

Letter Of Claim For Uninsured Loss

Insurance Company: _____
Address : _____

AXA

Date: 17/1/2020

Attention

: Claims Department - Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SLV7799A & PBG7519P
at Queensway & Cammermearth Junction on 26.7.2019. SLJ 1601P

I am the owner of Vehicle Number SLV7799A which was involved with the accident as mentioned above.

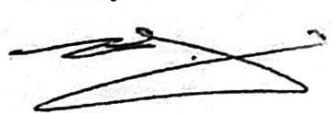
As the accident was solely caused by your insured vehicle, bearing registration number PBG7519P, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim	\$	_____
Loss of usage (\$\$/day) for _____ days	\$	_____
Car rental as per invoice attached	\$	321.00
Search fee	\$	2.00
Others <u>Cost of repair</u>	\$	1295.42
Total claim amount	\$	1618.42

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 \$ 1618.42, 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 : NG LAI MING

Address : 113 Mei Lin Street
#10-153

Telephone : _____

SL 140143

LETTER OF AUTHORITY AND INDEMNITY

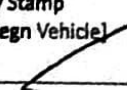

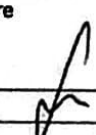
- ☒ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd,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

Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLV 7799A AND FBG 7519P
ON 26-7-2019 AT Queensway & Commonwealth Junction

1. I, the owner of vehicle no. SLV 7799A 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.
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.
- 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 <u>LAWRIER TRV</u>
Name <u>NG HAI MUN</u>		Company Name
Address		Claim Officer's <u>TAN CHONG MOTOR SALES PTE LTD</u>
		<u>913 BUKIT TIMAH ROAD</u>
		<u>SINGAPORE 589623</u>
Telephone No		Telephone No <u>TEL : 6486 7711 FAX : 6489 7472</u>
Date	Email	Date
Company Stamp (For Co Regn Vehicle)	Authorized Signature	Claim Officer Signature
		



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 : FRLARDWJ11USA--A--
 CHASSIS NO : HRA2538715A-BC
 VEHICLE NO : SJNIPEAJ11U2135088
 SLV7799A

INVOICE NO : W12141474
 INVOICE DATE : 22-NOV-2019
 TERMS : CREDIT
 DATE REC'D : 22-AUG-2019
 SA/SE : LAW
 JOB NO : BG1069519
 MILEAGE : 054463
 YOUR REFERENCE : INS/IC/LAW/0387/

ITEMS	JOB DESCRIPTION	AMOUNT
	LABOUR	
1	SUPPLY & INSTALL REVERSE SENSOR	110.00
2	REPAIR END PANEL AND RENEW REAR BUMPER	250.00
3	S/PAINT REAR BUMPER (2 TONE) AND END PANEL	300.00
	SUBTOTAL :	660.00
	PARTS	
1	GROMMET BUMPER \$2.20 EA X 02	4.40
	Qty:2 @ \$2.20 each (Special Nett Item)	
2	GROMMET BUMPER \$2.50 EA X 04	8.00
	Qty:4 @ \$2.50 each (Disc:20.00% After Disc:\$8.00each)	
3	CANOE RIVET BUMPER \$6.50 EA X 02	10.40
	Qty:2 @ \$6.50 each (Disc:20.00% After Disc:\$10.40each)	
4	FASCIA-RR BUMP	573.60
	Qty:1 @ \$717.00 each (Disc:20.00% After Disc:\$573.60each)	
5	CLIP BUMPER \$7.40 EA X 03	17.76
	Qty:3 @ \$7.40 each (Disc:20.00% After Disc:\$17.76each)	
	SUBTOTAL :	614.16
	REMARKS	
1	AIG CLAIM AGAINST AXA INSURANCE	
	DOA:26.07.2019	

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 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 : FRLARDWJ11USA--A--
CHASSIS NO : HRA2538715A-BC
VEHICLE NO : SJNFEAJ11U2135088
SLV7799A

INVOICE NO : W12141474
INVOICE DATE : 22-NOV-2019
TERMS : CREDIT
DATE REC'D : 22-AUG-2019
SA/SE : LAW
JOB NO : BG1069519
MILEAGE : 054463
YOUR REFERENCE : INS/IC/LAW/0387/

ITEM	JOB DESCRIPTION	AMOUNT
2	OUR REF: INS/IC/LAW/0387/2019	
3	T/P VEHICLE NO: FBG7519P	
3	SATISFACTION NOTE ATTACHED	
4	TOC: DIRECT SETTLEMENT	
4	SURVEY BY: TAUFIK (LKK) ON 06.08.2019 @ 1400HRS	
5	RECOMMEND 3 DAYS REPAIR	
5	AUTHORISE BY: 02.08.2019 @ 1109HRS	
6	HSIAO TONG (LKK)	
6	RENTAL BY TCMS (DTS)	
7	** 2 BILL	
8	REPAIR FROM 27.8.2019 - 30.8.2019	
Insurance Co : AXA INSURANCE PTE LTD		
Policy No..... TP-FBG7519P		
Claim Type ... DIRECT SETTLEMENT / THIRD PARTY CLAIM		
DOA..... 26-JUL-2019		
Our Ref..... INS/IC/LAW/0387/2019		
Surveyor..... M/S LKK ENGINEERING & MANAGEMENT SERVICES		
LABOUR :		660.00
PARTS :		614.16
SUBTOTAL :		1274.16
ADD. DISCOUNT :		63.49
TOTAL :		1210.67
GST (7%) :		84.75
AMOUNT DUE :		1295.42

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