

Letter Of Claim For Uninsured Loss

Insurance Company: MS FIRST CAPITAL Date: 16/12/2020
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number GBD6515Y & SH7519H
at PULLERON ROAD on 01/12/2020

I am the owner of Vehicle Number GBD6515Y which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SH7519H, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim	\$	_____
Loss of usage (S\$/day) for _____ days <u>x 290/7</u>	\$	<u>360.00</u>
Car rental as per invoice attached	\$	_____
Search fee	\$	_____
Others <u>car</u>	\$	<u>6382.89</u>
Total claim amount	\$	<u>6742.89</u>

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 \$ 6742.89, 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



Company
Stamp

(Owner of motor vehicle)

Name : RELINA LIM

Address : _____

Telephone : _____

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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



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 : MVL2RDRE26KW3GBR-D
CHASSIS NO : YD25359027A-VP
VEHICLE NO : JN1MC2E26Z0003656
GBD6515Y

INVOICE NO :
INVOICE DATE : W12142294
TERMS : 16-DEC-2020
DATE REC'D : CREDIT
SA/SE : 08-DEC-2020
JOB NO : LAW
MILEAGE : BG1094412
YOUR REFERENCE : 083856
INS/IC/LAW/0298/

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
1	REMARKS		
1	AIG CLAIM AGAINST MS FIRST CAPITAL		
	DOA:01.12.2020		
2	TOC:DIRECT SETTLEMENT		
	OUR REF:INS/IC/LAW/0298/2020		
3	SATISFACTION NOTE ATTACHED		
	T/P VEHICLE SH7519H		
4	SURVEY BY:RASUL LKK ON 07.12.2020 @ 1000HRS		
	RECOMMEND 4 DAYS REPAIR		
5	AUTHORISE BY:VIC (MS FRIST CAPITAL) ON 07.12.2020		
	@ 1412HRS		
6	*** OWNER CLAIM LOSS OF USE		
7	CLAIM NO:D20004916MFSH		
	Insurance Co : MS FIRST CAPITAL INSURANCE LIMITED		
	Policy No..... TP-SH7519H		
	Claim Type ... DIRECT SETTLEMENT / THIRD PARTY CLAIM		
	DOA..... 01-DEC-2020		
	Our Ref..... INS/IC/LAW/0298/2020		
	Surveyor..... M/S LKK ENGINEERING & MANAGEMENT SERVICES		
	LABOUR	:	2455.00
	PARTS	:	3510.32
	SUBTOTAL	:	5965.32
	TOTAL	:	5965.32
	GST(7%)	:	417.57
	AMOUNT DUE	:	6382.89

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: SIX THOUSAND THREE HUNDRED EIGHTY
TWO AND CENTS EIGHTY NINE ONLY.

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



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ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
5	CLIP BUMPER \$8.10 EA X 07 Qty:7 @ \$8.10 each (Disc:20.00% After Disc:\$45.36each)		45.36
6	GLASS-TAIL GATE Qty:1 @ \$891.00 each (Disc:20.00% After Disc:\$712.80each)		712.80
7	EMBLEM-BACK DOO Qty:1 @ \$110.00 each (Disc:20.00% After Disc:\$88.00each)		88.00
8	EMBLEM-REAR Qty:1 @ \$64.90 each (Disc:20.00% After Disc:\$51.92each)		51.92
9	EMBLEM-BACK DOO Qty:1 @ \$64.90 each (Disc:20.00% After Disc:\$51.92each)		51.92
10	RUBBER-DUM Qty:1 @ \$63.80 each (Disc:20.00% After Disc:\$51.04each)		51.04
11	DOOR BACK Qty:1 @ \$1998.30 each (Disc:20.00% After Disc:\$1598.64each)		1598.64
12	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00
13	LABEL-8PAX Qty:1 @ \$12.00 each (Special Nett Item)		12.00
14	REAR W/SCREEN SEALANT Qty:1 @ \$80.00 each (Special Nett Item)		80.00
15	SENSOR-REVERSE Qty:1 @ \$250.00 each (Special Nett Item)		250.00
	SUBTOTAL	:	3510.32

DOLLARS:

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ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
1	LABOUR		
1	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL		120.00
2	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA		100.00
3	REPAIR FLOOR BOARD AND RENEW REAR BUMPER, TAILGATE, END PANEL		1170.00
4	S/PAINT REAR BUMPER, TAILGATE AND END PANEL		750.00
5	TRANSFER TAILGATE MECHANICAL PARTS TO NEW DOOR		80.00
6	RENEW REAR WINDSCREEN TO ASSIST REPAIR		180.00
7	CHECK OR RENEW REVERSE SENSOR		55.00
	SUBTOTAL	:	2455.00
	PARTS		
1	GROMMET BUMPER \$1.90 EA X 02 Qty:2 @ \$1.90 each (Special Nett Item)		3.80
2	CLIP BUMPER \$1.30 EA X 02 Qty:2 @ \$1.30 each (Disc:20.00% After Disc:\$2.08each)		2.08
3	70KM/H Qty:1 @ \$9.00 each (Special Nett Item)		9.00
4	FACE-RR BUMPER Qty:1 @ \$667.20 each (Disc:20.00% After Disc:\$533.76each)		533.76

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
- ☐ TCAutoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TCAutoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

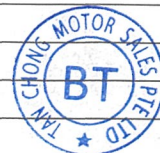
Type of Claim:

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

ACCIDENT INVOLVING VEHICLE REGISTRATION No. GRD 6S15Y AND SH 7519H
ON 01/12/2020 AT PULLERTON ROAD

1. I, the owner of vehicle no. GRD 6S15Y 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>REINA LIM</u>		Company Name
Address		Claim Officer's Name <u>HAWAHER TAY</u>
Telephone No		Telephone No
Date	Email	Date
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:

12/12/2020

OWNER NAME:

TRIBE FITNESS PTE LTD

NRIC NO.:

ADDRESS:

VEHICLE MODEL:

NISSAN

REGN. NO.:

GBD65154

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.:

ALL CAPM

CLAIM NO.:

POLICY NO.:

DATE OF ACCIDENT:

01/12/2020

DATE RECEIVED:

08/12/2020

DATE COMPLETED:

12/12/2020

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*

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.

(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