

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLL7336E and GBE4264D on 21/02/2020

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 15909.49
b)	Loss of Use / Rental of vehicles for _____ day(s) @ S\$ _____ per day	S\$ 866.70
c)	LTA/ GIA Search Fees	S\$ NA
d)	Towing Fees	S\$
e)	Others _____	S\$
B) 8 DAYS +1 WEEKEND		TOTAL S\$ 16776.19

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice
<input type="checkbox"/>	Policy Excess Invoice
<input checked="" type="checkbox"/>	Discharge Voucher
<input checked="" type="checkbox"/>	Rental Invoice
<input checked="" type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Towing Invoice

<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Letter Of Authority
<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Medical Invoice



All payment should be payable to TC AUTOCLINIC PTE LTD (TCAC) and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

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

LETTER OF AUTHORITY AND INDEMNITY

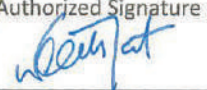

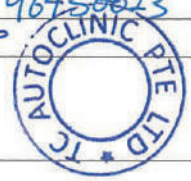
- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☒ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic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

Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLL 7336 E AND GBE 4264 D
ON 21-02-2020 AT Thomson Rd at junction of Toa Payoh Rd

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 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>Wee Aik Tat</u>		Company Name <u>TC Autoclinic Pte Ltd</u>	
Address		Claim Officer's Name <u>Sham Chng</u>	
Telephone No <u>98184288</u>		Telephone No <u>96450023</u>	
Date <u>17/03/2020</u>	Email	Date <u>17/03/2020</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE:

17/03/2020

OWNER NAME:

Wee Aik Tat

NRIC NO.:

S1528813B

ADDRESS:

131 Thomson Bridge
S574713

VEHICLE MODEL:

Nissan X-Trail

REGN. NO.:

SL 7336 E

CHASSIS NO.:

JN1JANT3220003020

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)

INSURANCE CO.:

AIG

CLAIM NO.:

028/IC/TCAC/CCR/2020

POLICY NO.:

2100503282-02

DATE OF ACCIDENT:

21-02-2020

DATE RECEIVED:

09-03-2020

DATE COMPLETED:

17-03-2020

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*

17/03/2020

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.



Dee Fat

(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



LONPAC INSURANCE BHD

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