

## 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 & SDB7427Z  
at Guilleford 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 SDB7427Z, 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 7+1 days \$60

Car rental as per invoice attached

Search fee

Others Cost of repair

Total claim amount

\$	_____
\$	<u>480.00</u>
\$	_____
\$	<u>2.00</u>
\$	<u>7128.84</u>
\$	<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

Telephone : 97803989

S(278640)



## 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 7427Z  
ON 18.2.2019 AT Cullen Rd.

- I, the owner of vehicle no. SLM1435L 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>Cheer William Choon Foong</u>	Company Name
Address	<u>369 Holland Rd #12-01</u>	Claim Officer's Name
Telephone No	<u>S(278640)</u>	<u>913-BUKIT TIMAH ROAD</u>
Date	<u>18.2.2019</u>	<u>SINGAPORE 589623</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Telephone No
	<u>[Signature]</u>	<u>TEL : 6466 7711 FAX : 6469 7472</u>
		Date
		<u>[Signature]</u>
		Claim Officer 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

### 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**

RECORDS MANAGEMENT CENTRE

**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-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



# 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	
5	RECOMMEND REPAIR 7 DAYS	
6	AUTHORISE BY:ASHER SNG(LKK-AUTO)	
7	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  
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913, BUKIT TIMAH ROAD, SINGAPORE 589623, TEL: 64694091/92  
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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/0150/1

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
	<b>SUBTOTAL :</b>	<b>5056.62</b>

### REMARKS

- 1 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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**JOB NO :** ZHR  
**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
	<b>SUBTOTAL :</b>	<b>1821.00</b>
	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:

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CUSTOMER



# SATISFACTORY NOTE

2hr

TAN CHONG MOTOR SALES PTE LTD (TCMS) ☒

AUTOLUTION INDUSTRIAL PTE LTD (AIPL) ☐

TC AUTOCLINIC PTE LTD (TCAC) ☐

DATE:

OWNER NAME:

Cheong William Choon Fong

NRIC NO.:

S6879119G

ADDRESS:

369 Holland Road

# D-01

S278640

VEHICLE MODEL:

Qashgai 1-2

REGN. NO.:

SLM1435L

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.:

AIG AXA

CLAIM NO.:

POLICY NO.:

2100504380-01

DATE OF ACCIDENT:

18.2.2019

DATE RECEIVED:

31.5.19

DATE COMPLETED:

10.6.19

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\*

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.

*Signature*

Sign Here  
(If Co.Reg. Sign & Chop)

(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