

Letter Of Claim For Uninsured Loss

Insurance Company: LONDAC Date: 26/03/2021
Address : _____
Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SLU721SZ & GBF39034
at PIR NEAR EXIT 41 on 23/02/2021

I am the owner of Vehicle Number SLU721SZ which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number GBF39034, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim <u>car</u>	\$	<u>8476.71</u>
Loss of usage (\$\$/day) for _____ days	\$	_____
Car rental as per invoice attached	\$	<u>428.00</u>
Search fee	\$	<u>2.00</u>
Others <u>MEDICAL FEE</u>	\$	<u>68.48</u>
Total claim amount	\$	<u>8975.19</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 \$ 8975.19, 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 : LIM CHENG HAN
Address : SITE 291C BT BATAK ST24
#18-27 S(652291)
Telephone : 97858741



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. SLU 72152 AND GBF39034
 ON 23/02/2021 AT PIE EXIT 41 (NRAA)

1. I, the owner of vehicle no. SLU 72152 hereby instruct you and authorise you to act for me with respect to the following: -
- (a) To submit my claims for all loses 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>LAURENCE TEO</u>	
Name <u>LIM CHENG HAN</u>		Company Name	
Address <u>BK 291C BT BATAK ST24</u>		Claim Officer's Name	
<u>#18-27 S' 652291</u>		<div style="border: 1px solid black; padding: 5px;"> TAN CHONG MOTOR SALES PTE LTD 913 BUKIT TIMAH ROAD SINGAPORE 589623 TEL : 6466 7711 FAX : 6469 7472 </div>	
Telephone No <u>97858741</u>			
Date <u>24.02.2021</u>	Email <u>cheng.han.lim@tdtactics.com</u>	Date	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	



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 : LONPAC INSURANCE BHD
 ADDRESS : 300 BEACH RD
 TELEPHONE : #17-04/07 THE CONCOURSE S(199555)
 MODEL : 62507388
 ENGINE NO : FRLARDWJ11USA--A--
 CHASSIS NO : HRA2531456A
 VEHICLE NO : SJNFEAJ11U2119610
 SLU7215Z

INVOICE NO : W12142498
 INVOICE DATE : 26-MAR-2021
 TERMS : CREDIT
 DATE REC'D : 05-MAR-2021
 SA/SE : LAW
 JOB NO : BG1099035
 MILEAGE : 056349
 YOUR REFERENCE : INS/IC/LAW/0055/

ITEMS	JOB DESCRIPTION	Credit terms	30 AMOUNT
1	LABOUR		
1	REMOVE/INSTALL & TEST REAR REVERSE CAMERA		120.00
2	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL \$120/PANEL X 03		120.00
3	SUPPLY & INSTALL REVERSE SENSOR		110.00
4	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA \$100/PANEL X 03		100.00
5	INSTALL ULTRAMAX SOLAR FILM - REAR W/SCREEN		150.00
6	RENEW REAR WINDSCREEN GLASS ASSY.		240.00
7	REPAIR LH/RH REAR FENDER AND RENEW TAILGATE, REAR BUMPER AND END PANEL		1170.00
8	S/PAINT REAR PORTION		850.00
9	CHECK LIGHTING		48.00
10	TRANSFER TAILGATE MECHNICAL PARTS		80.00
11	R/I REAR DVR TO ASSIST REPAIR		120.00
	SUBTOTAL	:	3108.00
	PARTS		
1	GROMMET BUMPER \$2.40 EA X 02		4.80
	Qty:2 @ \$2.40 each (Special Nett Item)		
2	CLIP FENDER ARC/BUMPER \$1.30 EA X 04		4.16
	Qty:4 @ \$1.30 each (Disc:20.00% After Disc:\$4.16each)		

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 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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911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
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GST REG: 19-9106231-D

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CHASSIS NO : HRA2531456A
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INVOICE NO :
INVOICE DATE : W12142498
TERMS : 26-MAR-2021
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JOB NO : LAW
MILEAGE : BG1099035
YOUR REFERENCE : 056349
INS/IC/LAW/0055/

ITEMS	2	JOB DESCRIPTION	Credit terms	30	AMOUNT
3		CLIP C/LAMP \$5.40 EA X 02 Qty:2 @ \$5.40 each (Disc:20.00% After Disc:\$8.64each)			8.64
4		GROMMET BUMPER \$2.70 EA X 04 Qty:4 @ \$2.70 each (Disc:20.00% After Disc:\$8.64each)			8.64
5		GROMMET C/LAMP \$2.00 EA X 02 Qty:2 @ \$2.00 each (Disc:20.00% After Disc:\$3.20each)			3.20
6		GROMMET C/LAMP \$27.90 EA X 02 Qty:2 @ \$27.90 each (Disc:20.00% After Disc:\$44.64each)			44.64
7		CANOE RIVET BUMPER \$7.10 EA X 02 Qty:2 @ \$7.10 each (Disc:20.00% After Disc:\$11.36each)			11.36
8		FASCIA-RR BUMP Qty:1 @ \$796.70 each (Disc:20.00% After Disc:\$637.36each)			637.36
9		CLIP BUMPER \$8.00 EA X 03 Qty:3 @ \$8.00 each (Disc:20.00% After Disc:\$19.20each)			19.20
10		GLASS-TAIL GATE Qty:1 @ \$990.00 each (Disc:20.00% After Disc:\$792.00each)			792.00
11		A FIN BACK DOOR TOP NO PLATE Qty:1 @ \$352.00 each (Disc:20.00% After Disc:\$281.60each)			281.60
12		EMBLEM-REAR Qty:1 @ \$64.90 each (Disc:20.00% After Disc:\$51.92each)			51.92
13		EMBLEM Qty:1 @ \$94.40 each (Disc:20.00% After Disc:\$75.52each)			75.52

DOLLARS:

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GST Regn No: 19-9106231-D

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TAX INVOICE

GST REG: 19-9106231-D

NAME : LONPAC INSURANCE BHD
ADDRESS : 300 BEACH RD
TELEPHONE : #17-04/07 THE CONCOURSE S(199555)
MODEL : 62507388
ENGINE NO : FRLARDWJ11USA--A--
CHASSIS NO : HRA2531456A
VEHICLE NO : SJNFEAJ11U2119610
SLU7215Z

INVOICE NO :
INVOICE DATE : W12142498
TERMS : 26-MAR-2021
DATE REC'D : CREDIT
SA/SE : 05-MAR-2021
JOB NO : LAW
MILEAGE : BG1099035
YOUR REFERENCE : 056349
INS/IC/LAW/0055/:

ITEMS	3	JOB DESCRIPTION	Credit terms	30	AMOUNT
14		CAMERA BRACKET			20.00
		Qty:1 @ \$20.00 each (Special Nett Item)			
15		RUBBER-DUM			51.04
		Qty:1 @ \$63.80 each (Disc:20.00% After Disc:\$51.04each)			
16		DOOR BACK			2450.08
		Qty:1 @ \$3062.60 each (Disc:20.00% After Disc:\$2450.08each)			
17		SUNDRIES			20.00
		Qty:1 @ \$20.00 each (Special Nett Item)			
18		REAR W/SCREEN SEALANT			80.00
		Qty:1 @ \$80.00 each (Special Nett Item)			
19		SENSOR-REVERSE			250.00
		Qty:1 @ \$250.00 each (Special Nett Item)			
		SUBTOTAL	:		4814.16
REMARKS					
1		AIG CLAIM AGAINST LONPAC INSURANCE			
		DOA:23.02.2021			
2		TOC:23.02.2021			
		TOC:DIRECT SETTLEMENT			
3		OUR REF:INS/IC/LAW/0055/2021			
		SATISFACTION NOTE ATTACHED			
4		SURVEY BY LKK RASUL ON 02.03.2021 @ 1000HRS			
		RECOMMEND 4 DAYS REPAIR			

DOLLARS:

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INVOICE DATE : W12142498
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DATE REC'D : CREDIT
SA/SE : 05-MAR-2021
JOB NO : LAW
MILEAGE : BG1099035
YOUR REFERENCE : 056349
INS/IC/LAW/0055/

ITEMS	4	JOB DESCRIPTION	Credit terms	30	AMOUNT	
5		AUTHORISE BY LKK HSIAO TONG REPAIR FROM 09.03.2021 - 12.03.2021				
6		*** RENTAL BY TCMS (DTS) H/A:43955 TAX INV. N104156 \$428.00				
7		WITH MEDICAL CLAIM \$68.48 ***				
Insurance Co : LONPAC INSURANCE BHD Policy No.....: TP-GBF3903U Claim Type ..: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 23-FEB-2021 Our Ref.....: INS/IC/LAW/0055/2021 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES						
					LABOUR :	3108.00
					PARTS :	4814.16
					SUBTOTAL :	7922.16
					TOTAL :	7922.16
					GST(7%) :	554.55
					AMOUNT DUE :	8476.71

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: EIGHT THOUSAND FOUR HUNDRED SEVENTY
SIX AND CENTS SEVENTY ONE ONLY.

WORKSHOP MANAGER

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DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255
Tel (65) 63341700 Fax (65) 63364677
Co. Reg. No. 1984-03671/H

LONPAC INSURANCE BHD

100 BEACH RD
#19-00 SHAW TOWER

S(189702)

GST Reg No. : M2-0067432-4
Tax Invoice : N104156
Inv. date...: 16-MAR-2021
Print date...: 22-MAR-2021
Print time...: 12:02:18
Page no.....: 1
Agreement no: N43955

Description	Amount
RENTAL CHARGE FROM 09-MAR-2021 TO 13-MAR-2021(SLQ9901J)	400.00
TOTAL (BEFORE GST)	400.00
GST (7%)	28.00
TOTAL (AFTER GST)	428.00

DOWNTOWN TRAVEL SERVICES PTE LTD

Authorised Signature

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

81072152

Vehicle Number: SLQ 99013 Make & Model: SUBARU IMPREZA 1.6 Date: 09/03/2021
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer
Name: LON PAC
Address: _____
Singapore ()
Contact Person: _____ Tel: _____

1st Driver
Name: LIM CHENG MAN
Address: 291C Bukit Batek St 24
#18-27
Singapore (652291)
Contact No: _____ (H) _____ (O) _____ (HP)
Occupation: _____ Date of Birth: 24/09/67
Passport / NRIC No: S18042874 Nationality: SGP
Driver's Licence No: - Driving Exp.: 34 yrs
Country of Issue: SGP Expiry Date: -

Additional Driver
Name: _____
Address: _____
Singapore ()
Contact No: _____ (H) _____ (O) _____ (HP)
Occupation: _____ Date of Birth: 24/09/67
Passport / NRIC No: S18042874 Nationality: SGP
Driver's Licence No: - Driving Exp.: 34 yrs
Country of Issue: SGP Expiry Date: -

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

Remarks / Delivery Location
SLU 7215 Z
#100/day x 04
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.

[Signature]
HIRER'S SIGNATURE

[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: 09/03/21 Time Out: 0930AM Km Out: 4487.4
Petrol Level: E 1/4 1/2 3/4 (F)
Agreed Date of Return: _____
Date In: 03/03/21 Time In: 0919 Km In: 4518.4
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: [Signature]

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

Personal Accident Insurance
ACCEPTS To Pay Extra Fees
Daily S\$ _____
Weekly S\$ _____
Monthly S\$ _____
Weekend S\$ _____
Signature: [Signature]

DECLINES Hirer Declines PAI
Signature: [Signature]

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		

Rental Extension		
CDW		
PAI		
7% GST		
Extention Charges		
Petrol		
Excess / Non-Waiverable Excess		
Others		
7% GST		
Addendum Charges		
Overall Charges		

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

gbf3903u

Date of Accident

23/02/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac**

Period of Insurance **30/09/2020 - 29/09/2021**

Requested By **Eric Koh Yong Lang (Tan Chon...**

Requested Date **24/02/2021 10:51**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

MY FAMILY CLINIC (PIONEER)

Blk 638 Jurong West Street 61 #02-09 Pioneer Mall Singapore 640638

Phone: 6861-1182

RegNo : 200410201K

**TAX INVOICE**

Invoice No. PNR-0018937

Invoice Date: 25/02/2021

Provider: Dr Yeo Thoont Kiat

LIM CHENG HAN

Ref ID :A00321710

291C BUKIT BATOK STREET 24, #18-27, SINGAPORE, 652291

Item Name	Quantity	UOM	Unit Price	Total Price
PAXIDORM 25MG TAB	10	TAB	1.20	12.00
VOLTAREN SR 75MG TAB	10	TAB	1.50	15.00
FAMOTIDINE 20MG TAB	10	TAB	0.30	3.00
ANAREX 450MG/35MG TAB	20	TAB/S	0.30	6.00
VOREN GEL [20GM]	1	TUBE	7.00	7.00
CONSULTATION	1	EA	21.00	21.00

Sub Total : \$64.00

7% GST : \$4.48

Total : \$68.48

Amount Paid : \$68.48

O/S Balance : \$0.00

Receipt No.	Payment Date	Paid Amount	Payment Method	Remark	Company
RT-PNR0021723	25/02/2021	68.48	NETS		

All cheques should be crossed & made payable to

"MY FAMILY CLINIC (PN) PTE LTD"

Medicine dispensed are not returnable or refundable.



MY FAMILY CLINIC (PIONEER)
Blk 638 Jurong West Street 61 #02-09 Pioneer Mall Singapore 640638

Phone: 6861-1182
RegNo : 200410201K

MC No: OD-PN0000088921

MEDICAL CERTIFICATE

NRIC: S1804287H

NAME: LIM CHENG HAN

This is to certify that the abovenamed patient is Unfit for Work / School for a period of 3 day/s from 25-02-2021 to 27-02-2021.

Note: This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

25/02/2021

Date

Dr Yeo Thoont Kiat

Issued by

Signature



MY FAMILY CLINIC (PIONEER)
Blk 638 Jurong West Street 61 #02-09 Pioneer Mall Singapore 640638

Phone: 6861-1182
RegNo : 200410201K

TAX INVOICE

Invoice No. PNR-0018937
Invoice Date: 25/02/2021

Provider: Dr Yeo Thoont Kiat

Ref ID : A00321710

LIM CHENG HAN

281C BUKIT BATOK STREET 24, #18-27, SINGAPORE 652291

Item Name	Quantity	UOM	Unit Price	Total Price
PAXIDORM 25MG TAB	10	TAB	1.20	12.00
VOLTAREN SR 75MG TAB	10	TAB	1.50	15.00
FAMOTIDINE 20MG TAB	10	TAB	0.30	3.00
ANAREX 450MG/35MG TAB	20	TAB	0.30	6.00
VOREN GEL [20GM]	1	TUBE	7.00	7.00
CONSULTATION	1	EA	21.00	21.00

Sub Total : \$64.00
7% GST : \$4.48
Total : \$68.48
Amount Paid : \$68.48
O/S Balance : \$0.00

Receipt No.	Payment Date	Paid Amount	Payment Method	Remark	Company
RT-PNR0021723	25/02/2021	68.48	NETS		

All cheques should be crossed & made payable to
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