

Letter Of Claim For Uninsured Loss

Insurance Company: India Int'l Date: 11/11/2019
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SDQ2388G & SHA4994E
at Duner Rd Nds city on 28-5-2019.

I am the owner of Vehicle Number SDQ2388G which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SHA4994E, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim <small>Cost of repair</small>	\$ <u>3055.49</u>
Loss of usage (\$/day) for <u>4</u> days <small>400</small>	\$ <u>700.00</u>
Car rental as per invoice attached	\$ _____
Search fee	\$ _____
Others <u>Medical fee</u>	\$ <u>135.50</u>
Total claim amount	\$ <u>3390.99</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 \$ 3390.99, 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 : GAN CHEE KONG
Address : 15 Barnaby Crescent
Telephone : 98386966 S(658787)

LETTER OF AUTHORITY AND INDEMNITY

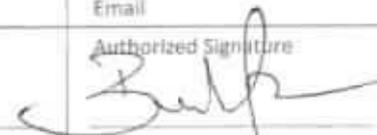
- Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. 8DQ 3388 G AND SHA 4994 E
 ON 28-5-2019 AT Dunearn Rd Inds City

1. I, the owner of vehicle no. 8DQ 3388 G 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 <u>Gan Chee Kong</u>		Company <u>TAN CHONG MOTOR SALES PTE LTD</u>
Address <u>75 Bursmay Crescent</u> <u>S(658787)</u>		Claim Office <u>BUKIT TIMAH ROAD</u> <u>SINGAPORE 589623</u> <u>TEL : 6468 7711 FAX : 6469 7472</u>
Telephone No <u>98386966</u>		Telephone No _____
Date _____	Email _____	Date _____
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer's Signature 

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19050787
 Claimant Ref: SDQ2388G

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\$ 3,055.49 (repair cost), S\$ 200.00 (loss of use ~~_____~~); S\$ 135.50 ^(Medical Fee) ~~_____~~, vehicle no. SDQ2388G that was damaged pursuant to the accident which occurred on 28/05/2019 (date) at Dunearn Road twds City (location) involving vehicle no. SHA4994E (insured vehicle). This is pursuant to the inspection conducted on 13/06/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner GAN CHEE KONG ("the third party claimant") of vehicle no. SDQ2388G 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 SDQ2388G (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\$ 3,390.99 to TAN CHONG MOTOR SALES PTE LTD

Dated this 10 day of 01 2020

CLAIMANT:

Signature:


 Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

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

Nationality:

Occupation:

WITNESS:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:




 Signed by appointed Surveyor

LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

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



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: 64894891/92
 17 LORONG 8 TOA PAYOH SINGAPORE 319254, TEL: 65570753/45

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 : FRLARDWJ11USA--A--
 CHASSIS NO : HRA2563930A
 VEHICLE NO : SJNFEAJ11U2180341
 SDQ2388G

INVOICE NO : W12141386
 INVOICE DATE : 25-OCT-2019
 TERMS : CREDIT
 DATE REC'D : 13-JUN-2019
 SA/SE : LAW
 JOB NO : BG1064720
 MILEAGE : 015536
 YOUR REFERENCE : INS/IC/LAW/0280,

ITEMS	JOB DESCRIPTION	AMOUNT
1	LABOUR PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00
2	SUPPLY & INSTALL REVERSE SENSOR	110.00
3	REPAIR END PANEL, LH REAR FENDER AND RENEW REAR BUMPER	780.00
4	S/PAINT REAR BUMPER(2 TONE), END PANEL AND LH REAR FENDER	850.00
	SUBTOTAL :	1860.00
	PARTS	
1	GROMMET BUMPER \$2.20 EA X 02 Qty:2 @ \$2.20 each (Special Nett Item)	4.40
2	CLIP BUMPER \$1.20 EA X 02 Qty:2 @ \$1.20 each (Disc:20.00% After Disc:\$1.92each)	1.92
3	RETAINER-BUMPER RH Qty:1 @ \$23.80 each (Disc:20.00% After Disc:\$19.04each)	19.04
4	RETAINER-BUMPER LH Qty:1 @ \$23.80 each (Disc:20.00% After Disc:\$19.04each)	19.04
5	FASCIA BUMPER Qty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)	573.60
6	ENERGY ABSORBER Qty:1 @ \$126.40 each (Disc:20.00% After Disc:\$101.12each)	101.12

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



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 59925. TEL: 63994091/92
 17 LORONG 8 TOA PAYOH SINGAPORE 319254. TEL: 63707534/5

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 YOUR REFERENCE : 015536
 INS/IC/LAW/0280/

ITEMS	JOB DESCRIPTION	AMOUNT
7	BRACKET-BUMPER LH Qty:1 @ \$35.90 each (Disc:20.00% After Disc:\$28.72each)	28.72
8	CLIP BUMPER \$7.40 EA X 03 Qty:3 @ \$7.40 each (Disc:20.00% After Disc:\$17.76each)	17.76
9	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)	20.00
10	REVERSE SENSOR(J11 & T32) Qty:1 @ \$210.00 each (Special Nett Item)	210.00
	SUBTOTAL :	995.60
REMARKS		
1	AIG CLAIM AGAINST INDIA INSURANCE DOA:28.05.2019	
2	TOC:DIRECT SETTLEMENT OUR REF:INS/IC/LAW/0280/2019	
3	SATISFACTION NOTE ATTACHED T/P VEHICLE NO:SHA4994E	
4	SURVEY BY:TAUFIK (LKK) ON 13.06.2019 @ 1120HRS RECOMMENED 4 DAYS REPAIR	
5	AUTHORISE BY:HSIAO TONG (LKK) ON 11.06.2019 @ 1215 HRS	
6	** OWNER CLAIM LOSS OF USE	

DOLLARS:

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 17 LORONG ETDA PAYOH SINGAPORE 319254. TEL: 63579753/45

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ITEMS	JOB DESCRIPTION	AMOUNT
7	* 2 BILL	
8	REPAIR FROM 13.6.2019 - 17.6.2019	
Insurance Co : INDIA INT'L INSURANCE PTE LTD Policy No.....: TP-SHA4994E Claim Type ..: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 28-MAY-2019 Our Ref.....: INS/IC/LAW/0280/2019 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES		
	LABOUR :	1860.00
	PARTS :	995.60
	SUBTOTAL :	2855.60
	TOTAL :	2855.60
	GST(7%) :	199.89
	AMOUNT DUE :	3055.49

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
 DOLLARS: THREE THOUSAND FIFTY FIVE AND CENTS
 FORTY NINE ONLY.

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CUSTOMER

TAX INVOICE



TO: MDM. LEE FANG-CHEN
75 BURGUNDY CRESCENT
BURGUNDY HILL
SINGAPORE - 658787

MRN/NRIC : S2584080A
CASE NO : 1519646969F-00001
VISIT DATE : 28.05.2019 22:07
LOCATION : NCA&E
INVOICE DATE : 29.05.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0069889-4

PATIENT NAME : LEE FANG-CHEN
LOCATION : EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT
A&E Facility/Service Fee	242.00
XR, CERVICAL SPINE, AP & LATERAL	55.00
Eperisone HCl 50mg Tablet(Myonal)	9.30
KETOPROFEN 30MG PLAST (KEFENTECH) 7S/8S	5.20
Total Charges	311.50
Government Subsidy	176.00-
Total Amount Payable	135.50
PAYMENT: LEE FANG-CHEN (VISA - 29.05.2019 , RECEIPT #: N013298531)	135.50
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM: LEE FANG-CHEN	0.00

FOR INFORMATION

Total amount payable after GST is \$144.98.
Total GST for this bill at 7% is \$9.48 which is absorbed by the Government.