

### BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLE7740H and SMZ4273L on 22/04/2022

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

a)	Repair Cost/ Excess	S\$ 11735.50
b)	Loss of Use/ Rental of vehicles for <u>15</u> day(s) @ S\$ <u>60.00</u> per day	S\$ 900.00
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$
e)	Others _____	S\$
10 WORKING DAYS +2 SAT+2SUN+1 PUB HOLIDAY		TOTAL S\$ 12642.95

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 checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to TC AUTOCLINIC PTE LTD (TCAC) and the said payment as full and final settlement of my claim.

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

\*Contact person: Sayedinah Ali  
HP: 92992693 DID: 67038515  
FAX: 64793965  
Email: sayedinah@tanchong.com

## 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. **SLE7740H** AND **SMZ4273L**  
 ON **22/04/2022** AT **MCE TUNNEL**

1. I, the owner of vehicle no. **SLE7740H** 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.

<b>Claimant's Particulars</b>		<b>Authorized Workshop</b>	
Name <b>EVERGREEN MARINE(S) PTE LTD</b>		Company Name <b>TC AUTOCLINIC PTE LTD</b>	
Address <b>NA</b>		Claim Officer's Name <b>SAYEDINAH ALI</b>	
Telephone No <b>90292355</b>		Telephone No <b>92992693</b>	
Date <b>20/05/2022</b>	Email	Date <b>20/05/2022</b>	
Company Stamp (For Co Regn Vehicle)	Authorized Signature	Claim Officer Signature	
			

## SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

☐☐☒

DATE: 20/05/2022

OWNER NAME: EVERGREEN MARINE(S) PTE LTD

NRIC NO.: NA

ADDRESS: NA

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)

VEHICLE MODEL: NISSAN SYLPHY

REGN. NO.: SLE7740H

CHASSIS NO.: MNTBBAB17Z0027557

INSURANCE CO.: AXA INSURANCE PTE LTD

CLAIM NO.: 046/IC/TCAC/SAY/2022

POLICY NO.: 21-MU007810-R04

DATE OF ACCIDENT:  
22/04/2022

DATE RECEIVED:  
04/05/2022

DATE COMPLETED:  
20/05/2022

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 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\* 20/05/2022

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.

*Jane Ng*

EVERGREEN MARINE(S) PTE LTD

(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





www.tanchong.com

## IL AutoClinic Pte. Ltd.

Service Centres

1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212

25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13

913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3

19 Ubi Road 4, Singapore 408623 Tel: 67038666

Regn No.: 199105199R GST Regn No.: 19-9105199-R



NAME :  
ADDRESS : AXA INSURANCE PTE LTD  
TELEPHONE :  
MODEL : ROBINSON ROAD P.O. BOX 1094  
ENGINE NO : S(902144)  
CHASSIS NO : 68804741  
VEHICLE NO : BDTARCZB17EWA----A  
HR16991014B

INVOICE NO : TAX INVOICE  
CO REG: 19-9105199-R  
INVOICE DATE :  
TERMS :  
DATE REC'D : WE2104627  
SA/SE : 28-JUN-2022  
JOB NO : CREDIT  
MILEAGE : 03-MAY-2022  
YOUR REFERENCE : SAY  
EG184838  
049730  
046/IC/TCAS/SAY/20

ITEMS	JOB DESCRIPTION	AMOUNT
Page 1	Credit terms 30 days	
	LABOUR	
1	SUPPLY & INSTALL NUMBER PLATE & HOLDER INCLUDING PARTS	60.00
2	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL, FLOOR PAN & FENDERS	240.00
3	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00
4	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00
5	CONDUCT 3RD PARTY CLAIM AXA DATE:22/04/2022 TIME:1830 LOCATION:MCE TUNNEL	NC
6	REPAIR/REPLACE RR BUMPER,END PANEL, FLOOR PAN, RH RR FENDER,LH RR FENDER & RR BOOT	1500.00
7	RESPRAY RR BUMPER,END PANEL,BOOT,FLOOR PAN, RH RR FENDER & LH RR FENDER	1200.00
8	REMOVE/REFIX REAR WINDSCREEN	240.00
9	REMOVE/REFIX REAR RH & LH QUARTER GLASS	120.00
10	SUPPLY AND INSTALL REAR WINDSCREEN TINTED FILM	144.00
11	SUPPLY/INSTALL REAR QUARTERGLASS LH & RH TINTED FILM	80.00
12	QC & CONSULT CHECK	NC
13	CARWASH & VACUUM	NC

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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1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212  
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13  
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MNTBBAB17Z0027557		046/IC/TC/STY/20
SLE7740H		
Page 2	Credit terms 30 days	
14	RESPRAY REAR LEFTHAND CHASSIS FRAME AREA (SUPP)	200.00
15	REPAIR REAR LEFTHAND CHASSIS FRAME (SUPP)	245.00
	SUBTOTAL :	4184.00
	PARTS	
1	LAMP COMB RR,RH Qty:1 @ \$442.60 each (Disc:20.00% After Disc:\$354.08each)	354.08
2	LAMP COMB RR,RH Qty:1 @ \$168.50 each (Disc:20.00% After Disc:\$134.80each)	134.80
3	LAMP COMB RR,LH Qty:1 @ \$442.60 each (Disc:20.00% After Disc:\$354.08each)	354.08
4	LAMP COMB RR,LH Qty:1 @ \$168.50 each (Disc:20.00% After Disc:\$134.80each)	134.80
5	GLASS-BACK WIND Qty:1 @ \$1803.00 each (Disc:20.00% After Disc:\$1442.40each)	1442.40
6	GLASS-QUARTER LH Qty:1 @ \$569.20 each (Special Nett Item)	569.20
7	LOCK ASSY-TRUNK (SUPP) Qty:1 @ \$76.50 each (Disc:20.00% After Disc:\$61.20each)	61.20
8	FINISHER ASSY CHROME GARNISH Qty:1 @ \$204.90 each (Disc:20.00% After Disc:\$163.92each)	163.92

DOLLARS:

  
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Page 3	Credit terms 30 days	
9	EMBLEM Qty:1 @ \$56.10 each (Disc:20.00% After Disc:\$44.88each)	44.88
10	EMBLEM LETTERING Qty:1 @ \$105.80 each (Disc:20.00% After Disc:\$84.64each)	84.64
11	PLATE LUGGAGE REAR END PANEL Qty:1 @ \$63.90 each (Disc:20.00% After Disc:\$51.12each)	51.12
12	FINISHER LUGGAGE LH Qty:1 @ \$460.90 each (Disc:20.00% After Disc:\$368.72each)	368.72
13	BUMPER Qty:1 @ \$701.80 each (Disc:20.00% After Disc:\$561.44each)	561.44
14	ENERGY ABSORBER Qty:1 @ \$41.60 each (Disc:20.00% After Disc:\$33.28each)	33.28
15	BRACKET LH Qty:1 @ \$41.10 each (Disc:20.00% After Disc:\$32.88each)	32.88
16	EMBLEM PURE DRIVE Qty:1 @ \$70.00 each (Disc:20.00% After Disc:\$56.00each)	56.00
17	RUBBER-DUM Qty:1 @ \$68.90 each (Disc:20.00% After Disc:\$55.12each)	55.12
18	INSULATOR FLOORPAN (SUPP) Qty:1 @ \$142.60 each (Disc:20.00% After Disc:\$114.08each)	114.08
19	FENDERE RR LH Qty:1 @ \$1583.60 each (Disc:20.00% After Disc:\$1266.88each)	1266.88

DOLLARS:

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Page 4	Credit terms 30 days	
20	PANEL-REAR UPPER Qty:1 @ \$489.10 each (Disc:20.00% After Disc:\$391.28each)	391.28
21	TRUNK GARNISH Qty:1 @ \$121.80 each (Special Nett Item)	121.80
22	TRUNK LID Qty:1 @ \$742.70 each (Disc:20.00% After Disc:\$594.16each)	594.16
23	HINGE TRUNK LID LH & RH Qty:2 @ \$44.20 each (Disc:20.00% After Disc:\$70.72each)	70.72
24	SENSOR-REVERSE Qty:1 @ \$250.00 each (Special Nett Item)	250.00
	SUBTOTAL :	7311.48
Insurance Co : AXA INSURANCE PTE LTD Policy No.....: 21-MU007810-R04 Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 22-APR-2022 Our Ref.....: 046/IC/TCAC/SAY/2022 Surveyor.....: SURVEYOR FROM INSURANCE CO		
	LABOUR :	4184.00
	PARTS :	7311.48
	SUBTOTAL :	11495.48
	ADD. DISCOUNT :	527.72
	TOTAL :	10967.76
	GST(7%) :	767.74
	AMOUNT DUE :	11735.50

DOLLARS:

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)  
ELEVEN THOUSAND SEVEN HUNDRED THIRTY  
FIVE AND CENTS FIFTY ONLY

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CUSTOMER





Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Apr 2022 / 11:53:21

Receipt Date/Time : 25 Apr 2022 / 11:53:21

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220425-001517

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 - SGV2998J				
As at 21 Apr 2022/00:13:50				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SGV2998J Enquiry Fee 20220425115042855398	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SLW1585J				
As at 25 Apr 2022/00:09:55				
Insurance Co: AXA INSURANCE PTE LTD				
2	Insurance Enquiry - SLW1585J Enquiry Fee 20220425115042950041	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMZ4273L				
As at 22 Apr 2022/00:18:30				
Insurance Co: AXA INSURANCE PTE LTD				
3	Insurance Enquiry - SMZ4273L Enquiry Fee 20220425115043051080	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		21.00	1.47	22.47
Rounding Difference				0.02
Total Amount Payable				22.45
Paid By				
418238XXXXXX1156		eNETS Credit Card		22.45
Total				22.45
Cash Change				0.00
Tendered Amount				22.45
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.