

## THIRD PARTY EXPRESS SETTLEMENT

### (PAYMENT BREAKDOWN)

Vehicle No	:	SHA41201C (Insd veh)	Model	:	
	:	SMH8432M (TP veh)			
Date of Accident	:	30/11/2019			

Global Sum Settlement	:	<input type="checkbox"/> YES		<input type="checkbox"/> 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)	To AutoClinic Mntd	:	\$ 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 SHA 41201C  
ON 30/11/2019 AT Near Junction of 7th Avenue Road East & 7th Avenue 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 220, 7th Avenue Road,</u> <u>#11-201, S(600220)</u>	Claim Officer's Name	<u>Ym Ho</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]		Claim Officer Signature	<u>[Signature]</u>
	Authorized Signature <u>[Signature]</u>		



## TAX INVOICE

CO. REG: 19-9105199-R

NAME : MS FIRST CAPITAL INSURANCE LIMITED  
ADDRESS : 36 ROBINSON ROAD  
TELEPHONE : 616-01 CITY HOUSE S(068877)  
MODEL : 65073848  
ENGINE NO : FRLARDWJ11USA--A-B  
CHASSIS NO : HRA2693341A  
VEHICLE NO : SJNFEAJ11U2393827  
SMH8432M

INVOICE NO :  
INVOICE DATE : WR2115577  
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
	LABOUR	
1	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	
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



www.tanchong.com

# TC AutoClinic Pte. Ltd.

Service Centres  
1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212  
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13  
913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3  
Regn No.: 199105199R GST Regn No.: 19-9105199-R



## TAX INVOICE

CD. REG: 19-9105199-R

NAME :  
ADDRESS : MS FIRST CAPITAL INSURANCE LIMITED  
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/TC/TC/H0/2019

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
	REMARKS	
1	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:

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TAX INVOICE

NAME :  
ADDRESS : MS FIRST CAPITAL INSURANCE LIMITED  
36 ROBINSON ROAD  
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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.

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CUSTOMER

# SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

☐
☐
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DATE:

13/1/2020

OWNER NAME:

MOHAMMED KASSIM  
T AJUZEEM

NRIC NO.:

ADDRESS:

134-270, 7th GUM  
23AD, 7 (1-10)  
S (62220)

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)

VEHICLE MODEL:

H250 AM QASHQAI

REGN. NO.:

SMH 8432M

CHASSIS NO.:

SJME AJ1102-393327

INSURANCE CO.:

MS FIRST CAPITAL

CLAIM NO.:

230/TC/TC/11/2020

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 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\*

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.

*[Signature]*

(NAME / SIGNATURE OF INSURED)

## FOOTNOTE:

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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



<b>Speedpost</b> <b>STANDARD</b> Singapore		<i>Singapore</i> <b>POST</b>	
 XZ00002929718			
If item is not delivered : Return to Sender Sender Ref : YR RE: D19007607MFSH Delivery Instruction :		COD N.A	
 From :		Send To : Motor Claims MS First Capital Insurance Ltd 36 Robinson Road #16-01 City House 068877 SINGAPORE Singapore Singapore	
1 of 1 0.100 Kg		Telephone :	
STW #NE0600		 NE06 Shipment Created 20/02/2020	

SMH8432M - W 82115577