

**Letter Of Claim For Uninsured Losses / Direct Settlement**

Insurance Company: INDIA INTL. Date: 2/12/2019  
Address : \_\_\_\_\_  
\_\_\_\_\_

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SWISSR & SN 22984  
at Jamie Rd PIE Hwy Exit on 24.10.2018

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

As the accident was solely caused by your insured vehicle, bearing registration number SN 22984, 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 _____ days	\$ _____
Car rental as per invoice attached	\$ <u>481.50</u>
Search fee	\$ <u>2.00</u>
Others <u>Cost of repair</u>	\$ <u>2461.09</u>
Total claim amount	\$ <u>2944.59</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 \$ 2944.59, 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 : AILEEN YAU

Address : 165 POK HUI ROAD WEST  
90519

Telephone : 47822721 S(546694)



## 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 408523  
☐ 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. SKW1552R AND SGN3098G  
ON 24.10.2018 AT Jornie Rd PIE Tual Ex4

- I, the owner of vehicle no. SKW1552R hereby instruct you and authorise you to act for me with respect to the following:-
  - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
  - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
  - 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.
  - To sign discharge voucher on my behalf.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
  - 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.
  - For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name	<u>AILEEN YAM</u>	Company Name	<u>TAN CHONG MOTOR SALES PTE LTD</u>
Address	<u>165 POH HUAT ROAD WEST</u> <u>#05-15 3546694</u>	Claim Office	<u>913 BUKIT TIMAH ROAD</u> <u>SINGAPORE 589623</u>
Telephone No	<u>97822721</u>	Telephone No	<u>TEL : 6489 7411 FAX : 6489 7472</u>
Date	<u>24/10/18</u>	Email	<u>AILEEN.YAM@TANCHONGMOTOR.COM</u>
Company Stamp [For Co Regn Vehicle]		Authorized Signature	<u>[Signature]</u>
		Claim Officer Signature	<u>[Signature]</u>

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MC20182894  
Claimant Ref: SKW 1552R

We/I, TAN CHONG MOTOR SALES PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 2,461.09 (repair cost), S\$ 481.50 (loss of ~~rental~~ rental), S\$ 2.00 (search fee), vehicle no. SKW 1552R that was damaged pursuant to the accident which occurred on 24/10/2018 (date) at LORNIE RD PIE TUAS EXIT (location) involving vehicle no. SGN 3298G (insured vehicle). This is pursuant to the inspection conducted on 03/01/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner YAM WEI YING AILEEN (QIU HUIYING AILEEN) ("the third party claimant") of vehicle no. SKW 1552R to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SKW 1552R (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 2,944.59 to TAN CHONG MOTOR SALES PTE LTD.

Dated this 25 day of 02 2020

**CLAIMANT:**

Signature:

Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

**TAN CHONG MOTOR SALES PTE LTD**  
913 BUKIT TIMAH ROAD  
SINGAPORE 589623  
TEL : 6466 7711 FAX : 6469 7472

Nationality:

Occupation:

**WITNESS:**

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1  
#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:



*MPB*



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: 64994091/92  
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 : INDIA INT'L INSURANCE PTE LTD  
ADDRESS : 64 CECIL STREET  
TELEPHONE : #04-05 IOB BUILDING S(049711)  
MODEL : 63476100  
ENGINE NO : FRLARBZJ11UEA--A--  
CHASSIS NO : HRA2187943A  
VEHICLE NO : SJNFEAJ11U1481936  
SKW1552R

INVOICE NO : W12141360  
INVOICE DATE : 16-OCT-2019  
TERMS : CREDIT  
DATE REC'D : 01-MAR-2019  
SA/SE : ZHR  
JOB NO : BG1057045  
MILEAGE : 059269  
YOUR REFERENCE : INS/1C/ZHR/0500/

ITEMS	JOB DESCRIPTION	AMOUNT
	LABOUR	
1	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	110.00
2	REPAIR REAR TAILGATE, REAR END PANEL, RENEW REAR BUMPER COVER	780.00
3	S/PAINT REAR BUMPER COVER, REAR TAILGATE & REAR END PANEL	750.00
	SUBTOTAL :	1640.00
	PARTS	
1	CLIP(10X1.2) Qty:10 @ \$1.20 each (Disc:20.00% After Disc:\$9.60each)	9.60
2	CANOE RIVET(2X6.5) Qty:2 @ \$6.50 each (Disc:20.00% After Disc:\$10.40each)	10.40
3	FASCIA-RR BUMP Qty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)	573.60
4	BRACKET-BUMPER LH Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)	28.72
5	CLIP(3X7.4) Qty:3 @ \$7.40 each (Disc:20.00% After Disc:\$17.76each)	17.76
6	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)	20.00
	SUBTOTAL :	660.08

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



# 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 : INDIA INT'L INSURANCE PTE LTD  
 ADDRESS : 64 CECIL STREET  
 TELEPHONE : #04-05 IOB BUILDING S(049711)  
 MODEL : 63476100  
 ENGINE NO : FRLARBZJ11UEA--A--  
 CHASSIS NO : HRA2187943A  
 VEHICLE NO : SJNFEAJ11U1481936  
 SKW1552R

INVOICE NO :  
 INVOICE DATE : W12141360  
 TERMS : 16-OCT-2019  
 DATE REC'D : CREDIT  
 SA/SE : 01-MAR-2019  
 JOB NO : ZHR  
 MILEAGE : BG1057045  
 YOUR REFERENCE : 059269  
 INS/IC/ZHR/0500/:

ITEMS	JOB DESCRIPTION	AMOUNT
1	REMARKS	
1	AIG INSURANCE CLAIM AGAINST III	
	DOA:24.10.2018	
2	TOC:DIRECT SETTLEMENT	
	OUR REF:INS/IC/ZHR/0500/2019	
3	T/P VEHICLE NO:SGN3298G	
	SATISFACTION NOTED ATTACHED	
4	SURVEY BY:RASUL(LKK-AUTO) ON 03.01.2019 @1625HRS	
	RECOMMEND REPAIR 5DAYS	
5	AUTHORISE BY:JOY IRENE(LKK-AUTO)	
	ON 19.02.2019 @0951HRS	
6	REPAIR FROM 1.6.2019 - 6.6.2019	
	Insurance Co : INDIA INT'L INSURANCE PTE LTD	
	Policy No....: TP-SGN3298G	
	Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM	
	DOA.....: 24-OCT-2018	
	Our Ref.....: INS/IC/ZHR/0500/2018	
	Surveyor.....: SURVEYOR FROM INSURANCE CO	
	LABOUR :	1640.00
	PARTS :	660.08
	SUBTOTAL :	2300.08
	TOTAL :	2300.08
	GST(7%) :	161.01
	AMOUNT DUE :	2461.09

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)  
 DOLLARS: TWO THOUSAND FOUR HUNDRED SIXTY  
 ONE AND CENTS NINE 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

**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

AXA INSURANCE S'PORE P L

143 CECIL STREET  
#21-01 GB BLDG

S(069542)

GST Reg No. : M2-0067432-4

Tax Invoice : N104093

Inv. date...: 18-NOV-2019

Print date...: 26-NOV-2019

Print time...: 09:06:54

Page no.....: 1

Agreement no: N43767

Description	Amount
RENTAL CHARGE FROM 01-MAR-2019 TO 06-MAR-2019(SKG6895C )	450.00
TOTAL (BEFORE GST)	450.00
GST (7%)	31.50
TOTAL (AFTER GST)	481.50

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.

SVW 15522

**DOWNTOWN TRAVEL SERVICES PTE LTD**

Authorised Signature



# Hiring Agreement

43767

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

Vehicle Number: SG6895C Make & Model: NISSAN SYLPHY Date: 1-3-2019  
 Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
 Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Hirer**

Name: AXA INSURANCE  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Singapore ( )  
 Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

**1st Driver**

Name: YAM WEI YING ALLEN  
 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: \_\_\_\_\_

**Additional Driver**

Name: GOL HAN CHONG  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Singapore ( )  
 Contact No: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)  
 Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Passport / NRIC No: S12175244 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**

6 Days  
SGW 1952R - \$90 Y5  
= \$450 + 951  
= \$481.50  
 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.

HIRER'S 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 1-3-19 Time Out 11:00 Km Out 12345  
 Petrol Level: E 1/4 1/2 3/4 F  
 Agreed Date of Return: \_\_\_\_\_  
 Date In: 6-3-19 Time In 1:30pm Km In 86170  
 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\$ 200 per accident  
 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 \_\_\_\_\_

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\$	

<b>Rental Charges</b>		
CDW		
PAI		
Delivery / Collection		
Others		
7% GST		
<b>Sub Total</b>		

<b>Rental Extension</b>		
CDW		
PAI		
7% GST		

<b>Extension Charges</b>		
Petrol		
Excess / Non-Waiverable Excess		
Others		
7% GST		

<b>Addendum Charges</b>		
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**Overall Charges**



**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-18-164688  
Date of Request: 24/10/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/10/2018  
Enquiry By Eric Koh Yong Lang  
TP Vehicle No. SGN3298G  
Accident Date 24/10/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGN3298G	India International Insurance Pte Ltd	15/11/2017-14/11/2018	63476100

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.



**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-18-164688

Date of Request: 24/10/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/10/2018  
Enquiry By Eric Koh Yong Lang  
TP Vehicle No. SGN3298G  
Accident Date 24/10/2018

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