

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE: 20/3/2018

OWNER NAME: LOH SUI SHONG

NRIC NO.: S7538130 A

ADDRESS: BUK 508 WELINGTON
CIRCLE, 206-15,
S(753508)

VEHICLE MODEL: H2 >> AN TRAMIA

REGN. NO.: SKW1689E

CHASSIS NO.: WNTBBA L33 20-203617

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

CLAIM NO.: 065470/MS/2018

POLICY NO.: GA124822

DATE OF ACCIDENT: <u>20/3/2018</u>	DATE RECEIVED: <u>20/3/18</u>	DATE COMPLETED: <u>20/3/2018</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 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* 20/3/2018

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.

LOH SUI SHONG

(NAME / SIGNATURE OF INSURED) 20/3/18

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