

DS ☒UL ☐

Letter Of Claim

Insurance Company:

Ms. First Capital

Date:

Address

Attention

: Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number

SLA6824C

&

SHC 627 Gat 377B 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 ~~uninsured~~ loss which are as follows:

Excess payment for OD claim

Loss of usage (S\$/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 Ngee Meng

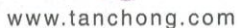
Address

: 50 B FAGER HEIGHTS

Telephone

: #04-1096781661

S(129196)



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

Co. Regn No : 199106231D



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	:	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

(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

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TAX INVOICE

GST REG: 19-9106231-D

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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:

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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	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

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

☒

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

☐

TC AUTOCLINIC PTE LTD (TCAC)

☐

DATE:

TYPE OF CLAIM:

☐

OWN DAMAGE (OD)

OWNER NAME:

KAN NGEE MENG

☐

OWN DAMAGE (OD) & UNINSURED LOSS
(EXCESS & LOSS OF USAGE) VIA
TCMS / AIPL / TCAC

NRIC NO.:

☐

THIRD PARTY THROUGH
TCMS / AIPL / TCAC

ADDRESS:

50B FABER HEIGHTS

04-10

129196

☒

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE

☐

WINDSCREEN / GLASS (W/S)

VEHICLE MODEL:

NISSAN X-TRAIL

INSURANCE CO.:

AKG - FIRST CAPITAL

REGN. NO.:

SLA6824C

CLAIM NO.:

CHASSIS NO.:

POLICY NO.:

TP-SHC627G

DATE OF ACCIDENT:

22.12.2020

DATE RECEIVED:

18.01.2021

DATE COMPLETED:

20.01.2021

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:

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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

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 6276
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
Address <u>50 B FABER HEIGHTS #04-10</u>		Claim Officer's Name
<u>5129146</u>		<u>TAN CHONG MOTOR SALES PTE LTD</u>
Telephone No <u>96701661</u>		<u>913 BUKIT TIMAH ROAD</u>
		<u>SINGAPORE 589623</u>
Date <u>23/12/20</u>	Email	Telephone No <u>TEL : 6466 7711 FAX : 6469 7472</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Date
		Claim Officer Signature 