

THIRD PARTY EXPRESS SETTLEMENT

(PAYMENT BREAKDOWN)

Vehicle No	:	SHA4201C (Insd veh)	Model	:	
	:	SMH8432M (TP veh)			
Date of Accident	:	30/11/2019			

Global Sum Settlement	:	☐ YES	☐ NO	
Liability	:	%	(Agreed / Assessed)	

Repair Estimate	:	\$ 8258.10	
Final Repair Cost	:	\$ 6733.74	
Loss of Use	:	\$ 350.00	5 days at \$ 70 per day
Rental (if any)	:	\$	days
Others:	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$	

Remarks: _____

Payment Instruction: Payee's Breakdown			
1)	TC Auto Clinic	:	\$ 6733.74
2)	Mohamed Kassim Tajudeen	:	\$ 350.00
3)		:	\$
4)		:	\$

Signed by appointed surveyor

Date

Please attach all the supporting documents to the form.
 (Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))



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. SMH 8432M AND SMA 41201C
ON 30/11/2019 AT near junction of 7th Green Road East & 7th Green Road

1. I, the owner of vehicle no. SMH 8432M 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>Mohamed Hussain Tajadeen</u>	Company Name	<u>TC AutoClinic Pte Ltd</u>
Address	<u>Blk 225, 7th Green Road,</u> <u>#11-01, S(600 225)</u>	Claim Officer's Name	<u>Y M U</u>
Telephone No	<u>93862774</u>	Telephone No	<u>67038432</u>
Date	<u>19/01/2020</u>	Date	<u>19/01/2020</u>
Company Stamp (For Co Regn Vehicle)		Authorized Signature	<u>[Signature]</u>
		Claim Officer Signature	<u>[Signature]</u>

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

☐
☐
☒

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)

DATE:

13/1/2020

OWNER NAME:

MOHAMMED KASSIM
T AJUPZEM

NRIC NO.:

ADDRESS:

B4C 270, 7th G/F
25 AD, 7 (1-10)
S (600220)

VEHICLE MODEL:

H250 AM WASHKEAT

INSURANCE CO.:

MS FIRST CAPITAL

REGN. NO.:

SMH 8432M

CLAIM NO.:

230/TC/TC/16/2020

CHASSIS NO.:

SJMFZAJ1102-393327

POLICY NO.:

MS FIRST CAPITAL
3RD PARTY SETTLEMENT

DATE OF ACCIDENT:

30/11/2019

DATE RECEIVED:

13/1/2020

DATE COMPLETED:

13/1/2020

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* 13/1/2020

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.

X.

(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

DISCHARGE RECEIPT

CLAIM REFERENCE : D19007607MFSH
ACCIDENT DATE : 30/11/2019
ACCIDENT LOCATION : JUNCTION OF TOH GUAN ROAD EAST AND TOH GUAN ROAD
INSURED : COMFORT TRANSPORTATION PTE LTD
INSURED DRIVER : TAN KIM BOON
INSURED VEHICLE : SHA 4120K
INVOLVED PARTY : SMH 8432M
SETTLEMENT SUM : \$7,033.79 - *cheque payable to:*
(1) TC AutoClinic Pte Ltd - \$6733.79
(2) Mohamed Kassim Tajudeen - \$300.00
c/c to TC AutoClinic Pte Ltd

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,

2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT : MOHAMED KASSIM TAJUDEEN

Signature and Date :

M. Kassim Tajudeen
05/06/2020

WITNESS :

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628099
TEL: 6262 2212
FAX: 6262 3992

Signature and Date :

[Signature]

TAX INVOICE

CO. REG: 19-9105199-R

NAME : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S (068877)
MODEL : 65073848
ENGINE NO : FRLARDWJ11USA--A-B
CHASSIS NO : HRA2693341A
VEHICLE NO : SJNFEAJ11U2393827
SMH8432M

INVOICE NO :
INVOICE DATE : W82115577
TERMS : 20-FEB-2020
DATE REC'D : CREDIT
SA/SE : 13-JAN-2020
JOB NO : H0
MILEAGE : CG294454
YOUR REFERENCE : 050532
230/IC/TC/H0/2019

ITEMS	JOB DESCRIPTION	AMOUNT
1	LABOUR PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL @\$120.00/PANEL X 2 PANEL	240.00
2	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA @\$100.00/PANEL X 2 PANEL	200.00
3	ELECTRONIC 4 WHEEL ALIGNMENT & ADJUST STRG ANGLES TO STANDARD SPECIFICATION- PASSENGER	103.00
4	REMOVE/INSTALL LH FRONT DOOR, LH REAR DOOR AND AFFECTED PORTION. REPAIR LH SIDE BODY PANEL	975.00
5	RESPRAY PAINT LH FRONT DOOR, LH REAR DOOR AND LH SIDE BODY PANEL	750.00
6	TRANSFER LH FRONT DOOR AND LH REAR DOOR MECHANISM TO NEW DOORS AND CHECK DOOR CENTRAL LOCKING SYSTEM	160.00
7	REMOVE/INSTALL LH REAR TYRE AND SPORTS RIM TO FACILITATE THE REPAIR	20.00
	SUBTOTAL :	2448.00
	PARTS	6.48
1	CLIP-LH REAR OVER FENDER @\$2.70EACH X3PCS Qty:3 @ \$2.70 each (Disc:20.00% After Disc:\$6.48each)	6.48
2	CLIP-LH REAR OVER FENDER @\$2.70EACH X3PCS Qty:3 @ \$2.70 each (Disc:20.00% After Disc:\$6.48each)	6.48

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

TAX INVOICE

CO. REG: 19-9105199-R

NAME : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : FRLARDWJ11USA--A-B
CHASSIS NO : HRA2693341A
VEHICLE NO : SJNFEAJ11U2393827
SMH8432M

INVOICE NO :
INVOICE DATE : W82115577
TERMS : 20-FEB-2020
DATE REC'D : CREDIT
SA/SE : 13-JAN-2020
JOB NO : HO
MILEAGE : CG294454
YOUR REFERENCE : 050532
230/IC/TC/HO/2019

ITEMS	JOB DESCRIPTION	AMOUNT
3	TAPE-FRONT DOOR OUTSIDE, LH Qty:1 @ \$32.40 each (Disc:20.00% After Disc:\$25.92each)	25.92
4	TAPE-REAR DOOR OUTSIDE, LH Qty:1 @ \$32.40 each (Disc:20.00% After Disc:\$25.92each)	25.92
5	TAPE-REAR DOOR OUTSIDE, LH Qty:1 @ \$32.40 each (Disc:20.00% After Disc:\$25.92each)	25.92
6	LH REAR DOOR LOWER PVC MOULDING Qty:1 @ \$280.40 each (Disc:20.00% After Disc:\$224.32each)	224.32
7	OVER FENDER-REAR, LH Qty:1 @ \$540.50 each (Disc:20.00% After Disc:\$432.40each)	432.40
8	LH REAR SPORTS RIM Qty:1 @ \$1231.90 each (Special Nett Item)	1231.90
9	DOOR-FRONT LH Qty:1 @ \$1166.20 each (Disc:20.00% After Disc:\$932.96each)	932.96
10	DOOR-REAR LH Qty:1 @ \$1166.20 each (Disc:20.00% After Disc:\$932.96each)	932.96
	SUBTOTAL :	3845.26
1	REMARKS TYPE OF CLAIM: MS FIRST CAPITAL 3RD PARTY DIRECT SETTLEMENT	
2	AUTHORISED BY MS FIRST CAPITAL (MAY CHUA) ON 07/01/2020 @1408HRS VIA E-MAIL	

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER

TAX INVOICE

CO. REG: 19-9105199-R

NAME : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : FRLARDWJ11USA--A-B
CHASSIS NO : HRA2693341A
VEHICLE NO : SJNFEAJ11U2393827
SMH8432M

INVOICE NO :
INVOICE DATE : W82115577
TERMS : 20-FEB-2020
DATE REC'D : CREDIT
SA/SE : 13-JAN-2020
JOB NO : H0
MILEAGE : CG294454
YOUR REFERENCE : 050532
230/IC/TC/H0/2019

ITEMS	JOB DESCRIPTION	AMOUNT
3	SURVEY BY LKK (RASUL) ON 13/01/2020 AS PER SURVEYOR RECOMMENDATION	
4	OWNER CLAIM MS FIRST CAPITAL 3RD PARTY DIRECT SETTLEMENT	
5	ACCIDENT INVOLVING SMH8432M & SHA4120K ON 30/11/19 @0100HRS ALONG NEAR X-JUNCTION OF TOH GUAN ROAD	
6	EAST AND TOH GUAN ROAD	
Insurance Co : MS FIRST CAPITAL INSURANCE LIMITED Policy No....: MS FIRST CAPITAL 3RD PARTY DIR Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 30-NOV-2019 Our Ref.....: 230/IC/TC/H0/2019 Surveyor.....: SURVEYOR FROM INSURANCE CO		
LABOUR :		2448.00
PARTS :		3845.26
SUBTOTAL :		6293.26
TOTAL :		6293.26
GST (7%) :		440.53
AMOUNT DUE :		6733.79

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)

DOLLARS: SIX THOUSAND SEVEN HUNDRED THIRTY
THREE AND CENTS SEVENTY NINE ONLY.

WORKSHOP MANAGER

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CUSTOMER

Vic (LKKAUTO)

From: May Chua <maychua@msfirstcapital.com.sg>
Sent: Thursday, 27 February, 2020 3:51 PM
To: Vic (LKKAUTO)
Cc: Admin A
Subject: RE: <SEEK MANDATE> <EXPRESS SETTLEMENT> RE: SURVEYOR APPOINTED; OUR REF : D19007607MFSH ; YOUR REF: SMH8432M - LKK REF CC4/FCI19021776/R1ha3

Dear Vic,

Your Recommend as below:-

TP CLAIMED		REVISED - TO OFFER
Cost of Repair (w/gst)	\$ 8,836.17	\$ 6,733.79
Loss of Use (\$70 x 5 days)	\$ 350.00	\$ 300.00 (\$60 x 5 days)
TOTAL	\$ 9,186.17	\$ 7,033.79

Please proceed (Range: \$7,033.79 - \$7,083.79)

Thank you

May Chua
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | DID : 6507 3859 | Fax No. : 6507 3849 | Email: maychua@msfirstcapital.com.sg | Company Regn. No. 195000106C

A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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From: Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Sent: Thursday, 27 February 2020 3:44 PM
To: May Chua <maychua@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Subject: <SEEK MANDATE> <EXPRESS SETTLEMENT> RE: SURVEYOR APPOINTED; OUR REF : D19007607MFSH ; YOUR REF: SMH8432M - LKK REF CC4/FCI19021776/R1ha3

Your Ref: D19007607MFSH
Our Ref: CC4/FCI19021776/R1ha3

Dear May,

We refer further to your below email.

It was reported that Insured vehicle was exiting the slip road towards the main road when collided to the TP vehicle.

As such, in view of BOLA scenario 1, liability is not to our Insured's favour.

We propose to offer to TP repairer "**TC AUTOCLINIC PTE LTD**" as below:

TP CLAIMED		REVISED - TO OFFER
Cost of Repair (w/gst)	\$ 8,836.17	\$ 6,733.79
Loss of Use (\$70 x 5 days)	\$ 350.00	\$ 300.00 (\$60 x 5 days)
TOTAL	\$ 9,186.17	\$ 7,033.79

Breakdown of days is as follows:

Our surveyor's recommended days to repair	5 days
TOTAL	5 days

The above is for your approval and/or further instructions please.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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From: May Chua [<mailto:maychua@msfirstcapital.com.sg>]

Sent: Thursday, 27 February, 2020 2:52 PM

To: Ho Yue Meng

Cc: Vic (LKKAuto)

Subject: RE: SURVEYOR APPOINTED; OUR REF : D19007607MFSH ; YOUR REF: SMH8432M

Dear Sir,

We refer to your email on 20.02.20

We have received your Original document on 27.02.20

Dear Vic,

Fyi

Thank you

May Chua

Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | DID : 6507 3859| Fax No. : 6507 3849 |Email: maychua@msfirstcapital.com.sg |Company Regn. No. 195000106C

A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):