

Letter Of Claim For Uninsured Loss

Insurance Company: ALLIANZ Date: 13/05/2022
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SMP9229M & XD8367J
at 17 CHUAN VIEW on 12/04/2022

I am the owner of Vehicle Number SMP9229M which was involved with the accident as mentioned above.


As the accident was solely caused by your insured vehicle, bearing registration number XD8367J, 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 _____ days	\$ _____
Car rental as per invoice attached	\$ <u>321.00</u>
Search fee	\$ <u>7.45</u>
Others <u>car</u>	\$ <u>2401.08</u>
Total claim amount	\$ <u>2729.53</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 \$ 2729.53, 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 : Tay Soo Theng
Address : 17 CHUAN VIEW
Telephone : 93368228 S(554753)

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Apr 2022 / 09:44:27

Receipt Date/Time : 13 Apr 2022 / 09:44:27

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220413-000547

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - XD8367J				
As at 12 Apr 2022/17:00:00				
Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - XD8367J Enquiry Fee 20220413094321060470	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
552038XXXXXX9825		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



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
19 LORONG 8, TOA PAYOH, SINGAPORE 319255. TEL: 63570753/4/5

GST Regn No: 19-9106231-D

Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : ALLIANZ INSURANCE SINGAPORE PTE LTD
ADDRESS : 79 ROBINSON ROAD #09-01
TELEPHONE : S(068897)
MODEL : 63954779/67143369
ENGINE NO : TDWARDZE12EDAY520Z
CHASSIS NO : HR12244998J
VEHICLE NO : JN1TAAE12Z0982419
SMF9229M

INVOICE NO :
INVOICE DATE : W12143307
TERMS : 13-MAY-2022
DATE REC'D : CREDIT
SA/SE : 22-APR-2022
JOB NO : LAW
MILEAGE : BG1117218
YOUR REFERENCE : 030344
INS/IC/LAW/0097/

ITEMS	JOB DESCRIPTION	Credit Terms	AMOUNT
3	Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 12-APR-2022 Our Ref.....: INS/IC/LAW/0097/2022 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES		
	LABOUR	:	1308.00
	PARTS	:	936.00
	SUBTOTAL	:	2244.00
	TOTAL	:	2244.00
	GST(7%)	:	157.08
	AMOUNT DUE	:	2401.08

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

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911 Bukit Timah Road Tan Chong Motor Centre Singapore 589622
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TELEPHONE : S(068897)
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JOB NO : LAW
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YOUR REFERENCE : 030344
INS/IC/LAW/0097/

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
6	185/65R15 CONT1 RH FRONT \$165-20% Qty:1 @ \$132.00 each (Special Nett Item)		132.00
	SUBTOTAL	:	936.00
	REMARKS		
1	AIG CLAIM AGAAINST ALLIANZ DOA:12.04.2022		
2	TOC:DIRECT SETTLEMENT OUR REF:INS/IC/LAW/0097/2022		
3	SATISFACTION NOTE ATTACHED T/P VEHICLE NO:XD8367J		
4	OIC:SHARON LIM (ALLIANZ) AUTHORISE BY 13.04.2022 @ 1355HRS		
5	SURVEY BY QUO QIANG LKK ON 18.04.2022 @ 1000HRS RECOMMEND 3 DAYS REPAIR		
6	CLAIM NO: 800SWAISCL20220083SL-XD8367J REPAIR FROM 25.04.2022 - 28.04.2022		
7	RENTAL BY TCMS (DTS) H/S 43989 TAX INV N104183 \$321.00 SLZ9214L		
	Insurance Co : ALLIANZ INSURANCE SINGAPORE PTE LTD Policy No.....: TP-XD8367J		

DOLLARS:

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19 LORONG 8, TOA PAYOH, SINGAPORE 319255. TEL: 63570753/4/5

GST Regn No: 19-9106231-D

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TAX INVOICE

GST REG: 19-9106231-D

NAME :	ALLIANZ INSURANCE SINGAPORE PTE LTD	INVOICE NO :	W12143307
ADDRESS :	79 ROBINSON ROAD #09-01	INVOICE DATE :	13-MAY-2022
TELEPHONE :	S(068897)	TERMS :	CREDIT
MODEL :	63954779/67143369	DATE REC'D :	22-APR-2022
ENGINE NO :	TDWARDZE12EDAY520Z	SA/SE :	LAW
CHASSIS NO :	HR12244998J	JOB NO :	BG1117218
VEHICLE NO :	JN1TAAE12Z0982419	MILEAGE :	030344
	SMF9229M	YOUR REFERENCE :	INS/1C/LAW/0097/

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA		100.00
2	CHECK WHEEL ALIGNMENT, ADJUST WHERE NECESSARY AND TEST DRIVE VEHICLE		108.00
3	REPAIR FRONT BUMPER AND RENEW RH FRONT FENDER		585.00
4	S/PAINT FRONT BUMPER AND RH FRONT FENDER		500.00
5	RENEW RH FRONT S/RIM AND CONDUCT WHEEL BALANCING		15.00
6	SUPPLY AND RENEW RH FRONT TYRE CONTI 185/65R15		NC
	SUBTOTAL :		1308.00
	PARTS		
1	CLIP FENDER \$1.40 EA X 14 Qty:14 @ \$1.40 each (Disc:20.00% After Disc:\$15.68each)		15.68
2	ALLOY RIM RH FRONT S/RIM Qty:1 @ \$280.00 each (Special Nett Item)		280.00
3	CANOE RIVET FENDER \$7.70 EA X 03 Qty:3 @ \$7.70 each (Disc:20.00% After Disc:\$18.48each)		18.48
4	FENDER-FRONT RH Qty:1 @ \$587.30 each (Disc:20.00% After Disc:\$469.84each)		469.84
5	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00

DOLLARS:

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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

ALLIANZ INSURANCE CO OF S'PORE P L

3 TEMASEK AVE
#03-01 CENTENNIAL TOWER

S(039190)

GST Reg No. : M2-0067432-4

Tax Invoice : N104183

Inv. date...: 13-MAY-2022

Print date...: 13-MAY-2022

Print time...: 10:17:24

Page no.....: 1

Agreement no: N43989

Description	Amount
=====	=====
RENTAL CHARGE FROM 25-APR-2022 TO 28-APR-2022(SLZ9214L)	300.00
	=====
TOTAL (BEFORE GST)	300.00
GST (7%)	21.00
TOTAL (AFTER GST)	321.00
	=====

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.

DOWNTOWN TRAVEL SERVICES PTE LTD

Authorised Signature

DOWNTOWN
CAR RENTALS

Hiring Agreement

Co. Reg. No. : 198403671H
GST Reg. No.: M2-0067432-4

43989

Vehicle Number: SL292144 Make & Model: 2007 ALFA ROMEO Date: 25/04/2022
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: ALLIANZ Insurance
Address: _____
Singapore ()
Contact Person: _____ Tel: _____

1st Driver

Name: Lee Soo Hye Tan Shooee
Address: 17 Chuan View S
Singapore (554753)
Contact No: 93368228 (H) _____ (O) _____ (HP) _____
Occupation: Partly Director Date of Birth: 21/12/51
Passport / NRIC No: S802770316 Nationality: Singaporean
Driver's Licence No: S802770316 Driving Exp.: 50 yrs
Country of Issue: Singapore Expiry Date: Valid

Additional Driver

Name: Mr. Tan Shooee
Address: 17 Chuan View
Singapore (554753)
Contact No: 93368228 (H) _____ (O) _____ (HP) _____
Occupation: Retiree Date of Birth: 23/6/40
Passport / NRIC No: S13960271E Nationality: Singaporean
Driver's Licence No: S13960271E Driving Exp.: 60 yrs
Country of Issue: Singapore Expiry Date: Valid

Mode of Payment

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

Remarks / Delivery Location

SNF 9229M
\$100/day x 03
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.

HIRER'S 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: 25/04/2022 Time Out: 10:15hrs Km Out: 3317.8
Petrol Level: E 1/4 1/2 3/4 (F)
Agreed Date of Return: _____
Date In: 28/04/2022 Time In: 11:45hrs Km In: 3329.5
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\$ 3000 per accident
Signature: [Signature]

DECLINES
Hirer Declines CDW
Excess S\$ _____ per accident
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



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. SMF 9229M AND XD 8367J
ON 12/04/2022 AT 17 CHUAN VIEW

1. I, the owner of vehicle no. SMF 9229M 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 <u>LACRUE TR</u>	
Name	<u>Tong Soo Theng</u>	Company Name	
Address	<u>17 CHUAN VIEW</u>	Claim Officer's Name	<u>TAN CHONG MOTOR SALES PTE LTD</u>
	<u>S. 554753</u>		<u>913 Bukit Timah Road</u>
Telephone No	<u>93368228</u>	Telephone No	<u>Singapore 589623</u>
Date	<u>12-4-2022</u>	Date	<u>Tel: 6466 7711 Fax: 6469 7472</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>[Signature]</u>	Claim Officer Signature <u>[Signature]</u>	

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.:

(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