

## 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)

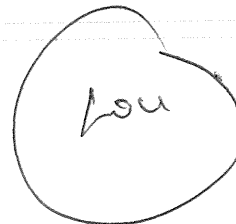
Name : Lim Han Vincent  
Address : B/k 55 #15-132  
Harelock Road S(161055)  
Telephone : 913 76180

# SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

☒☐☐

DATE:

OWNER NAME:

LIM HAN VINCENT

NRIC NO.:

ADDRESS:

TYPE OF CLAIM:

☐

OWN DAMAGE (OD)

☐

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

☐

THIRD PARTY THROUGH  
TCMS / AIPL / TCAC

☒

THIRD PARTY - OWNER  
DIRECT CLAIM AGAINST  
THIRD PARTY INSURANCE

☐

WINDSCREEN / GLASS (W/S)

VEHICLE MODEL:

SYPHY

REGN. NO.:

SKU 5579 Z

CHASSIS NO.:

INSURANCE CO.:

GREAT EASTERN -

CLAIM NO.:

MS RAST

CAPITAL

POLICY NO.:

DATE OF ACCIDENT:

25/07/2024

DATE RECEIVED:

05/08/2024

DATE COMPLETED:

07/08/2024

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

\* Delete When Necessary



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  
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 : 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

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



## LETTER OF AUTHORITY AND INDEMNITY

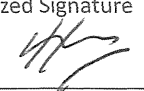
- ☒ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623  
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254  
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623  
☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097  
☐ TC Autoclinic 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.** SLK 5579Z **AND** SHA 8041D  
**ON** 25/07/2024 **AT** INDUS ROAD

1. I, the owner of vehicle no. SLK 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.

<b>Claimant's Particulars</b>		<b>Authorized Workshop</b>	
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 