

Letter Of Claim For Uninsured Loss

Insurance Company: G32 Date: 17/02/2022
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SCN8119E & GX3663H
at TAN CHING ROAD on 23/01/2022

I am the owner of Vehicle Number SCN8119E which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number GX3663H, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim	\$	
Loss of usage (\$/day) for <u>09</u> days <u>X \$50</u>	\$	<u>450.00</u>
Car rental as per invoice attached <u>MEDICAL</u>	\$	<u>551.00</u>
Search fee <u>RRR</u>	\$	<u>2.00</u>
Others <u>con</u>	\$	<u>8025.00</u>
Total claim amount	\$	<u>9028.00</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 \$ 9028.00, 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

[Signature]
(Owner of motor vehicle)

Name : CHEN HUI MEI HEE HONG

Address : _____

Telephone : 62682292

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OFFICIAL RECEIPT

RECEIPT NO : J001690823
DATE / TIME : 29.01.2022 / 09:34:40

PAYMENT RECEIVED FROM CHEN TAI LIANG

PATIENT NAME : CHEN TAI LIANG
EXT PATIENT ID : XXXXX395A
CUSTOMER NO : 8225062

PAYMENT DATE : 29.01.2022
PAYMENT TIME : 09:34:40
PAYMENT MODE : VISA

TOTAL AMOUNT PAID (SGD) : 551.00

<u>BILL NO</u>	<u>BILL DATE</u>	<u>PAYMENT AMOUNT</u>
16206548C	26.01.2022	SGD 551.00

This is a computer-generated letter. No signature is required.

TAX INVOICE

MR. CHEN TAI LIANG

BLK 9C #08-32
YUAN CHING ROAD
PARKVIEW MANSIONS
SINGAPORE 618645



Accepts: PayNow

\$ 551.00
FINAL AMOUNT PAYABLE

BILL REF. NO:
16206548C

BILL DATE
23 JAN 2022

NRIC / FIN / MRN
R0012395A

LOCATION
NTFGH

VISIT DATE ► 23 JAN 2022 11:49 AM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	767.30
GOVT SUBSIDY	\$	-216.30
TOTAL AMOUNT (BEFORE GST)	\$	551.00
7% GST	\$	38.57
GST absorbed by Govt	\$	-38.57
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	551.00
TOTAL AMOUNT PAYABLE	\$	551.00
Net Payment made	\$	0.00
FINAL AMOUNT PAYABLE	\$	551.00

CHARGES

CASE NO.	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
9220318800G	ACCIDENT & EMERGENCY / NA		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		254.00	127.00
ECG 12 LEADS		26.80	0.00
XR CERVICAL SPINE AP & LATERAL		60.50	0.00
PARACETAMOL 500MG TABLET		2.00	0.00
CT BRAIN		424.00	424.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	767.30	
	GOVT SUBSIDY	-216.30	
	TOTAL AMOUNT (BEFORE GST)		551.00
	7% GST		38.57
	GST absorbed by Govt (for subsidised patient only)		-38.57
	Subtotal		551.00
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		551.00

For change of appointment
please call 6716 2222



TAX INVOICE

BILL REF. NO.
16206548C

BILL DATE
23 JAN 2022

NRIC / FIN / MRN
R0012395A

PATIENT NAME
MR. CHEN TAI LIANG

PAYMENT SUMMARY

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		551.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. CHEN TAI LIANG		551.00

MR. CHEN TAI LIANG	TOTAL AMOUNT PAYABLE	551.00
	Net Payment made	0.00

FINAL AMOUNT PAYABLE \$ 551.00

PAYMENT OPTIONS & ADVISORY



Self-Service Kiosk
• AXS Station



Counter Services
• Service Locations at SOC and Pharmacy /
Business Office
• 7-Eleven Stores



E-Payment

- OneNUHS App
- HealthHub Mobile App
- Payment through PayNow by scanning the SGQR code on this bill with your banking app
- DBS/POSB Digibank online/mobile or DBS PayLah!
- AXS e-Stations/rn-Stations



Payment Policy

- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- Payment made via AXS and E-Payments will be updated to your bill within 3 working days.

Tower B 2樓 財政部





AFTER VISIT SUMMARY

NAME: CHEN TAI LIANG

MRN: R0012395A

ADDRESS:

Temporary address used
Singapore 999999

DOB: 23/5/1970

AGE: 51 y.o.

GENDER: M

PHONE: 6000 0000 (Home Phone)

DIAGNOSIS

ED Arrival Information

Arrival	Means of arrival	Escorted by
23/1/2022 11:49	SCDF Ambulance	-

Primary Physician

Primary Physician
CHOO CHIN FOO, Denyna

Diagnosis

Injured in road traffic accident - Primary
Head contusion

Comments

Disposition Plan

ED Disposal	Comment
AMA/AOR	

Allergies (Reviewed on: 23/01/22)

No Known Allergies

Procedure Orders

None

DISPOSITION

Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1192724326	Medical Certificate	Outpatient Sick Leave	23 Jan 2022	27 Jan 2022	5	Certificate Eligible for Court Absence Class	No Print

Discharge Medications

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
Paracetamol Tablet	Take 1 g 4 times a day when required for fever or pain for up to 5 days.		23/1/2022	28/1/2022	Juan SZE JOO

Discharge Medications (continued)

Referral Orders

REFERRAL TO ORTHOPAEDICS - SPINE SURGERY - JHC

Ordered
23/01/22 13:38

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.

LETTER OF AUTHORITY AND INDEMNITY


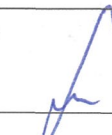
- ☒ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☐ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ **Third Party (Direct Settlement)**
☐ **Own Damage (Recovery Claim)**

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SCN 8119 E **AND** GX 3663 H
ON 23/01/2022 **AT** TAN CHONG ROAD

1. I, the owner of vehicle no. SCN 8119 E 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>CHEN HUI MEI NEE HOE</u>		Company Name <u>TAN CHONG MOTOR SALES PTE LTD</u>	
Address <u>913 BUKIT TIMAH ROAD</u> <u>#08-32 S 618645</u>		Claim Officer's Name <u>SAURABH TR</u>	
Telephone No <u>6282292</u>		Telephone No <u>TEL : 6466 7711 FAX : 6469 7472</u>	
Date	Email	Date	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	

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INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GX3663H

Date of Accident

23/01/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance QBE Insurance (Singapore) Pt...

Period of Insurance 15/04/2021 - 14/04/2022

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

Requested Date 26/01/2022 09:52

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**

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE:

OWNER NAME:

NRIC NO.:

ADDRESS:

VEHICLE MODEL:

REGN. NO.:

CHASSIS NO.:

DATE OF ACCIDENT:

DATE RECEIVED:

DATE COMPLETED:

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.:

CLAIM NO.:

POLICY NO.:

23/01/2022

27/04/2022

03/02/2022

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:

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