$50	\$	<u>100.00</u>
Car rental as per invoice attached	\$	_____
Search fee	\$	_____
Others <u>Car</u>	\$	<u>1691.11</u>
Total claim amount	\$	<u>1791.11</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 uninsured loss which amounted to \$ 1791.11, 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 : Lim Han Vincent
Address : B/k 55 #15-132
Have lock Road S(16/055)
Telephone : 913 76 180

LETTER OF AUTHORITY AND INDEMNITY

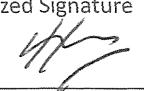
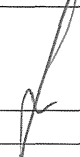
- ☒ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd,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

Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SJK 5579Z AND SHA 8041D
 ON 25/07/2024 AT INDUS ROAD

1. I, the owner of vehicle no. SJK 5579Z 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>Lim Hun, Vincent</u>		Company Name <u>Wanmaier TR</u>	
Address <u>Blk 55 Hwa Lok Road</u>		Claim Officer's Name <u>TAN CHONG MOTOR SALES PTE LTD</u>	
# <u>15-132</u>		<u>913 Bukit Timah Road</u>	
Telephone No <u>91376180</u> <u>Vincent - Lim - Hun</u>		Telephone No <u>Singapore 589623</u>	
Date <u>26.7.2024</u>	Email <u>@yahoo.com.sg</u>	Date <u>Tel: 6466 7711 Fax: 6469 7472</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	

DISCHARGE RECEIPT

CLAIM REFERENCE : D24006538MFCT/CCPL
ACCIDENT DATE : 25/07/2024
ACCIDENT LOCATION : INDUS ROAD JUNCTION WITH GANGES AVE
INSURED : CITYCAB PTE LTD
INSURED DRIVER : LEOM JOO NAM
INSURED VEHICLE : SHA8041D
INVOLVED PARTY : SKU5579Z
SETTLEMENT SUM : \$1,791.11


I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,
2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.


CLAIMANT: 

Lim Han Vincent

Signature and Date : 

 3 Oct 2024

WITNESS: 
230

Signature and Date : 

TAN CHONG MOTOR SALES PTE LTD
913 Bukit Timah Road
Singapore 589623
Tel: 6466 7711 Fax: 6469 7472



www.tanchong.com

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 : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : BDTARCZB17EWA----A
CHASSIS NO : HR16971324B
VEHICLE NO : MNTBBAB17Z0024281
SKU5579Z

INVOICE NO : W12144805
INVOICE DATE : 24-AUG-2024
TERMS : CREDIT
DATE REC'D : 01-AUG-2024
SA/SE : LAW
JOB NO : BG1151529
MILEAGE : 130350
YOUR REFERENCE : INS/IC/LAW/0235/

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
3	SATISFACTION NOTE ATTACHED T/P VEHICLE NO:SHA8041D		
4	CLAIM NO:DZ4006538MFCT/CCPL REPAIR FROM 05.08.2024 - 07.08.2024		
5	*** OWNER CLAIM LOSS OF USE		
Insurance Co : MS FIRST CAPITAL INSURANCE LIMITED Policy No.....: TP-SHA8041D Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 25-JUL-2024 Our Ref.....: INS/IC/LAW/0235/2024 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES			
LABOUR		:	835.00
PARTS		:	716.48
SUBTOTAL		:	1551.48
TOTAL		:	1551.48
GST(9%)		:	139.63
AMOUNT DUE		:	1691.11

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: ONE THOUSAND SIX HUNDRED NINETY
ONE AND CENTS ELEVEN ONLY.

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



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 : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : BDTARCZB17EWA----A
CHASSIS NO : HR16971324B
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SKU5579Z

INVOICE NO : W12144805
INVOICE DATE : 24-AUG-2024
TERMS : CREDIT
DATE REC'D : 01-AUG-2024
SA/SE : LAW
JOB NO : BG1151529
MILEAGE : 130350
YOUR REFERENCE : 1NS/1C/LAW/0235/2

ITEMS	JOB DESCRIPTION	Credit terms 10 days	AMOUNT
LABOUR			
1	REPAIR END PANEL AND RENEW REAR BUMPER		430.00
2	S/PAINT REAR BUMPER AND END PANEL		350.00
3	R/1 REAR REVERSE SENSOR TO ASSIST REPAIR		55.00
	SUBTOTAL :		835.00
PARTS			
1	CLIP BUMPER \$1.50 EA X 04		4.80
	Qty:4 @ \$1.50 each (Disc:20.00% After Disc:\$4.80each)		
2	GROMMET BUMPER \$3.00 EA X 02		4.80
	Qty:2 @ \$3.00 each (Disc:20.00% After Disc:\$4.80each)		
3	BUMPER REAR		686.88
	Qty:1 @ \$858.60 each (Disc:20.00% After Disc:\$686.88each)		
4	SUNDRIES		20.00
	Qty:1 @ \$20.00 each (Special Nett Item)		
	SUBTOTAL :		716.48
REMARKS			
1	GREAT EASTERN CLAIM AGAINST MS FIRST CAPITAL		
	DOA:25.07.2024		
2	TOC:DIRECT SETTLEMENT		
	OUR REF:1NS/1C/LAW/0235/2024		

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER

Daphne Lee (LKK Auto)

From: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Sent: Wednesday, 2 October 2024 9:27 AM
To: Daphne Lee (LKK Auto)
Cc: Admin A
Subject: RE: SKU 5579Z & SHA 8041D (DOA: 25/07/2024) (Our Ref: D24006538MFCT/CCPL)
*** LKK REF: CD/FCI24070442/Rma3

Dear Daphne,

Refer to the above matter.

Pls proceed as per your email below.

Thanks, and regards,

Joanne Yong
Motor Claims

MS First Capital Insurance Ltd | 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 | [TEL: 6359 1823](tel:63591823) | Fax No. : 6223 0541 | Company Regn. No. 195000106C

A Member of **MS&AD** INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to www.msfirstcapital.com.sg for details of PDPA Personal Data Collection Statement.

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If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>
Sent: Monday, September 9, 2024 2:35 PM
To: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: RE: SKU 5579Z & SHA 8041D (DOA: 25/07/2024) (Our Ref: D24006538MFCT/CCPL) *** LKK REF: CD/FCI24070442/Rma3

EXTERNAL EMAIL - This email was sent by a person from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Dear Joanne,

Your Ref: D24006538MFCT/CCPL

We refer to the above matter and your email below.

ACCIDENT INVOLVING SKU 5579Z AND SHA 8041D ON 25/07/2024

We have highlighted to your good office on 29/07/2024 of Third-Party's request to do Direct Settlement with our Principal, MS First Capital Limited.

It is an accident under BOLA:27. OID hit onto rear TP.

Basing on the report of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

Summary to offer to repairer **TAN CHONG MOTOR SALES PTE LTD** is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair	\$ 3,560.76	\$ 1,691.11 (P/P) (w/GST)
2. Loss of Use (2 days x \$50.00)	\$ 100.00	\$ 100.00 (2 days x \$50.00)
Total	\$ 3,660.76	<u>\$ 1,791.11</u>

*3 days recommendation for repair.

Relevant supporting claim documents are attached herewith for your perusal and reference.

Kindly note that this inspection report dated 04/09/2024 is only for mandate purpose.

The above is for your approval please.

Thank You.

Best Regards,

Daphne Lee (Ms) | Case Handler

Third Party Direct Settlement

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | Email: DaphneLee@lkkauto.com

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Sent: Friday, 2 August 2024 4:32 PM

To: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>

Cc: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: New Assignment (Our Ref: D24006538MFCT/CCPL) *** LKK REF: CD/FCI24070442/Rma3

Dear Sir / Madam,

We refer to the above matter.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice
- Photographs of TP vehicle in its damaged condition

Please note that our officer in charge is Daphne.