

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE:

30/08/2021

OWNER NAME:

MS TAY GER KIAN ROSALIND
MRS. ROSALIND PERERA

NRIC NO.:

ADDRESS:

68 UPPER SERANGOON
NEW # 04-23
S(533884)

VEHICLE MODEL:

NISSAN DASHQA1
1.2 MY2017

REGN. NO.:

SMC2529J

CHASSIS NO.:

SJNFEATJ11U2311936

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.:

INDIA INTERNATIONAL
INSURANCE PTE LTD

CLAIM NO.:

INS/IC/EA/0273/21

POLICY NO.:

DATE OF ACCIDENT:

09/08/2021

DATE RECEIVED:

30/08/2021

DATE COMPLETED:

02/09/2021

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 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*

2nd Sept. '21

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.

MS TAY GER KIAN ROSALIND
MRS. ROSALIND PERERA

(NAME / SIGNATURE OF INSURED)

FOOTNOTE:

☐ TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER
THROUGH TCMS'S LEGAL AID

☐ OWNER WILL MAKE CLAIM AGAINST
THIRD PARTY INSURANCE COMPANY

☐ TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER UNINSURED LOSS. (EXCESS
PAYMENT & LOSS OF USAGE)

☐ DEPOSIT PAID BY OWNER

☐ DOCUMENTS RETURNED TO
OWNER

INSURANCE CO. COPY

* Delete When Necessary