

Letter Of Claim For Uninsured Loss

Insurance Company: AXA Date: 20/9/19
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SLM1435L & 8DB7427Z
at Gulle Road Rd on 18.2.2019.

I am the owner of Vehicle Number SLM1435L which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number 8DB7427Z, 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 <u>7+1</u> days \$60	\$	<u>480.00</u>
Car rental as per invoice attached	\$	_____
Search fee	\$	<u>2.00</u>
Others <u>Cost of repair</u>	\$	<u>718.84</u>
Total claim amount	\$	<u>7610.84</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 \$ 7610.84, 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 : Cheong William Choon Fong
Address : 369 Holland Rd #
12-01 SD78640
Telephone : 97803989

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

Type of Claim:

- ☒ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No.

SLM1435L

AND

SDB 74272

ON 18.2.2019 AT Galleon Rd.

1. I, the owner of vehicle no. SLM1435L hereby instruct you and authorise you to act for me with respect to the following: -
- (a) To submit my claims for all losses 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 with my claim, I shall render full cooperation.
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	Cheer William Choon Foong	Company Name
Address	369 Holland Rd #12-01	Claim Officer's Name
	S(278640)	913-BUKIT TIMAH ROAD
Telephone No	97809989	SINGAPORE 589623
Date	18.2.2019	Telephone
Company Stamp [For Co Regn Vehicle]	Email	FAX : 6469 7472
	Authorized Signature	Date
		Claim Officer Signature



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 : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2402503A
VEHICLE NO : SJNFEAJ11U1912756
SLM1435L

INVOICE NO :
INVOICE DATE : W12141272
TERMS : 20-SEP-2019
DATE REC'D : CREDIT
SA/SE : 30-MAY-2019
JOB NO : ZHR
MILEAGE : BG1063747
YOUR REFERENCE : 053751
INS/IC/ZHR/0150/

ITEMS	JOB DESCRIPTION	AMOUNT
4	SURVEY BY:STEVEN (LKK-AUTO) ON 22.05.2019 RECOMMEND REPAIR 7 DAYS	
5	AUTHORISE BY:ASHER SNG(LKK-AUTO) ON 13.05.2019 @1753HRS	
6	***OWNER CLAIM LOSS OF USE	
7	REPAIR FROM 31.5.2019 - 10.6.2019	
Insurance Co : AXA INSURANCE PTE LTD		
Policy No....: TP-SDB7427Z		
Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM		
DOA.....: 18-FEB-2019		
Our Ref.....: INS/IC/ZHR/0150/2019		
Surveyor.....: SURVEYOR FROM INSURANCE CO		
LABOUR		1821.00
PARTS		5056.62
SUBTOTAL		6877.62
ADD. DISCOUNT		215.15
TOTAL		6662.47
GST(7%)		466.37
AMOUNT DUE		7128.84

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
SEVEN THOUSAND ONE HUNDRED TWENTY
EIGHT AND CENTS EIGHTY FOUR 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



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
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TAX INVOICE

GST REG: 19-9106231-D

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2402503A
VEHICLE NO : SJNFEAJ11U1912756
SLM1435L

INVOICE NO : W12141272
INVOICE DATE : 20-SEP-2019
TERMS : CREDIT
DATE REC'D : 30-MAY-2019
SA/SE : ZHR
JOB NO : BG1063747
MILEAGE : 053751
YOUR REFERENCE : INS/IC/ZHR/0150/1

ITEMS	JOB DESCRIPTION	AMOUNT
4	BRKT-BPR SIDE,R Qty:1 @ \$20.90 each (Disc:20.00% After Disc:\$16.72each)	16.72
5	FENDER-ARC,FR Qty:1 @ \$483.00 each (Disc:20.00% After Disc:\$386.40each)	386.40
6	FASCIA-RR BUMP-SUPPLEMENTARY ITEM Qty:1 @ \$796.70 each (Disc:20.00% After Disc:\$637.36each)	637.36
7	RR ARC RH - SUPPLEMENTARY ITEM Qty:1 @ \$540.50 each (Disc:20.00% After Disc:\$432.40each)	432.40
8	WHEEL-ROAD AL Qty:1 @ \$1231.90 each (Special Nett Item)	1231.90
9	FENDER-FRONT RH Qty:1 @ \$622.70 each (Disc:20.00% After Disc:\$498.16each)	498.16
10	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)	20.00
	SUBTOTAL :	5056.62
1	REMARKS AIG INSURANCE CLAIM AGAINST AXA INSURANCE DOA:18.02.2019	
2	TOC:DIRECT SETTLEMENT OUR REF:INS/IC/ZHR/0150/2019	
3	T/P VEHICLE NO:SDB7427Z SATISFACTION NOTE ATTACHED	

DOLLARS:

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MILEAGE : BG1063747
YOUR REFERENCE : 053751
INS/IC/ZHR/0150/

ITEMS	JOB DESCRIPTION	AMOUNT
	LABOUR	
1	R/INSTALL ADJUST H/LAMP RESET HORIZONTAL &VERTICAL ALIGNMENT TO FACTORY SPECIFICATION	48.00
2	TO RENEW REAR BEAM-SUPPLEMENTARY LABOUR	240.00
3	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00
4	ELECTRONIC 4 WHEEL ALIGNMENT & ADJUST STRG ANGLES TO STANDARD SPECIFICATION- PASSENGER	93.00
5	REPAIR FRONT H/LAMP PANEL RH & FRT UPPER PANEL RENEW FRT FENDER, FRT BUMPER & RR BUMPER(SUPPLE)	625.00
6	S/PAINT FRT BUMPER COVER, FRT FENDER RH & FRT PANEL S/PAINT RR BUMPER-2 TONE(SUPPLE)	700.00
7	CONDUCT WHEEL BALANCING & RENEW FRT S/RIM RH	15.00
	SUBTOTAL :	1821.00
	PARTS	
1	CLIP(1.2X10) + 10PC SUPPLEMENTARY ITEM Qty:20 @ \$1.20 each (Disc:20.00% After Disc:\$19.20each)	19.20
2	BEAM-SUPPLEMENTARY ITEM Qty:1 @ \$1322.80 each (Special Nett Item)	1322.80
3	BUMPER SET FR Qty:1 @ \$614.60 each (Disc:20.00% After Disc:\$491.68each)	491.68

DOLLARS:

WORKSHOP MANAGER

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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

Third Party Insurer Enquiry

Our Ref No: GR-19-025664
Date of Request: 18/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 18/02/2019
Enquiry By Eric Koh Yong Lang
TP Vehicle No. SDB7427Z
Accident Date 18/02/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDB7427Z	AXA Insurance Pte Ltd	22/06/2018-21/06/2019	6338 7288

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**

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Our Ref No: GR-19-025664
Date of Request: 18/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 18/02/2019
Enquiry By Eric Koh Yong Lang
TP Vehicle No. SDB7427Z
Accident Date 18/02/2019

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:

☒ GIRO ☐ Cash ☐ Cheque



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SDB 7427Z (Insd veh)	Model: Nissan Qashqai 1197cc
	SLM 1435L (TP veh)	
Date of Accident/ Time:	18/02/2019	

Repair Estimate	: \$		
Final Repair Cost w/GST	: \$	7,128.84	
Loss of Use	: \$	350.00	7 days at \$ 50.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
Final Settlement Sum	: \$	7,480.84	
Payee Name: TAN CHONG MOTOR SALES PTE LTD			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: NIL	
	BOLA Liability: (%)	Assessed Liability (*): 100 (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

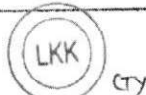
Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

TAN CHONG MOTOR SALES PTE LTD
913 BUKIT TIMAH ROAD
SINGAPORE 599623
TEL : 6466 7711 FAX : 6469 7472
Date: 26.06.2020

Signature of Workshop Representative / Workshop stamp
Name of Representative
Date: 26.06.2020



Signature of Witness / Workshop stamp (if applicable)
Name of Witness
Date: 26.06.2020

Signature of AXA's surveyor/representative
Name of AXA's surveyor /Representative
Date: 26.06.2020



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

29 March 2019

CHUA CHIN SOON
BLK 2 HAIG ROAD
#11-511
SINGAPORE 430002

Dear Sir/Madam,

OUR REF : CC4/ASM19005053/Eeb3
YOUR REF : SDB 7427Z
ACCIDENT INVOLVING SDB 7427Z AND SLM 1435L ALONG GUILLEMARD RD
(BEFORE LOR 20 GEYLANG) ON 18/02/2019

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s TAN CHONG MOTOR SALES PTE LTD, acting on behalf of the owner of SLM 1435L against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle changed lane and hit Third Party vehicle SLM 1435L. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to pohkin@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at ashersng@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,



Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)