

DS ☒UL ☐

Letter Of Claim

Insurance Company:
AddressMs. First Capital

Date:

Attention

: Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number
atSLA6824C

&

SHC 627 G377B BUKIT BATOK ST 31

on

22-12-2020

I am the owner of Vehicle Number SLA6824C which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SHC 627 G, I hereby submit my claim against your company for the ~~insured~~ loss which are as follows:

Excess payment for OD claim

Loss of usage (\$\$/day) for 4 days $\times$ \$80.00

Car rental as per invoice attached

Search fee

Others Cost of repairs

Total claim amount

\$

\$

\$

\$

\$

\$

\$

320.003125.603445.60

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 \$ 3445.60, 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

: KAN NGEENG MENG

Address

: 50 B FAGER HEIGHTS

Telephone

: #04-1096781661

S(129196)

LETTER OF AUTHORITY AND INDEMNITY

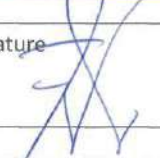
- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic 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. SLA 6824C **AND** SHC 627G
ON 22/12/20 **AT** 10.30 AM

1. I, the owner of vehicle no. SLA 6824C 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>KAN NGEE MENG</u>		Company Name <u>TAN CHONG MOTOR SALES PTE LTD</u>
Address <u>50 B FABER HEIGHTS #04-10</u>		Claim Officer's Name <u>913 BUKIT TIMAH ROAD</u>
Telephone No <u>5129196</u>		Singapore <u>589623</u>
Telephone No <u>96701661</u>		Telephone No <u>TEL : 6468 7711 FAX : 6468 7472</u>
Date <u>23/12/20</u>	Email _____	Date _____
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 

DISCHARGE RECEIPT

CLAIM REFERENCE : D20005294MFSH
ACCIDENT DATE : 22/12/2020
ACCIDENT LOCATION : 377B BUKIT BATOK ST31
INSURED : CITYCAB PTE LTD
INSURED DRIVER : CHANG KIM SENG
INSURED VEHICLE : SHC 627G
INVOLVED PARTY : SLA 6824C
SETTLEMENT SUM : \$3,445.60

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

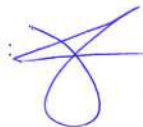
1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,

2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT : KAN NGEE MENG

Signature and Date :

 16/3/2021

WITNESS :

TAN CHONG MOTOR SALES PTE LTD
913 BUKIT TIMAH ROAD
SINGAPORE 589623
TEL : 6466 7711 FAX : 6469 7472

Signature and Date :

 18/3/2021



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 : JDRNRRZT32EWA-----
CHASSIS NO : MR20830561B
VEHICLE NO : JN1JANT32Z0001581
SLA6824C

INVOICE NO :
INVOICE DATE : W12142407
TERMS : 29-JAN-2021
DATE REC'D : CREDIT
SA/SE : 12-JAN-2021
JOB NO : ZHR
MILEAGE : BG1096320
YOUR REFERENCE : 064374
INS/IC/ZHR/0331/2

ITEMS	JOB DESCRIPTION	Amount
5	AUTHORISE BY:ASHER(LKK-AUTO) ON 12.01.2021@1714HRS	
	***OWNER CLAIM LOSS OF USE	
6	REPAIR FROM 16.01.2021 - 20.01.2021	
	Insurance Co : MS FIRST CAPITAL INSURANCE LIMITED	
	Policy No.....: TP-SHC627G	
	Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM	
	DOA.....: 22-DEC-2020	
	Our Ref.....: INS/IC/ZHR/0331/2020	
	Surveyor.....: SURVEYOR FROM INSURANCE CO	
	LABOUR :	1580.00
	PARTS :	1341.12
	SUBTOTAL :	2921.12
	TOTAL :	2921.12
	GST(7%) :	204.48
	AMOUNT DUE :	3125.60

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: THREE THOUSAND ONE HUNDRED TWENTY
FIVE AND CENTS SIXTY 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



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
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CHASSIS NO : MR20830561B
VEHICLE NO : JN1JANT32Z0001581
SLA6824C

INVOICE NO : W12142407
INVOICE DATE : 29-JAN-2021
TERMS : CREDIT
DATE REC'D : 12-JAN-2021
SA/SE : ZHR
JOB NO : BG1096320
MILEAGE : 064374
YOUR REFERENCE : INS/IC/ZHR/0331/2

ITEMS	JOB DESCRIPTION	Credit Terms	AMOUNT
	LABOUR		
1	PERFORM RUST PROOFING & TREATMENT FOR 2X AFFECTED PANEL		120.00
2	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA		100.00
3	TRANSFER MECHANISM PART FOR FR LH DOOR		80.00
4	REPAIR FR LH FENDER,RR LH DOOR & LH SILY-OUTER RENEW FRT LH DOOR		780.00
5	S/PAINT FR/RR LH DOOR,FR LH FENDER & LH SILY-OUTER		500.00
	SUBTOTAL :		1580.00
	PARTS		
1	CLIP-TRIM(2.7X3) Qty:3 @ \$2.70 each (Disc:20.00% After Disc:\$6.48each)		6.48
2	MOULDING ASSY-F Qty:1 @ \$180.00 each (Disc:20.00% After Disc:\$144.00each)		144.00
3	CLIP(2.7X2) Qty:2 @ \$2.70 each (Disc:20.00% After Disc:\$4.32each)		4.32
4	GROM-PTN(2.7X4) Qty:4 @ \$2.70 each (Disc:20.00% After Disc:\$8.64each)		8.64
5	GROMMET(4.9X6) Qty:6 @ \$4.90 each (Disc:20.00% After Disc:\$23.52each)		23.52

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER



www.tanchong.com

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DATE REC'D : CREDIT
SA/SE : 12-JAN-2021
JOB NO : ZHR
MILEAGE : BG1096320
YOUR REFERENCE : 064374
INS/IC/ZHR/0331/2

ITEMS	JOB DESCRIPTION	Credit Terms	AMOUNT
6	CLIP(3.3X2) Qty:2 @ \$3.30 each (Disc:20.00% After Disc:\$5.28each)		5.28
7	MOULDING SASH Qty:1 @ \$106.60 each (Disc:20.00% After Disc:\$85.28each)		85.28
8	TAPE-FR DOOR,LH Qty:1 @ \$19.50 each (Disc:20.00% After Disc:\$15.60each)		15.60
9	MOUL-FR DOOR PAD,LH Qty:1 @ \$194.70 each (Disc:20.00% After Disc:\$155.76each)		155.76
10	DOOR-FRONT LH Qty:1 @ \$1090.30 each (Disc:20.00% After Disc:\$872.24each)		872.24
11	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00
	SUBTOTAL	:	1341.12
REMARKS			
1	AIG INS. CLAIM AGAINST FIRST CAPITAL INS. DOA:22.12.2020		
2	TOC:DIRECT SETTLEMENT OUR REF:INS/IC/ZHR/0331/2020		
3	T/P VEHICLE NO:SHC627G SATISFACTION NOTE ATTACHED		
4	SURVEY BY:RASUL(LKK-AUTO) ON 11.01.2021@1125HRS RECOMMEND REPAIR 4 DAYS		

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER

Asher Sng (LKKAUTO)

From: Eric Woo <EricWoo@msfirstcapital.com.sg>
Sent: Wednesday, 3 March 2021 3:26 PM
To: Asher Sng (LKKAUTO)
Cc: Admin A
Subject: RE: [MANDATE REQUEST] RE: SURVEY ASSESSMENT - D20005294MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHC627G AND SLA6824C ON 22.12.2020
*** LKK REF: CC4/FCI21000222/R1ea3

Follow Up Flag: Follow up
Flag Status: Completed

Dear Asher,

You have our mandate to settle as follow:

COR : \$3,125.60
LOU : \$320 (\$80 x 4days)
To offer : \$3,445.60

Thank you.

Eric Woo
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Email:
EricWoo@msfirstcapital.com.sg | Company Regn. No. 195000106C | TEL: 6507 3848
A Member of  Insurance Group

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Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.
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From: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Sent: Wednesday, February 24, 2021 11:43 AM
To: Eric Woo <EricWoo@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: [MANDATE REQUEST] RE: SURVEY ASSESSMENT - D20005294MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHC627G AND SLA6824C ON 22.12.2020 *** LKK REF: CC4/FCI21000222/R1ea3

Your ref : D20005294MFSH
Our ref : CC4/FCI21000222/R1ea3q2

Dear Sirs,

ACCIDENT INVOLVING SHC 627G (OI) AND SLA 6824C (TP) ON 22/12/2020

We refer to the above matter.

The accident occurred when our insured inch out from the minor road and hit third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

We seek your approval to offer repairer " TAN CHONG MOTOR SALES PTE LTD " at \$ 3,445.60 (all-in).

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repairs (w/GST)	\$ 5,938.33	\$ 3,125.60
2. Loss of Use (4days x \$80)	\$ 320.00	\$ 320.00 (4days x \$80)
Total	\$ 6,258.33	<u>\$ 3,445.60</u>

Surveyor recommended 4days for repair.

Enclosed here with all the relevant documents for your perusal.

Kindly let us have your approval / instruction

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

email: ashersng@lkkauto.com | fax: 6741-4108 | did: 6841-6051

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

From: Asher Sng (LKKAUTO)

Sent: Monday, 22 February 2021 10:23 AM

To: 'Eric Woo' <EricWoo@msfirstcapital.com.sg>; Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D20005294MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHC627G AND SLA6824C ON 22.12.2020 *** LKK REF: CC4/FCI21000222/R1ea3

Hi Eric,

We acknowledge your email below.

We shall process to prepare our report to seek approval from you in due course.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd



Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

From: Eric Woo <EricWoo@msfirstcapital.com.sg>
Sent: Sunday, 21 February 2021 10:21 PM
To: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Cc: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D20005294MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHC627G AND SLA6824C ON 22.12.2020 *** LKK REF: CC4/FCI21000222/R1ea3

Dear Sirs,

Attached LOD for your necessary action.

Please assist to let us have your recommendation soonest possible.

Thank you.

Eric Woo
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Email:
EricWoo@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

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Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail

From: Eric Woo
Sent: Friday, 15 January 2021 1:57 pm
To: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Cc: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D20005294MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHC627G AND SLA6824C ON 22.12.2020 *** LKK REF: CC4/FCI21000222/R1ea3

Dear Mei Kwan,

We are agreeable with Express Settlement.

Thank you.

Eric Woo
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Email:
EricWoo@msfirstcapital.com.sg | Company Regn. No. 195000106C | TEL: 6507 3848
A Member of **MS&AD** Insurance Group

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From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Thursday, January 14, 2021 7:00 PM
To: Eric Woo <EricWoo@msfirstcapital.com.sg>
Cc: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D20005294MFSH/1 // EXPRESS SETTLEMENT - ACC INV SHC627G AND SLA6824C ON 22.12.2020 *** LKK REF: CC4/FCI21000222/R1ea3

Dear Eric,

We refer to the above matter.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice
- Photographs of TP vehicle in its damaged condition

Please take note that the case handler in-charge is Asher and she can be contacted at DID: 6841 6051.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Thursday, 31 December 2020 8:56 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; ERICWOO@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D20005294MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



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www.avg.com