



TC AutoClinic Pte. Ltd. 25 Leng Kee Road Singapore 159097 Tel: 6703 8511 Fax: 6479 3965 BRN 199105199R

BREAKDOWN OF PAYMENT

	Sir/ Madam, ent involving vehicle SLL7336E ar	.GRE4264D 21/0	2/2020
			0.045 0.4 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5
nois	ocident was caused solely by your insured's ne al loss as itemised below:	egligence. We therefore, seeking co	ompensation from you
)	Repair Cost/-Excess		\$\$ 15909.49
)	Loss of Use/ Rental of vehicles for	day(s) @ S\$ per day	\$\$ 866.70
)	LTA/ GIA Search Fees		S\$ NA
)	Towing Fees	-	S\$
)	Others		S\$
B)	8 DAYS +1 WEEKEND**	TOTAL	S\$ 16776.19
	8 DAYS +1 WEEKEND** se herewith copy of the following: (please tick		s\$ 16776.19
	se herewith copy of the following: (please tick	the appropriate boxes)	lpt
	se herewith copy of the following: (please tick	the appropriate boxes) LTA/ GIA Search Rece	lpt
	se herewith copy of the following: (please tick Repair Involce Policy Excess Involce	the appropriate boxes) LTA/ GIA Search Rece NRIC/ Driving License Letter Of Authority	lpt
	se herewith copy of the following: (please tick Repair Involce Policy Excess Involce Discharge Voucher	the appropriate boxes) LTA/ GIA Search Rece	lpt

*Contact person: Sayedinah Ali HP:92992693 DID:67038515 FAX:64793965 Email:sayedinah@tanchong.com



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

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Third Party (Direct Settlement)

☐ Own Damage (Recovery Claim)

ACCID	ENT INVOLVING VEHICLE F	REGISTRAT	TION No.	arr	7336	Ē		AND	GBE	4264 0	
ON	21-02 -2020	AT	Thomson	Rd at	junc to	n of	Toa	Payah	Rije		

- 1. I, the owner of vehicle no. SLL 7336E hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all loses 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.
- 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.
- 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 Wee Aik Tat		Company Name TC AutoClinic Pte Hol		
Address		Claim Officer's Name Sham Chan		
Telephone No 9818 4288		Telephone No 96450023		
Date 17 63 7070	Email	Date 17 03 2020 CUINIC		
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature		

SATISFACTORY NOTE

TAN CHONG MO	TOR SALES PTE LTD (TCMS)		 Imms and conditions contained herein. These "Condition vising, appar and manyapanos of the Containers" s Vertice is both of the car by TCMS and the provision of the Steviose. 				
AUTOLUTION IN	DUSTRIAL PTE LTD (AIPL)	s nove the marries and set group	DEFINITIONS AND INTERPRETATION United the context of newfee requires, the following work				
TC AUTOCLINIC	PTE LTD (TCAC) is and no SMST yet bermotive and at ted dent of anili fruit prefer in beings od yet in intra each day and	bus requested by the Culture cand	eboner Inspenue who has requisited 70MS to particularities in servicing, rupair and/or maintenance servicing control or such other document which may be attentionally the other documents.				
	under redros repaired by TCMS pursuant in those Contidons.	TYPE OF CLAIM: casual and ad between tenthering address common and address continues continues and re-					
DATE:	17/03/2020	OWN DAMAGE (OD)					
OWNER NAME:	DWNER NAME: Wee Aik Tat		OWN DAMAGE (OD) & UNINSURED LO (EXCESS & LOSS OF USAGE) VIA				
NRIC NO.: 14 JAIRTENDAL MOTUS 15288 138 TO BOTH STATE OF THE STATE OF		the Customer recieby drugges TC DADT / TPIA / RMD. Voli cle and agreeds that the provided by TCMS or by see a CADT / SMD / RMS, including but not law too can be captured by TCMS or by see and see a captured by TCMS or by see and see a captured by TCMS or by see and see a captured by TCMS or by see and see a captured by TCMS or by see and see a captured by the capt					
ADDRESS:	131 Thomson Rudge	THIRD PARTY THROUGH TCMS / AIPL / TCAC					
auditional Cificia perdone suit ariginal materials to be supplied to mape such fault is already supplied to \$774-77. Some performance are present to object to the valuated charges in writing on the same day. All charges that he exited to exclusive of any fightistable goods and dervices fax, which shall be continued and cervices.		THIRD PARTY INSURANCE					
nor information and acost statio	Vehicle, lasuse, its cardifice, its maintenance records and such of	nd such interest to a concentration on the state of the s	CURTOMER Shall provide TOMS with full cooperation and				
VEHICLE MODEL	these when he listed V X vassification of the nuttorion	INSURANCE CO.:	To Complete the Complete of the Property of th				
REGN. NO.:	SLL 7336 E.	CLAIM NO.:	028/IC/TOAC/COR/20				
CHASSIS NO.:	JN1JANT32 Z0003020	POLICY NO.:	2100 503282 - 02				
DATE OF ACCIDE	DATE RECEIVED:		E COMPLETED: 1000 nosology 000 to 100				
Pte Ltd / TC AutoC been completed to in repect thereof. T We / I have taken	irmed that the accident repair carried out to Clinic Pte Ltd and that all necessary repair our / my satisfaction and that We / I have ferms and Conditions as stipulated in the o delivery of my car after all necessary real Pte Ltd / TC AutoClinic Pte Ltd on*	s as resulted of the ac no futher claim whatso verleaf applies.	ever against the above Company an Chong Motor Sales Pte Ltd /				
Note: In the event standard Indi	of an Own Damage Claim, your Insurance ustrial Practice, increase the loading on your inscount] may also be affected, subject to be a subject	ur premium during Insu pusiness policy of respe	rance Policy renewal. Your NCD				
FOOTNOTE:	mest elegipolic meets including informet e-mail) ahali be abbie gratiga as no ficul la 10 fa southe Gratinas abertaleura abaines. Ar sout shall be deans a fé mer boon daly received by the Caste	(NAME / SIGNATU	IRE OF INSURED)				
TCMS OF O	AIPL / TCAC* WILL CLAIM ON BEHALF WNER OUGH TCMS'S LEGAL AID	the cure at felox fee untile at other the Contonner to TCMS shall now no fee of the Contonner to TCMS shall now no fee of the Contonner to the	ph to unducing rath again again as sense of E1 again favor yd h o', buyd hind a sense which will all section IIA DSIT PAID BY OWNER Company sense favor a season again				
OWNER WILL MAKE CLAIM AGAINST THIRD PARTY INSURANCE COMPANY		INWO a safeeaship between the management of the management of the management of the affected	JMENTS RETURNED TO ER TO THE THE PROPERTY OF				
OF O	/ AIPL / TCAC* WILL CLAINM ON BEHAI WNER UNINSURED LOSS. (EXCESS ENT & LOSS OF USAGE)	LFs are gate bully an allboard scann is proved an year of the proved and the pull	ory so an area to case, y regint of executing or yet an ingression or so an area of any others provision of any others provision of any others, provided in winning before in the collection, in special content of an area of the section of the fulless system of permitted by the horse of an area of our or and the coll or purple to uses of contributed by the section of any other and others.				

* Delete When Necessary



CLAIM NO : 19/20/20/VC00/023084 DATE : 11 SEPTEMBER 2020

DISCHARGE VOUCHER

I/We, WEE AIK TAT confirmed acceptance from M/s LONPAC INSURANCE BHD and/or owner of GBE4264D the sum of Singapore Dollar Sixteen Thousand Seven Hundred Seventy-Six and Nineteen cents Only (\$16,776.19) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s LONPAC INSURANCE BHD in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SLL7336E and GBE4264D on 21 February 2020 along Marymount Road.

I /We hereby agree to indemnify and keep indemnify (LONPAC INSURANCE BHD / H Y LOI CONSULTANTS (LOI PUI HUI JANSEN)) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to TC AUTOCLINIC PTE LTD

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

28 September 2020

Signature of vehicle owner/Date

Wee Aik Tat / 28 september 2020

Name of vehicle owner /Date