

Date:

M/s:

China Taiping Insurance

3 Anson Road

#16-00 Springleaf Tower

Singapore 79909

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SDN6899M and GBE357X on 15/10/2021

I am the owner of vehicle no SDN6899M which was involved in an accident with your insured vehicle no GBE357X.

The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 31,257.25
b)	Loss of Use/ Rental of vehicles for <u>10</u> day(s) @ S\$ <u>200</u> per day	S\$ 2000
c)	LTA/ GIA Search Fees	S\$ 2
d)	Administrative Charges	S\$
e)	Others _____	S\$
TOTAL		S\$ 33,259.25

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input type="checkbox"/>	NRIC/ Driving License
<input type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report

All payment should be made in my favour and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

Sincerely

Name of Insured:

NRIC: S1302203H