

Letter Of Claim For Uninsured Loss

Insurance Company: ER/UKK Date: _____
Address : _____

Attention : **Claims Department – Motor Claims Manager**

Dear Sir/Madam,

Subject: Accident involving vehicle number EP2468 C & SLJ4408 L
at North Bridge Road on 21.8.2018.
*SLN 49014
PHB6636X*

I am the owner of Vehicle Number EP2468 C which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SLJ4408 L, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim	\$ _____
Loss of usage (S\$/day) for _____ days	\$ _____
Car rental as per invoice attached	\$ <u>941.60</u>
Search fee	\$ <u>7.45</u>
Others _____	\$ <u>11239.75</u>
Total claim amount	\$ <u>12188.80</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 \$ 12188.80, 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

[Signature]

(Owner of motor vehicle)
Name : Ng Hian Chor
Address : 6 Conr Drive S(456969)
Telephone : 92322468



DOWNTOWN TRAVEL SERVICES PTE LTD

15 Queen Street #01-01 Tan Chong Tower
Singapore 188537
Tel (65) 63341700 Fax (65) 63364677
Co. Reg. No. 1984-03671/H

EQ INSURANCE COMPANY LIMITED

5 MAXWELL RD #17-00
TOWER BLOCK MND COMPLEX

S(069110)
ATTN : ATTN : CLAIM MANAGER

GST Reg No. : M2-0067432-4
Tax Invoice : N104060
Inv. date... : 08-APR-2019
Print date... : 09-APR-2019
Print time... : 09:18:48
Page no..... : 1
Agreement no: N43527

Description	Amount
RENTAL CHARGE FROM 19-SEP-2018 TO 27-SEP-2018(SKF4306E)	880.00
TOTAL (BEFORE GST)	880.00
GST(7%)	61.60
TOTAL (AFTER GST)	941.60

DOWNTOWN TRAVEL SERVICES PTE LTD

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

BPJH68C

Authorised Signature



Hiring Agreement

43527

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

Vehicle Number: SKF4306E Make & Model: Subaru XV Date: 19/1/2018
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer
Name: EQ INSURANCE
Address: _____
Singapore ()
Contact Person: _____ Tel: _____

1st Driver
Name: Mr. Ng Hian Chor
Address: 6 Katis Drive
Singapore (1545)
Contact No: _____ (H) 9722468 (O) _____ (HP)
Occupation: _____ Date of Birth: _____
Passport / NRIC No: S1095604 H Nationality: Singapore
Driver's Licence No: S1095604 H Driving Exp.: _____ yrs
Country of Issue: SINGAPORE Expiry Date: -

Additional Driver
Name: _____
Address: _____
Singapore ()
Contact No: _____ (H) _____ (O) _____ (HP)
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp.: _____ yrs
Country of Issue: _____ Expiry Date: _____

Mode of Payment
CASH () AMEX () MASTERCARD () VISA ()
DINERS () CHEQUE () COM. BILLING () INT. BILLING ()
CHEQ / CARD NO. _____
Expiry Date: _____

Remarks / Delivery Location
8 days x \$110.00
= \$880.00
Number of keys given: _____

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit card charge slip.
NB. Vehicle taken must be returned by appointed time and date otherwise an extra charge will be applied.

[Signature]
HIRER'S SIGNATURE
[Signature]
DOWNTOWN TRAVEL SERVICES PTE LTD

For Official Use
INV No.: _____ O/R No.: _____ Date: _____
INV No.: _____ O/R No.: _____ Date: _____
INV No.: _____ O/R No.: _____ Date: _____

Check In / Out
Date Out: 19/1/18 Time Out: 2pm Km Out: 82660
Petrol Level: E 1/4 1/2 3/4 (F)
Agreed Date of Return: _____
Date In: 27/1/18 Time In: 1500hrs Km In: 83015
Petrol Level: E 1/4 1/2 3/4 (F)

Collision Damage Waiver
ACCEPTS To Pay Extra Fees
Daily S\$ _____
Weekly S\$ _____
Monthly S\$ _____
Weekend S\$ _____
Non-Waiverable Excess S\$ 4000 per accident
Signature: [Signature]
DECLINES Hirer Declines CDW
Excess S\$ _____ per accident
Signature: _____

Personal Accident Insurance
ACCEPTS To Pay Extra Fees
Daily S\$ _____
Weekly S\$ _____
Monthly S\$ _____
Weekend S\$ _____
Signature: _____
DECLINES Hirer Declines PAI
Signature: [Signature]

Malaysia Charge	S\$	cts
Per Day		
Per Week		
Per Month		
CDW		
PAI		
7% GST		
Total		

Per Day	S\$		
Per Week	S\$		
Per Month	S\$		
Weekend	S\$		
Rental Charges			
CDW			
PAI			
Delivery / Collection			
Others			
7% GST			
Sub Total			
Rental Extension			
CDW			
PAI			
7% GST			
Extension Charges			
Petrol			
Excess / Non-Waiverable Excess			
Others			
7% GST			
Addendum Charges			
Overall Charges			

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Sep 2018 / 16:05:15

Receipt Date/Time : 04 Sep 2018 / 16:04:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180904-001769

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLJ4408L As at 21 Aug 2018/10:55:00 Insurance Co: EQ INSURANCE COMPANY LTD				
1	Insurance Enquiry - SLJ4408L Enquiry Fee 20180904160325943542	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx9825	Credit Card: Visa /MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



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
 17 LORONG 8 TOA PAYOH SINGAPORE 319254. TEL: 63570753/4/5
GST Regn No: 19-9106231-D
Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : EQ INSURANCE COMPANY LIMITED
 ADDRESS : 5 MAXWELL ROAD
 TELEPHONE : #17-00 TOWER BLOCK MND COMPLEXS(069110)
 MODEL : 62239433
 ENGINE NO : FRLARBZJ11UEA--A--
 CHASSIS NO : HRA2328277A
 VEHICLE NO : SJNFEAJ11U1769322
 EP2468C

INVOICE NO : W12140423
 INVOICE DATE : 28-JAN-2019
 TERMS : CREDIT
 DATE REC'D : 18-SEP-2018
 SA/SE : ZHR
 JOB NO : BG1044455
 MILEAGE : 026902
 YOUR REFERENCE : INS/IC/ZHR/0374/2

ITEM#	DESCRIPTION	Credit terms	AMOUNT
3	T/P VEHICLE NO:SLJ4408L SATISFACTION NOTED ATTACHED		
4	SURVEY BY:RASUL(LKK AUTO) ON 11.09.2018 RECOMMEND 8 DAYS REPAIR		
5	AUTHORISE:ASHER NG(LKK AUTO) 17.09.2018 @1702HRS		
Insurance Co : EQ INSURANCE COMPANY LIMITED Policy No..... TP-SLJ4408L Claim Type .. DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA..... 21-AUG-2018 Our Ref..... INS/IC/ZHR/0374/2018 Surveyor..... SURVEYOR FROM INSURANCE CO			
	LABOUR	:	4241.00
	PARTS	:	6263.44
	SUBTOTAL	:	10504.44
	TOTAL	:	10504.44
	GST (7%)	:	735.31
	AMOUNT DUE	:	11239.75

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
 DOLLARS: ELEVEN THOUSAND TWO HUNDRED THIRTY
 NINE AND CENTS SEVENTY FIVE ONLY.

[Signature]
 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.

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 YOUR REFERENCE : INS/IC/ZHR/0374/2

ITEM#	JOB DESCRIPTION	Credit terms	AMOUNT
23	RUBBER-DUM Qty:1 @ \$60.20 each (Disc:20.00% After Disc:\$48.16each)		48.16
24	REINF-BUMPER RR(SUPPLEMENTARY ITEM) Qty:1 @ \$619.20 each (Disc:20.00% After Disc:\$495.36each)		495.36
25	STAY ASSY-REAR RH(SUPPLEMENTARY ITEM) Qty:1 @ \$126.00 each (Disc:20.00% After Disc:\$100.80each)		100.80
26	STAY ASSY-REAR LH(SUPPLEMENTARY ITEM) Qty:1 @ \$126.00 each (Disc:20.00% After Disc:\$100.80each)		100.80
27	DOOR BACK Qty:1 @ \$2936.80 each (Disc:20.00% After Disc:\$2349.44each)		2349.44
28	SUNDRIES Qty:1 @ \$30.00 each (Special Nett Item)		30.00
29	REAR W/SCREEN SEALANT Qty:1 @ \$80.00 each (Special Nett Item)		80.00
30	REVERSE SENSOR(J11 & T32) Qty:1 @ \$210.00 each (Special Nett Item)		210.00
	SUBTOTAL	:	6263.44
REMARKS			
1	AIG INSURANCE CLAIM AGAINST EQ INSURANCE DOA:21.08.2018		
2	TOC:DIRECT SETTLEMENT OUR REF:INS/IC/ZHR/0374/2018		

DOLLARS:

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 INVOICE DATE : 28-JAN-2019
 TERMS : CREDIT
 DATE REC'D : 18-SEP-2018
 SA/SE : ZHR
 JOB NO : BG1044455
 MILEAGE : 026902
 YOUR REFERENCE : INS/IC/ZHR/0374/2

ITEM#	JOB DESCRIPTION	Credit terms	AMOUNT
12	RETAINER-BUMPER REAR RH Qty:1 @ \$23.80 each (Disc:20.00% After Disc:\$19.04each)		19.04
13	RETAINER-BUMPER LH REAR Qty:1 @ \$23.80 each (Disc:20.00% After Disc:\$19.04each)		19.04
14	FASCIA-RR BUMP Qty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)		573.60
15	FINISHER-REAR BUMPER TOW Qty:1 @ \$16.80 each (Disc:20.00% After Disc:\$13.44each)		13.44
16	BRACKET-BUMPER RH REAR Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)		28.72
17	BRACKET-BUMPER LH REAR Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)		28.72
18	CLIP BUMPER REAR \$7.40 EA X 03 Qty:3 @ \$7.40 each (Disc:20.00% After Disc:\$17.76each)		17.76
19	GLASS-TAIL GATE Qty:1 @ \$930.00 each (Disc:20.00% After Disc:\$744.00each)		744.00
20	WEATHER STRIP Qty:1 @ \$158.70 each (Disc:20.00% After Disc:\$126.96each)		126.96
21	EMBLEM Qty:1 @ \$87.00 each (Disc:20.00% After Disc:\$69.60each)		69.60
22	FRT LICENCE PLATE (SMART PLATE WITH CASING) LONG Qty:1 @ \$60.00 each (Special Nett Item)		60.00

DOLLARS:

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 EP2468C

INVOICE NO :
 INVOICE DATE : W12140423
 TERMS : 28-JAN-2019
 DATE REC'D : CREDIT
 SA/SE : 18-SEP-2018
 JOB NO : ZHR
 MILEAGE : BG1044455
 YOUR REFERENCE : 026902
 INS/IC/ZHR/0374/2

ITEM#	2	JOB DESCRIPTION	Credit terms	AMOUNT
1		GROMMET BUMPER \$2.20 EA X 04 Qty:4 @ \$2.20 each (Special Nett Item)		8.80
2		CLIP GRILLE \$1.70 EA X 04 Qty:4 @ \$1.70 each (Disc:20.00% After Disc:\$5.44each)		5.44
3		CLIP END PANEL \$1.20 EA X 02 Qty:2 @ \$1.20 each (Disc:20.00% After Disc:\$1.92each)		1.92
4		CLIP BUMPER \$1.20 EA X 04 Qty:4 @ \$1.20 each (Disc:20.00% After Disc:\$3.84each)		3.84
5		CLIP END PANEL FINISHER \$1.20 EA X 04 Qty:4 @ \$1.20 each (Disc:20.00% After Disc:\$3.84each)		3.84
6		BUMPER SET FR Qty:1 @ \$614.60 each (Disc:20.00% After Disc:\$491.68each)		491.68
7		ENERGY ABSORBER(SUPPLEMENTARY ITEM) Qty:1 @ \$195.70 each (Disc:20.00% After Disc:\$156.56each)		156.56
8		GRILLE-RADIATOR Qty:1 @ \$498.30 each (Disc:20.00% After Disc:\$398.64each)		398.64
9		EMBLEM RAD GRIL Qty:1 @ \$73.60 each (Disc:20.00% After Disc:\$58.88each)		58.88
10		GROMMET BUMPER REAR \$2.50 EA X 04 Qty:4 @ \$2.50 each (Disc:20.00% After Disc:\$8.00each)		8.00
11		CANOE RIVET BUMPER REAR \$6.50 EA X 02 Qty:2 @ \$6.50 each (Disc:20.00% After Disc:\$10.40each)		10.40

DOLLARS:

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TAX INVOICE

GST REG: 19-9106231-D

NAME :	EQ INSURANCE COMPANY LIMITED	INVOICE NO :	W12140423
ADDRESS :	5 MAXWELL ROAD	INVOICE DATE :	28-JAN-2019
TELEPHONE :	#17-00 TOWER BLOCK MND COMPLEXS(069110)	TERMS :	28-JAN-2019
MODEL :	62239433	DATE REC'D :	CREDIT
ENGINE NO :	FRLARBZJ11UEA--A--	SA/SE :	18-SEP-2018
CHASSIS NO :	HRA2328277A	JOB NO :	ZHR
VEHICLE NO :	SJNFEAJ11U1769322	MILEAGE :	BG1044455
	EP2468C	YOUR REFERENCE :	026902
			INS/IC/ZHR/0374/2

ITEM#	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	FOCUS & ADJUST H/LAMP, RESET HORIZONTAL & VERTICAL ALIGNMENT TO FACTORY SPECIFICATION		48.00
2	REMOVE/INSTALL & TEST REAR REVERSE CAMERA		120.00
3	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL \$120/PANEL X 03		240.00
4	SUPPLY & INSTALL REVERSE SENSOR		110.00
5	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA \$100/PANEL X 03		100.00
6	INSTALL ULTRAMAX SOLAR FILM - REAR W/SCREEN		150.00
7	RENEW REAR WINDSCREEN GLASS ASSY.		240.00
8	REPAIR SUPPORT PANEL AND RENEW FRONT BUMPER		585.00
9	S/PAINT SUPPORT PANEL AND FRONT BUMPER		500.00
10	TRANSFER TAILGATE MECHNICAL PARTS TO NEW		80.00
11	SUPPLY AND RENEW FRONT NO. PLATE(SMART PLATE WITH CASING) LONG		NC
12	CHECK LIGHTING		48.00
13	REPAIR END PANEL AND RENEW TAILGATE AND REAR BUMPER		1170.00
14	S/PAINT REAR BUMPER (2 TONE),END PANEL,TAILGATE		850.00
	SUBTOTAL :		4241.00
	PARTS		

DOLLARS:

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CUSTOMER

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE:

OWNER NAME:

Mr. NG HIAN CHOR

NRIC NO.:

ADDRESS:

6 Keris Drive

S (456969)

VEHICLE MODEL:

NISSAN QASHQAI

REGN. NO.:

EP2468C

CHASSIS NO.:

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.:

EQ INSURANCE

CLAIM NO.:

ATG INSURANCE

POLICY NO.:

2105494933-01

DATE OF ACCIDENT:

21/08/2018

DATE RECEIVED:

19/9/2018

DATE COMPLETED:

27/9/2018

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 *

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.

X 

(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