

## Letter Of Claim For Uninsured Loss

Insurance Company:  
Address :

Lompac Insurance

Date:

18/11/2020

Attention :

Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number

SMK 1567

&

SKQ 3002 E

at Junction between Benodden and Middle Road

on

11/7/2019

I am the owner of Vehicle Number SMK 1564 which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SKQ 3002 E, 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

\$

749.00

Search fee

\$

2.00

Others Cost of repair

\$

3766.14

Total claim amount

\$

4517.14

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 \$ 4517.14, 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

Sing Chee Yong

(Owner of motor vehicle)

Name : Sing Chee Yong

Address : 28 Gardema Rd

Telephone : 81221320

S(578830)

## 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.** SMK 156 Y **AND** SKQ 3002 E  
**ON** 11/7/2019 **AT** 5 PM Junction between Bencoolen and Middle Road.

1. I, the owner of vehicle no. SMK 156 Y 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>Sng Chee Yong</u>		Company Name	
Address <u>28 Gardemia Road</u>		Claim Officer's Name	
Telephone No <u>81221320</u>		Telephone No	
Date <u>12/7</u>	Email <u>sjsng@gmail.com</u>	Date	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	





**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

LONPAC INSURANCE BHD

100 BEACH RD  
#19-00 SHAW TOWER

S(189702)

GST Reg No. : M2-0067432-4  
Tax Invoice : N104122  
Inv. date...: 22-JUN-2020  
Print date...: 22-JUN-2020  
Print time...: 14:09:04  
Page no.....: 1  
Agreement no: N43861

Description	Amount
=====	=====
RENTAL CHARGE FROM 27-NOV-2019 TO 04-DEC-2019(SKG3597H )	700.00
	=====
TOTAL(BEFORE GST)	700.00
GST(7%)	49.00
TOTAL(AFTER GST)	749.00
	=====

**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.

SMK 1564

**DOWNTOWN TRAVEL SERVICES PTE LTD**  
\_\_\_\_\_  
Authorised Signature



# Hiring Agreement

43861

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

Vehicle Number: SKG3597H Make & Model: NISSAN LATIO Date: 27.11.2019  
Change Over 1: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_  
Change Over 2: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Hirer

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

## 1st Driver

Name: SNG CHEE YONG  
Address: 28 GARDENIA RD  
Singapore ( )  
Contact No: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Passport / NRIC No: S1528825F Nationality: SINGAPOREAN  
Driver's Licence No: S1528825F Driving Exp.: \_\_\_\_\_ yrs  
Country of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## Additional Driver

Name: TAN GEK LENG  
Address: 28 GARDENIA RD  
Singapore ( )  
Contact No: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Passport / NRIC No: S1706189E Nationality: SINGAPOREAN  
Driver's Licence No: S1706189E 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

SMK 156Y (5 Days)  
\$100X 07

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 27.11.19 Time Out 11AM Km Out 120454  
Petrol Level: E 1/4 1/2 3/4 F  
Agreed Date of Return: \_\_\_\_\_  
Date In: 01.12.19 Time In 11AM Km In 120551  
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\$ 2000 per accident  
Signature [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 [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\$	

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

Rental Extension		
CDW		
PAI		
7% GST		
Extention Charges		

Petrol		
Excess / Non-Waiverable Excess		
Others		
7% GST		
Addendum Charges		

## 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-19-119182

Date of Request: 23/07/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 23/07/2019  
Enquiry By Eric Koh Yong Lang  
TP Vehicle No. SKQ3002E  
Accident Date 11/07/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKQ3002E	Lonpac Insurance Bhd	21/05/2019-20/05/2020	+65 62507388

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-19-119182  
Date of Request: 23/07/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 23/07/2019  
Enquiry By Eric Koh Yong Lang  
TP Vehicle No. SKQ3002E  
Accident Date 11/07/2019

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque





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 : LONPAC INSURANCE BHD  
ADDRESS : 300 BEACH RD  
TELEPHONE : #17-04/07 THE CONCOURSE S(199555)  
MODEL : 62507388  
ENGINE NO : TDWARDZE12EDAY520Z  
CHASSIS NO : HR12005488K  
VEHICLE NO : JN1TAAE12Z0982895  
SMK156Y

INVOICE NO : W12141903  
INVOICE DATE : 28-MAY-2020  
TERMS : CREDIT  
DATE REC'D : 27-NOV-2019  
SA/SE : ZHR  
JOB NO : BG1075867  
MILEAGE : 011563  
YOUR REFERENCE : INS/IC/ZHR/0377/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	Insurance Co : LONPAC INSURANCE BHD Policy No....: TP - SKQ3002E Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 11-JUL-2019 Our Ref.....: INS/IC/ZHR/0377/2019 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES		
	LABOUR	:	2258.00
	PARTS	:	1261.76
	SUBTOTAL	:	3519.76
	TOTAL	:	3519.76
	GST(7%)	:	246.38
	AMOUNT DUE	:	3766.14

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)  
DOLLARS: THREE THOUSAND SEVEN HUNDRED SIXTY  
SIX AND CENTS FOURTEEN 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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DATE REC'D : CREDIT  
SA/SE : 27-NOV-2019  
JOB NO : ZHR  
MILEAGE : BG1075867  
YOUR REFERENCE : 011563  
INS/IC/ZHR/0377/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
4	EMBLEM-BACK-SUPPLEMENTARY Qty:1 @ \$64.90 each (Disc:20.00% After Disc:\$51.92each)		51.92
5	ORNAMENT-BACK-SUPPLEMENTARY Qty:1 @ \$79.90 each (Disc:20.00% After Disc:\$63.92each)		63.92
6	DOOR BACK Qty:1 @ \$976.40 each (Disc:20.00% After Disc:\$781.12each)		781.12
7	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00
	SUBTOTAL :		1261.76
	REMARKS		
1	AIG INSURANCE CLAIM AGAINST LONPAC INSURANCE DOA:11.07.2019		
2	TOC:DIRECT SETTLEMENT OUR REF:INS/IC/ZHR/0377/2019		
3	T/P VEHICLE NO:SKQ3002E SATISFACTION NOTE ATTACHED		
4	SURVEY BY:TAUFIK(LKK-AUTO) ON 20.11.2019@1545HRS RECOMMEND REPAIR 5 DAY		
5	AUTHORISE BY:KHANCHNA(LKK-AUTO)07.11.2019@1457HRS ***LOR-DTS		
6	REPAIR FROM 27.11.2019 - 04.12.2019		

DOLLARS:

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MILEAGE : 011563  
YOUR REFERENCE : INS/IC/ZHR/0377/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
1	LABOUR PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL		120.00
2	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST		55.00
3	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA		100.00
4	TRANSFER MACHANISM PART FOR RR BACKDOOR		60.00
5	CHECK LIGHTING		48.00
6	R/INSTALL RR WINDSCREEN		150.00
7	REPAIR RR END PANEL,RR FENDER RH, RENEW RR BACKDOOR & RR BUMPER COVER		975.00
8	S/PAINT RR BUMPER ,BACKDOOR ,RR FENDER RH & RR END PANEL		750.00
	SUBTOTAL :		2258.00
1	PARTS CLIP(1.2X10) Qty:10 @ \$1.20 each (Disc:20.00% After Disc:\$9.60each)		9.60
2	CROMMET(2.5X2) Qty:2 @ \$2.50 each (Disc:20.00% After Disc:\$4.00each)		4.00
3	FACE-RR BUMPER Qty:1 @ \$414.00 each (Disc:20.00% After Disc:\$331.20each)		331.20

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER



# SATISFACTORY NOTE

**TAN CHONG MOTOR SALES PTE LTD (TCMS)**

**AUTOLUTION INDUSTRIAL PTE LTD (AIPL)**

**TC AUTOCLINIC PTE LTD (TCAC)**

DATE:

OWNER NAME:

SNG CHEE YONG

NRIC NO.:

ADDRESS:

28 GARDENIA RD

VEHICLE MODEL:

NISSAN NOTE

REGN. NO.:

SMK 156Y

CHASSIS NO.:

DATE OF ACCIDENT:

11-07-2019

DATE RECEIVED:

27-11-2019

DATE COMPLETED:

04-12-2019

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 further claim whatsoever against the above Company in respect 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.

(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