

01/10/2020

m
103dm

REUSED COPY

Letter Of Claim For Uninsured Loss

Insurance Company:

ms fms car

Date:

30/09/2020

Address :

Attention :

Claims Department - Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number

SLW6783S

&

SHC89402

at

Brookly Way Round Jct

on

02/07/2020

I am the owner of Vehicle Number SLW6783S which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SHC89402, I hereby submit my claim against your company for the uninsured loss which are as follows:

~~Excess payment for OD claim~~

CDR

Loss of usage (\$\$/day) for _____ days

Car rental as per invoice attached

Search fee

Others medical fee

Total claim amount

\$ 7444.20

\$ _____

\$ 749.00

\$ _____

\$ 43.87

\$ 8207.07

7392.80

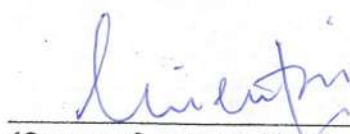
- owner

8185.67

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 \$ 8207.07, 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 : Chua Chiew Lai

Address : 933 Bukit Timah Road

#04-28

Telephone : 94560617

S(589644)



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



NAME :
ADDRESS : MS FIRST CAPITAL INSURANCE LIMITED
TELEPHONE :
MODEL : 36 ROBINSON ROAD
ENGINE NO : #16-01 CITY HOUSE S(068877)
CHASSIS NO : 65073848
VEHICLE NO : TDWARDZE12EDAY487Z

CREDIT NOTE:

INVOICE NO :
GST REG : 19-9106231-D
C/N NO : CMBC111696
DATE :
01-OCT-2020
JOB NO :
MILEAGE :
YOUR REFERENCE :

| ITEMS | JN1TAAE12Z0930248 | JOB DESCRIPTION | AMOUNT |
|----------|--|-----------------|--------|
| Page 1 | SLW6793S | | |
| | WRONG LABOUR ADJUSTMENT (INVOICE NO.: W12142173) | | 20.00 |
| | | | 20.00 |
| | | GST (7%) | 1.40 |
| | | | 21.40 |
| 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 to 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



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Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : TDWARDZE12EDAY487Z
CHASSIS NO : HR12278151B
VEHICLE NO : JN1TAAE12Z0980248
SLW6793S

INVOICE NO :
INVOICE DATE : W12142173
TERMS : 30-SEP-2020
DATE REC'D : CREDIT
SA/SE : 05-SEP-2020
JOB NO : LAW
MILEAGE : BG1089406
YOUR REFERENCE : 029910
INS/IC/LAW/0159/2

| ITEMS | JOB DESCRIPTION | Credit terms | 30 AMOUNT |
|-------|--|--------------|-----------|
| 6 | RENTAL BY TCMS (DTS) H/A 43885 INV N104134 REPAIR FROM 08.09.2020 - 15.09.2020 Insurance Co : MS FIRST CAPITAL INSURANCE LIMITED Policy No....: TP-SHC8940Z Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 02-JUL-2020 Our Ref.....: INS/IC/LAW/0159/2020 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES | | |
| | LABOUR : | | 4423.00 |
| | PARTS : | | 2506.16 |
| | SUBTOTAL : | | 6929.16 |
| | TOTAL : | | 6929.16 |
| | GST(7%) : | | 485.04 |
| | AMOUNT DUE : | | 7414.20 |

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: SEVEN THOUSAND FOUR HUNDRED FOURTEEN
AND CENTS TWENTY ONLY.

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GST Regn No: 19-9106231-D

Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

| | | | |
|--------------|------------------------------------|------------------|-------------------|
| NAME : | MS FIRST CAPITAL INSURANCE LIMITED | INVOICE NO : | W12142173 |
| ADDRESS : | 36 ROBINSON ROAD | INVOICE DATE : | 30-SEP-2020 |
| TELEPHONE : | #16-01 CITY HOUSE S(068877) | TERMS : | CREDIT |
| MODEL : | 65073848 | DATE REC'D : | 05-SEP-2020 |
| ENGINE NO : | TDWARDZE12EDAY487Z | SA/SE : | LAW |
| CHASSIS NO : | HR12278151B | JOB NO : | BG1089406 |
| VEHICLE NO : | JN1TAAE12Z0980248 | MILEAGE : | 029910 |
| | SLW6793S | YOUR REFERENCE : | INS/IC/LAW/0159/2 |

| ITEMS | JOB DESCRIPTION | Credit terms | AMOUNT |
|-------|--|--------------|---------|
| 14 | STAY-RR BUMPER LH Qty:1 @ \$96.90 each (Disc:20.00% After Disc:\$77.52each) | | 77.52 |
| 15 | DOOR BACK Qty:1 @ \$1018.20 each (Disc:20.00% After Disc:\$814.56each) | | 814.56 |
| 16 | SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item) | | 20.00 |
| 17 | REAR W/SCREEN SEALANT Qty:1 @ \$80.00 each (Special Nett Item) | | 80.00 |
| 18 | SENSOR-REVERSE Qty:1 @ \$250.00 each (Special Nett Item) | | 250.00 |
| | SUBTOTAL | : | 2506.16 |

REMARKS

- DIRECT ASIA CLAIM AGAINST MS FIRST CAPITOL
DOA:02.07.2020
- TOC:DIRECT SETTLEMENT
OUR REF:INS/IC/LAW/0159/2020
- SATISFACTION NOTE ATTACHED
T/P VEHICLE NO:SHC8940Z
- AUTHORISE BY VIC SANGHILAN MS FRIST CAPTIOL ON
31.08.2020 @ 1337HR
- SUREVY BY:LKK GUO QIANG ON 01.09.2020 @ 1000HRS
RECOMMEND 7 DAYS

DOLLARS:

WORKSHOP MANAGER

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TAX INVOICE

GST REG: 19-9106231-D

| | | | |
|--------------|------------------------------------|------------------|-------------------|
| NAME : | MS FIRST CAPITAL INSURANCE LIMITED | INVOICE NO : | W12142173 |
| ADDRESS : | 36 ROBINSON ROAD | INVOICE DATE : | 30-SEP-2020 |
| TELEPHONE : | #16-01 CITY HOUSE S(068877) | TERMS : | CREDIT |
| MODEL : | 65073848 | DATE REC'D : | 05-SEP-2020 |
| ENGINE NO : | TDWARDZE12EDAY487Z | SA/SE : | LAW |
| CHASSIS NO : | HR12278151B | JOB NO : | BG1089406 |
| VEHICLE NO : | JN1TAAE12Z0980248 | MILEAGE : | 029910 |
| | SLW6793S | YOUR REFERENCE : | INS/IC/LAW/0159/2 |

| ITEMS | JOB DESCRIPTION | Credit terms | AMOUNT |
|-------|--|--------------|--------|
| 3 | GROMMET BUMPER \$2.70 EA X 02 Qty:2 @ \$2.70 each (Disc:20.00% After Disc:\$4.32each) | | 4.32 |
| 4 | GROMMET BUMPER \$3.40 EA X 02 Qty:2 @ \$3.40 each (Special Nett Item) | | 6.80 |
| 5 | PANEL REAR Qty:1 @ \$552.80 each (Disc:20.00% After Disc:\$442.24each) | | 442.24 |
| 6 | PLATE-LUGGAGE Qty:1 @ \$68.80 each (Disc:20.00% After Disc:\$55.04each) | | 55.04 |
| 7 | FACE-RR BUMPER Qty:1 @ \$460.00 each (Disc:20.00% After Disc:\$368.00each) | | 368.00 |
| 8 | ENERGY ABSORBER Qty:1 @ \$125.30 each (Disc:20.00% After Disc:\$100.24each) | | 100.24 |
| 9 | BRKT BUMPER LH Qty:1 @ \$51.00 each (Disc:20.00% After Disc:\$40.80each) | | 40.80 |
| 10 | WEATHER STRIP Qty:1 @ \$68.20 each (Disc:20.00% After Disc:\$54.56each) | | 54.56 |
| 11 | EMBLEM-BACK DOOR NISSAN Qty:1 @ \$64.90 each (Disc:20.00% After Disc:\$51.92each) | | 51.92 |
| 12 | EMBLEM NOTE Qty:1 @ \$79.90 each (Disc:20.00% After Disc:\$63.92each) | | 63.92 |
| 13 | CAMERA BRACKET Qty:1 @ \$20.00 each (Special Nett Item) | | 20.00 |

DOLLARS:

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GST Regn No: 19-9106231-D

Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : TDWARDZE12EDAY487Z
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SLW6793S

INVOICE NO : W12142173
INVOICE DATE : 30-SEP-2020
TERMS : CREDIT
DATE REC'D : 05-SEP-2020
SA/SE : LAW
JOB NO : BG1089406
MILEAGE : 029910
YOUR REFERENCE : INS/IC/LAW/0159/2

| ITEMS | JOB DESCRIPTION | Credit terms | 30 AMOUNT |
|-------|---|--------------|-----------|
| | LABOUR | | |
| 1 | PULL/STRAIGHTEN CHASSIS - SUPPLEMENTARY | | 350.00 |
| 2 | REMOVE/INSTALL & TEST REAR REVERSE CAMERA | | 120.00 |
| 3 | PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL \$120/PANEL X 04 | | 240.00 |
| 4 | SUPPLY & INSTALL REVERSE SENSOR OR R/I | | 55.00 |
| 5 | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA \$100/PANEL X 03 | | 200.00 |
| 6 | REPAIR LH/RH REAR FENDER AND RENEW END PANEL, TAILGATE, REAR BUMPER (REPAIR S/TYRE HOUSING) | | 1580.00 |
| 7 | S/PAINT REAR PORTION AND S/TYRE HOUSING | | 1500.00 |
| 8 | CHECK LIGHTING | | 48.00 |
| 9 | R/I REAR WINDSCREEN TO ASSIST REPAIR | | 150.00 |
| 10 | R/I TAILGATE MECHANICAL PARTS TO NEW DOOR | | 60.00 |
| 11 | R/I REAR LH/RH WHEELHOUSE FINISHER TO ASSIST REPAIR - SUPPLEMENTARY | | 120.00 |
| | SUBTOTAL | : | 4423.00 |
| | PARTS | | |
| 1 | CLIP BUMPER \$1.40 EA X 06 Qty:6 @ \$1.40 each (Disc:20.00% After Disc:\$6.72each) | | 6.72 |
| 2 | ORNAMENT ASSY REAR LH BUMPER Qty:1 @ \$61.90 each (Disc:20.00% After Disc:\$49.52each) | | 49.52 |

DOLLARS:

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CUSTOMER



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)

89402

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLW6793S AND SHC8840
ON 02/07/2020 AT BOONHAY WAY TOWARD JLN BOON LAY

1. I, the owner of vehicle no. SLW6793S 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 <u>LIANGSHEN TO</u> | |
| Name <u>Chua Chiew Lai</u> | | Company Name | |
| Address <u>933 Bukit Timah Road #04-28</u> | | Claim Officer's Name | |
| <u>S(589644)</u> | | | |
| Telephone No <u>94560617</u> | | Telephone No <u>913 BUKIT TIMAH ROAD</u> | |
| Date <u>6 Jul 2020</u> | | SINGAPORE 589623 | |
| Email <u>chantc88@hotmail.com</u> | | TEL : 6466 7711 FAX : 6469 7472 | |
| Company Stamp [For Co Regn Vehicle] | Authorized Signature <u>[Signature]</u> | Claim Officer's Signature <u>[Signature]</u> | |

BUKIT TIMAH FAMILY CLINIC & SURGERY
897, BUKIT TIMAH ROAD
SINGAPORE 589617
Tel: 64698816

TAX INVOICE

CHUA CHIEW LAI (S7131132E)
933 BUKIT TIMAH ROAD
#04-28
SINGAPORE 589644

Invoice No. : GPC 033583
Invoice Date : 03 Jul 2020
ACRA No. : T07CM2130E
GST Reg No. : M90372310Y
Doctor : Lo Kit Leong

| ITEM NAME | QTY | ADJ | TOTAL |
|----------------------------|-------------|--------|-----------|
| AN DICLOFENAC SODIUM 100MG | 10.00 tab/s | \$0.00 | \$7.49 ✓ |
| CM NEODERM CREAM 15G(TUBE) | 1.00 tube | \$0.00 | \$16.05 ✗ |
| FAMOTIDINE 20MG | 10.00 tab/s | \$0.00 | \$4.28 ✓ |
| CONSULTATION | | \$0.00 | \$32.10 ✓ |

Final Bill

~~\$59.92~~

Including GST (\$3.92)

Cash Rounding

\$0.00

Payment received by NETS - RE/027087

~~\$59.92~~

Outstanding Balance

\$0.00

*to Diclofenac 100mg
and Famotidine 20mg
were prescribed for her
injury.*

Bukit Timah Family Clinic & Surgery
897 Bukit Timah Road
Singapore 589617
Tel: 6469 8816 Fax: 6469 8817

~~43.87~~
43.87
✓



Hiring Agreement

43885

Co. Reg. No. : 198403671H
GST Reg. No.: M2-0067432-4

Vehicle Number: SLP9751E Make & Model: NISSAN QASHQAI Date: 08.09.20
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: Mrs. P. S. J. CARPISAL
Address: 933
Singapore ()
Contact Person: _____ Tel: _____

1st Driver

Name: CHUA CHIEW LAI
Address: 933 BYFET TIMMY ROAD
H 04-28
Singapore ()
Contact No: _____ (H) 9456067 (O) _____ (HP)
Occupation: _____ Date of Birth: 2/9/1971
Passport / NRIC No: S7131132E Nationality: SINGAPOREAN
Driver's Licence No: S7131132E Driving Exp.: _____ yrs
Country of Issue: _____ Expiry Date: _____

Additional Driver

Name: _____
Address: _____
Singapore ()
Contact No: _____ (H) _____ (O) _____ (HP)
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp.: _____ yrs
Country of Issue: _____ Expiry Date: _____

Mode of Payment

CASH () AMEX () MASTERCARD () VISA ()
DINERS () CHEQUE () COM. BILLING () INT. BILLING ()
CHEQ / CARD NO. _____
Expiry Date: _____

Remarks / Delivery Location

SLW 6793S
\$ 100/day x 07
Number of keys given: _____

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit card charge slip.

NB. Vehicle taken must be returned by appointed time and date otherwise an extra charge will be applied.

x Lin

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD

For Official Use

INV No.: _____ O/R No.: _____ Date: _____
INV No.: _____ O/R No.: _____ Date: _____
INV No.: _____ O/R No.: _____ Date: _____

Check In / Out

Date Out 89:20 Time Out 11:00 AM Km Out 48650
Petrol Level: E 1/4 1/2 3/4 (F)
Agreed Date of Return: _____
Date In: 15/09 Time In 10:10 Km In 49039
Petrol Level: E 1/4 1/2 3/4 (F)

Collision Damage Waiver

ACCEPTS
To Pay Extra Fees
Daily S\$ _____
Weekly S\$ _____
Monthly S\$ _____
Weekend S\$ _____
Non-Waiverable Excess
S\$ 2000 per accident
Signature Lin

DECLINES
Hirer Declines CDW
Excess S\$ _____ per accident
Signature _____

Personal Accident Insurance

ACCEPTS
To Pay Extra Fees
Daily S\$ _____
Weekly S\$ _____
Monthly S\$ _____
Weekend S\$ _____
Signature _____

DECLINES
Hirer Declines PAI
Signature Lin

| Malaysia Charge | S\$ | cts |
|-----------------|-----|-----|
| Per Day | | |
| Per Week | | |
| Per Month | | |
| CDW | | |
| PAI | | |
| 7% GST | | |
| Total | | |

| | | |
|-----------|-----|--|
| Per Day | S\$ | |
| Per Week | S\$ | |
| Per Month | S\$ | |
| Weekend | S\$ | |

| Rental Charges | |
|-----------------------|--|
| CDW | |
| PAI | |
| Delivery / Collection | |
| Others | |
| 7% GST | |
| Sub Total | |

| Retal Extension | |
|-------------------|--|
| CDW | |
| PAI | |
| 7% GST | |
| Extention Charges | |

| Petrol | |
|--------------------------------|--|
| Excess / Non-Waiverable Excess | |
| Others | |
| 7% GST | |
| Addendum Charges | |

Overall Charges

MS FIRST CAPITAL INSURANCE LTD

6 RAFFLE QUAY
#21-00

S(048580)

GST Reg No. : M2-0067432-4

Tax Invoice : N104134

Inv. date...: 24-SEP-2020

Print date...: 24-SEP-2020

Print time...: 12:57:54

Page no.....: 1

Agreement no: N43885

| Description | Amount |
|--|--------|
| RENTAL CHARGE FROM 08-SEP-2020 TO 15-SEP-2020(SLP9751E) | 700.00 |

| | |
|-------------------|--------|
| TOTAL(BEFORE GST) | 700.00 |
| GST(7%) | 49.00 |
| TOTAL(AFTER GST) | 749.00 |

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE:

OWNER NAME:

CHUA CHIEW LAI

NRIC NO.:

ADDRESS:

VEHICLE MODEL:

NOTE

REGN. NO.:

SLW 67835

CHASSIS NO.:

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.:

DAEWOO - MS RIVER
ASIA - CHAPINE

CLAIM NO.:

POLICY NO.:

DATE OF ACCIDENT:

02/07/2020

DATE RECEIVED:

08/09/2020

DATE COMPLETED:

15/09/2020

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*

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 Chua Chiew Lai
(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