Date: 20/07/2020



 $51\; UBI\; AVE\; 1,\#02-25\; PAYA\; UBI\; INDUSTRIAL\; PARK,\; SINGAPORE\; 408933\;\; TEL:\\ (065)\; 62563561\;\; FAX:\\ (065)\; 62564315\;\; FA$ 

#### To: M/s EQ INSURANCE COMPANY LTD

#### THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	PC 8889U	(Insd Veh)	Your Ref. No. : DM18HO02072/JT
venicie No.	SLA 8283A	(TP Veh)	Our Ref. No. : CC4/EQI18017539/R1es3n2
Date of Accident	7/8/2018		

Liability		100%	
Final Repair Cost	: \$	4,850.18	
Loss of Use	: \$	300.00	5 days
Rental (If any)	: \$		days
Others:	: \$	2.00	
	: \$		
		5,152.18	
Final Settlement Sum	: \$	5,152.18	
Remarks	:		

<u>Pay</u>	Payment Instruction: Payee's Breakdown				
1)	TAN CHONG MOTOR SALES PTE LTD	:\$	5,152.18		
		:\$			

HUEY YON LKK Auto Consultants Pte Ltd

# Letter Of Claim For Uninsured Loss

Insurance Company:	unulaucu.	Date:
Address :		
		****
Attention : Claims Departm	ent – Motor Claims	Manager
Dear Sir/Madam,		•
Subject: Accident involving vehicle in at 7820, woodlands	number SLA829 Crescent drop aff	83A & PC8889 B pt on 7/8/2018.
I am the owner of Vehicle Numberaccident as mentioned above.		
		pearing registration number your company for the
uninsured loss which are as follows:		
Excess payment for OD claim		\$
Loss of usage (S\$/day) for	lays * \$60	300.00
Car rental as per invoice attached Search fee		8
Others (>> R		H850.18
Total claim amount		5151-18
Enclosed please find copies of GIA reponecessary review.	ort, invoices and certi	ificate of insurance for your
Kindly reply me within 14 days from the and final settlement for all uninsured los which I will have to recover all losses viaction will help to reduce the claim cost.	s which amounted to a legal action. Please	\$, failing
Yours sincerely		
- JEL		
(Owner of/motor vehicle) Name: Ho Tee Thau		
Name : Ho Je hau Address : 707, Woodlands O	meta-responses	
#11-64	S( 730707)	
Telephone: 91877759		



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 67414108

Our Ref: CC4/EQI18017539/R1wb3

23 JULY 2019

MOKHTAR KAMARUDIN BIN HUSSIN APT BLK 543 WOODLANDS DRIVE 16 #08-01 SINGAPORE 730543

Dear Sir/Madam,

# ACCIDENT INVOLVING PC 8889U AND SLA 8283A ALONG/AT HDB 782A WOODLANDS CRESCENT 731782 ON 07/08/2018

We refer to the above accident where we are acting for EQ Insurance Company Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 7 days from the date of this letter.

Please note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Vivian Lau

Claims

Tel: 6841 8625 Fax: 6741 4108

Email: vivianlau@lkkauto.com

c.c. EQ Insurance Company Ltd (Motor Claims Dept)

# TAN CHONG INTERNATIONAL

#### 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

with my claim, I shall render full cooperation.

Type of Claim:

Third Party (Direct Settlement)

Own Damage (Recovery Claim)

L 1C	Autocimic Fite Ltd, 1, Sixtif Lok Fully Node, Singapore 020055
ACCIE	DENT INVOLVING VEHICLE REGISTRATION No. SLASSSA AND PCSSENT DOP OFF DOINT.
1.	I, the owner of vehicle no hereby instruct you and authorise you to act for me with respect to the following: -
	(a) To submit my claims for all loses 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

- 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 HO Jee T	Lau	Company Name CHONG MOTOR SALES PTF LTD	
Address 707, Wordlands Dr 40,		Claim Officer's Name T TIMAH ROAD	
# (1-64		91NGAPURE 589823	
Telephone No 9187	7959	Telephone No : 6466 7711 FAX : 6469 7472	
Date 8/8/2018 Email jee than @ gmil.		Date O	
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature	



NAME

**ADDRESS** 

# **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



GST REG: 19-9106231-D

INVOICE NO EQ INSURANCE COMPANY LIMITED

W12140944 INVOICE DATE 25-JUN-2019 **TERMS** 

5 MAXWELL ROAD CREDIT DATE REC'D

#17-00 TOWER BLOCK MND COMPLEXS(069118A)SE 09-OCT-2018 **TELEPHONE** 

62239433 ZHR JOB NO MODEL

BDTARCZB17EWA----A BG1046111 MILEAGE **ENGINE NO** HR16983933B 052220 CHASSIS NO YOUR REFERENCE

MNTBBAB17Z0026638 INS/IC/ZHR/0352/20 VEHICLE NO

VEHICLE NO .	SLA8283A
ITEMS	JOB DESCRIPTION AMOUNT
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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.



**ADDRESS** 

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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



GST REG: 19-9106231-D

CREDIT

NAME : INVOICE NO
EQ INSURANCE COMPANY LIMITED INVOICE DATE

INVOICE DATE : W12140944
TERMS : 25-JUN-2019

5 MAXWELL ROAD TERMS : DATE REC'D :

TELEPHONE: #17-00 TOWER BLOCK MND COMPLEXS(06911 & SA)SE 09-OCT-2018

MODEL : 62239433 JOB NO : ZHR

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DOLLARS:

WORKSHOP MANAGER

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**CUSTOMER** 



NAME

**ADDRESS** 

ITEMS

DOLLARS:

## **Tan Chong Motor Sales Pte Ltd**

911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622

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



GST REG: 19-9106231-D

**INVOICE NO** EO INSURANCE COMPANY LIMITED

W12140944 INVOICE DATE 25-JUN-2019 TERMS

5 MAXWELL ROAD CREDIT DATE REC'D

#17-00 TOWER BLOCK MND COMPLEXS (069118A/SE 09-OCT-2018 **TELEPHONE** 62239433 ZHR JOB NO

MODEL BG1046111 BDTARCZB17EWA----A MILEAGE **ENGINE NO** 

HR16983933B 052220 CHASSIS NO YOUR REFERENCE

MNTBBAB17Z0026638 INS/IC/ZHR/0352/20 VEHICLE NO

SLA8283A

JOB DESCRIPTION AMOUNT

REPAIR FRM 09.10.2018-14.10.2018

Insurance Co : EQ INSURANCE COMPANY LIMITED

Policy No...: TP=PC8889We to associate the control of skills and for that the

Claim Type ..: DIRECT SETTLEMENT / THIRD PARTY CLAIM TO MOTTATIONAL CHARACTERS COMPANY

DOA..... 07-AUG-2018

to the hope whether unter contract, and or otherwise to the Customer for.

Our Ref....: INS/IC/ZHR/0352/2018

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PARTS

SUBTOTAL 4532.88

CONCES AND REPAYOR

TOTAL 4532.88

us cento de las sun comes, esci-317.30 GST (7%)

AMOUNT DUE 4850.18

(NB: NC=No Charge; P=Included in Package

FOUR THOUSAND EIGHT HUNDRED FIFTY

AND CENTS EIGHTEEN ONLY.

WORKSHOP MANAGER

nty;G=Goodwill)

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**CUSTOMER** 



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE **RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

### TAX INVOICE

Our Ref No:

GR-18-126288

Date of Request:

17/08/2018

Your Ref No:

Online Purchase

Tan Chong Motor Sales Pte Ltd 911, Bukit Timah Road Singapore 589622

Dear Sir/Madam,

**Enquiry Date** 

17/08/2018

**Enquiry By** 

Eric Koh Yong Lang

TP Vehicle No.

PC8889U

Accident Date

07/08/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

Invoice 8/17/2018



### **GENERAL INSURANCE ASSOCIATION OF SINGAPORE** RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

# Third Party Insurer Enquiry

Our Ref No:

GR-18-126288

Date of Request:

17/08/2018

Your Ref No:

Online Purchase

Tan Chong Motor Sales Pte Ltd 911, Bukit Timah Road Singapore 589622

Dear Sir/Madam,

**Enquiry Date** 

17/08/2018

**Enquiry By** 

Eric Koh Yong Lang

TP Vehicle No.

PC8889U

Accident Date

07/08/2018

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PC8889U	EQ Insurance Company Ltd	10/11/2017-09/11/2018	6223 9433

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.