

DS ☒UL ☐

Letter Of Claim

Insurance Company: CHINA TAIPING

Date: _____

Address: _____

Attention

: Claims Department - Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SJY9803R & GW4346Y
at XILIN AVE on 29.04.2022I am the owner of Vehicle Number ~~SJY~~ SJY9803R which was involved with the accident as mentioned above.As the accident was solely caused by your insured vehicle, bearing registration number GW4346Y, I hereby submit my claim against your company for the ~~uninsured~~ loss which are as follows:

Excess payment for OD claim	\$	_____
Loss of usage (S\$/day) for <u>2</u> days - 50%	\$	<u>120.00</u>
Car rental as per invoice attached	\$	_____
Search fee	\$	<u>2.00</u>
Others Cost of repairs <u>NETT</u>	\$	<u>921.81</u>
Total claim amount	\$	<u>1,043.81</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 \$ 1,043.81, 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 : MS. ZHANG XIAAddress : 80 LORONG K TELOK KURAY# 02-02

Telephone : _____ S()


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

gw4346y

Date of Accident

29/04/2022 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **05/07/2021 - 04/07/2022**Requested By **Eric Koh Yong Lang (Tan Chon...**Requested Date **30/04/2022 16:00****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**



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 :	CHINA TAIPING INSURANCE (SINGAPORE)	INVOICE NO :	W12143379
ADDRESS :	ATTN:MOTOR CLAIM DEPT. 3 ANSON ROAD	INVOICE DATE :	23-JUN-2022
TELEPHONE :	#16-00 SPRINGLEAF TOWER S(079909)	TERMS :	CREDIT
MODEL :	63896111	DATE REC'D :	01-JUN-2022
ENGINE NO :	BMW	SA/SE :	ZHR
CHASSIS NO :	BMW 1201	JOB NO :	BG1118880
VEHICLE NO :	WBAUL52020VL55285	MILEAGE :	000001
	SJY9803R	YOUR REFERENCE :	INS/IC/ZHR/0123/

ITEMS	JOB DESCRIPTION	Credit Terms	AMOUNT
3	T/P VEHICLE:GW4346Y		
	SATISFACTION NOTE ATTACHED		
4	SURVEY BY:RASUL(LKK-AUTO) ON 03.06.2022		
	RECOMMEND REPAIR 2 DAYS		
5	AUTHORISE BY:BILLY TAN(CHINA TAIPING)ON 01.06.2022		
	***AS PER AGREE PROPOSE 50-50 ON REPAIR		
6	***OWNER CLAIM LOSS OF USE		
Insurance Co : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
Policy No.....: TP-GW4346Y			
Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM			
DOA.....: 29-APR-2022			
Our Ref.....: INS/IC/ZHR/0123/2022			
Surveyor.....: SURVEYOR FROM INSURANCE CO			
	LABOUR :		380.00
	PARTS :		481.50
	SUBTOTAL :		861.50
	TOTAL :		861.50
	GST(7%) :		60.31
	AMOUNT DUE :		921.81

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
 DOLLARS: NINE HUNDRED TWENTY ONE AND CENTS
 EIGHTY ONE 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.



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	SJY9803R	YOUR REFERENCE :	1NS/1C/ZHR/0123/

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	RENEW RH WING MIRROR ASSY \$390 - 50% = \$195.00		195.00
2	S/PAINT WING MIRROR COVER \$250 - 50% = \$125.00		125.00
3	REMOVE TRAIMBOARD FINISHER TO ASSIST REPAIR \$120 - 50% = \$60.00		60.00
	SUBTOTAL :		380.00
	PARTS		
1	R/F MIRROR COVER \$116.00 - 50%		58.00
	Qty:1 @ \$58.00 each (Special Nett Item)		
2	MIRROR(HEATED) GLASS \$211 - 50%		105.50
	Qty:1 @ \$105.50 each (Special Nett Item)		
3	R/F MIRROR ASSY \$626.00 - 50% = \$313.00		313.00
	Qty:1 @ \$313.00 each (Special Nett Item)		
4	SUNDRIES \$10 - 50% = \$5.00		5.00
	Qty:1 @ \$5.00 each (Special Nett Item)		
	SUBTOTAL :		481.50
	REMARKS		
1	GREAT EASTERN CLAIM AGAINST CHINA TAIPING DOA:29.04.2022		
2	TOC:DIRECT SETTLEMENT OUR REF:1NS/1C/ZHR/0123/2022		

DOLLARS:

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SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE:

OWNER NAME:

MS. ZHANG XIA

NRIC NO.:

ADDRESS:

VEHICLE MODEL:

Bmw

REGN. NO.:

S3Y 9803R

CHASSIS NO.:

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.:

CHINA TAIPING

CLAIM NO.:

POLICY NO.:

TP- GW4346Y

DATE OF ACCIDENT:

29/04/2022

DATE RECEIVED:

04/06/2022

DATE COMPLETED:

09/06/2022

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*

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



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. SJY9803R AND GW4346Y
ON 29.04.2022 AT XILUN AVE

1. I, the owner of vehicle no. SJY9803R 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>MS. ZHANG XIA</u>		Company Name <u>TAN CHONG MOTOR SALES PTE LTD</u>
Address <u>80 LORONG K TELOK KURAU</u>		Claim Officer Name <u>913 Bukit Timah Road</u>
<u># 02-02</u>		<u>Singapore 589623</u>
Telephone No		Tel: <u>6466 7711</u> Fax: <u>6469 7472</u>
Date	Email	Date
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature