

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE: 30/01/2018

OWNER NAME: Volt Engineering Services Pte Ltd

NRIC NO.: _____

ADDRESS: 20 Maxwell Road

#09-17 Maxwell House

S069113

VEHICLE MODEL: Nissan X-Trail

REGN. NO.: SLC 980 M

CHASSIS NO.: JN1JANTB230.001816

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)

INSURANCE CO.: AXA Insurance (S) Pte Ltd

CLAIM NO.: INS/IC/HOS/0040/18

POLICY NO.: GA18643/1

DATE OF ACCIDENT: <u>16/01/2018</u>	DATE RECEIVED: <u>16/01/2018</u>	DATE COMPLETED: <u>06/02/2018</u>
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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 further claim whatsoever against the above Company in respect 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* 8/2/2018

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.

C. CHANDRASEKAR 
(NAME / SIGNATURE OF INSURED)

FOOTNOTE:

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

OWNER WILL MAKE CLAIM AGAINST THIRD PARTY INSURANCE COMPANY

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

DEPOSIT PAID BY OWNER

DOCUMENTS RETURNED TO OWNER

INSURANCE CO. COPY

* Delete When Necessary