

Letter Of Claim For Uninsured Loss

Insurance Company: CHINA TAIPING
Address: _____

Date: 24/11/2022

Attention: Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SLQ8188H & SMF1979J
at 347 JURONG ROAD AVE 1 on 16/09/2022

I am the owner of Vehicle Number SLQ8188H which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number SMF1979J, 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>02</u> days <u>x \$80</u>	\$	<u>160.00</u>
Car rental as per invoice attached	\$	_____
Search fee	\$	<u>2.00</u>
Others <u>COB</u>	\$	<u>880.48</u>
Total claim amount	\$	<u>1042.48</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 \$ 1042.48, 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: Chiu Yew Chai

Address: 6 Bukit Batok 5441

5657992

Telephone: 86138188

S(657992)



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 :	CHINA TAIPING INSURANCE (SINGAPORE)	INVOICE NO :	W12143667
ADDRESS :	ATTN:MOTOR CLAIM DEPT. 3 ANSON ROAD	INVOICE DATE :	24-NOV-2022
TELEPHONE :	#16-00 SPRINGLEAF TOWER S(079909)	TERMS :	CREDIT
MODEL :	63896111	DATE REC'D :	10-NOV-2022
ENGINE NO :	EDWARW9C27HWA-----	SA/SE :	LAW
CHASSIS NO :	HR12223497K	JOB NO :	BG1125532
VEHICLE NO :	JN1EBAC27Z0001039	MILEAGE :	018103
	SLQ8188H	YOUR REFERENCE :	INS/1C/LAW/0273/

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
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Insurance Co : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Policy No..... TP-SMF1979J
Claim Type ... DIRECT SETTLEMENT / THIRD PARTY CLAIM
DOA..... 16-SEP-2022
Our Ref..... INS/1C/LAW/0273/2022
Surveyor..... M/S LKK ENGINEERING & MANAGEMENT SERVICES

LABOUR	:	780.00
PARTS	:	42.88
SUBTOTAL	:	822.88
TOTAL	:	822.88
GST(7%)	:	57.60
AMOUNT DUE	:	880.48

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)

DOLLARS: EIGHT HUNDRED EIGHTY AND CENTS FORTY
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 to 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

Tan Chong Motor Sales Pte Ltd

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SERVICE CENTRES
913, BUKIT TIMAH ROAD, SINGAPORE 589623. TEL: 64694091/92
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GST Regn No: 19-9106231-D

Co. Regn No : 199106231D



TAX INVOICE

GST REG: 19-9106231-D

NAME : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
ADDRESS : ATTN:MOTOR CLAIM DEPT.
3 ANSON ROAD
TELEPHONE : #16-00 SPRINGLEAF TOWER S(079909)
MODEL : 63896111
ENGINE NO : EDWARW9C27HWA-----
CHASSIS NO : HR12223497K
VEHICLE NO : JN1EBAC27Z0001039
SLQ8188H

INVOICE NO : W12143667
INVOICE DATE : 24-NOV-2022
TERMS : CREDIT
DATE REC'D : 10-NOV-2022
SA/SE : LAW
JOB NO : BG1125532
MILEAGE : 018103
YOUR REFERENCE : INS/IC/LAW/0273/

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	REPAIR FRONT BUMPER AND BUMPER SPOILER		280.00
2	S/PAINT FRONT BUMPER AND BUMPER SPOILER		500.00
	SUBTOTAL	:	780.00
	PARTS		
1	END RUB (GREY) BUMPER SPOILER \$13.40 EA X 04		42.88
	Qty:4 @ \$13.40 each (Disc:20.00% After Disc:\$42.88each)		
	SUBTOTAL	:	42.88
	REMARKS		
1	AIG CLAIM AGAINST CHINA TAIPING		
	DOA:16.09.2022		
2	TOC:DIRECT SETTLEMENT		
	OUR REF:INS/IC/LAW/0273/2022		
3	SATISFACTION NOTE ATTACHED		
	T/P VEHICLE NO:SMF1979J		
4	OIC:CECILLIA LEE (LKK)		
	AUTHORISE ON 01.11.2022 @ 1726HRS		
5	SURVEY BY STEVE (LKK) ON 21.09.2022		
	RECOMMEND 3 DAYS REPAIR		
6	*** OWNER CLAIM LOSS OF USE		
	REPAIR FROM 14.11.2022 - 16.11.2022		

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMF1979J

Date of Accident

16/09/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 30/10/2021 - 29/10/2022

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

Requested Date 19/09/2022 14:15

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**

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. SLQ 8188H **AND** SMP 1979J
ON 16/09/2022 **AT** 347 JURONG EAST AVE 1

1. I, the owner of vehicle no. SLQ 8188H 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>LAURENCE TRU</u>
Name <u>Chin Yew Chai</u>		Company Name
Address <u>Blk 6 Bukit Batok St 41 S657992</u>		Claim Officer's Name
		TAN CHONG MOTOR SALES PTE LTD
Telephone No <u>86138188</u>		913 Bukit Timah Road
		Singapore 589623
Date	Email	Tel: 6466 7711 / Fax: 6469 7472
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:

OWNER NAME:

CHIU YEW CHAI

NRIC NO.:

ADDRESS:

VEHICLE MODEL:

SPRINTA

REGN. NO.:

SLC 81884

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.:

AIG - CANA TAPI-TC

CLAIM NO.:

POLICY NO.:

DATE OF ACCIDENT:

16/09/2022

DATE RECEIVED:

14/11/2022

DATE COMPLETED:

16/11/2022

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