

DS ☒UL ☐

Letter Of Claim

Insurance Company: EQ INSURANCE

Date: _____

Address: _____

_____Attention: Claims Department - Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SMS3871D & GBA4556H
at Clement Ave 6 on accidentally.

I am the owner of Vehicle Number SMS3871D which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number GBA4556H, 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>680.40</u>
Search fee	\$ <u>2.00</u>
Others Cost of repairs	\$ <u>5686.85</u>
Total claim amount	\$ <u>6,369.25</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 \$ 6,369.25, 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

Wuxy
(Owner of motor vehicle)

Name: WU XIANGYUAddress: 19 SheppardTelephone: # 49-08 S(288408)84266879

**DOWNTOWN TRAVEL SERVICES PTE LTD**

15 Queen Street #01-01 Tan Chong Tower
Singapore 188537
Tel (65) 63341700 Fax (65) 63364677
Co. Reg. No. 1984-03671/H

EQ INSURANCE COMPANY LIMITED

5 MAXWELL RD #17-00
TOWER BLOCK MND COMPLEX

S(069110)

ATTN : ATTN : CLAIM MANAGER

GST Reg No. : M2-0067432-4

Tax Invoice : N104209

Inv. date...: 04-APR-2023

Print date...: 02-MAY-2023

Print time...: 10:25:00

Page no.....: 1

Agreement no: N38968

Description	Amount
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RENTAL CHARGE FROM 14-FEB-2023 TO 21-FEB-2023(SLA3727Y)	630.00
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TOTAL(BEFORE GST)	630.00
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GST(8%)	50.40
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TOTAL(AFTER GST)	680.40
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Sms 38710
2

DOWNTOWN TRAVEL SERVICES PTE LTD

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.

Authorized Signature

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

gba4556h

Date of Accident

30/01/2023



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance EQ Insurance Company Ltd
Period of Insurance 24/07/2022 - 23/07/2023
Requested By Eric Koh Yong Lang (Tan Chon...
Requested Date 01/02/2023 11:00

Payment details

Request Amount: **S\$1.85**

GST Amount: **S\$0.15**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



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 : EQ INSURANCE COMPANY LIMITED

ADDRESS : 5 MAXWELL ROAD

TELEPHONE : #17-00 TOWER BLOCK MND COMPLEXS(069110)

MODEL : 62239433

ENGINE NO : BDTARCZB17EWA---K19

CHASSIS NO : HR16950696C

VEHICLE NO : MNTBBAB17Z0037204

SMS3871D

INVOICE NO : W12143937
INVOICE DATE : 26-APR-2023
TERMS : CREDIT
DATE REC'D : 10-FEB-2023
SA/SE :
JOB NO : ZHR
MILEAGE : BG1129482
YOUR REFERENCE : 040232
INS/IC/ZHR/0032/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
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- | | | | |
|---|---|--|--|
| 2 | TOC:DIRECT SETTLEMENT
OUR REF:INS/IC/ZHR/0032/2023 | | |
| 3 | T/P VEHICLE NO:GBA4556H
SATISFACTION NOTE ATTACHED | | |
| 4 | SURVEY BY:RASUL(LKK) ON 07.02.2023
RECOMMEND REPAIR 7 DAYS | | |
| 5 | AUTHORISE BY:JAIME(EQ) ON 09.02.2023
***LOR - DTS | | |

Insurance Co : EQ INSURANCE COMPANY LIMITED
Policy No....: TP-GBA4556H
Claim Type ..: DIRECT SETTLEMENT / THIRD PARTY CLAIM
DOA.....: 30-JAN-2023
Our Ref.....: INS/IC/ZHR/0032/2023
Surveyor.....: SURVEYOR FROM INSURANCE CO

LABOUR	:	3338.00
PARTS	:	1927.60
SUBTOTAL	:	5265.60
TOTAL	:	5265.60
GST(8%)	:	421.25
AMOUNT DUE	:	5686.85

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
DOLLARS: FIVE THOUSAND SIX HUNDRED EIGHTY
SIX AND CENTS EIGHTY FIVE 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.



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INS/IC/ZHR/0032/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	R/INSTALL OR RENEW REVERSE CAMERA ASSIT TO REPAIR		120.00
2	REMOVE/INSTALL SEAT & CUSHION CARPET		120.00
3	PERFORM RUST PROOFING & TREATMENT FOR 3X AFFECTED PANEL		120.00
4	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST		55.00
5	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY 2X AREA PANEL		200.00
6	REPAIR RH/LH RR FENDER & RR FLOOR PANEL RENEW RR BUMPER,END PANEL & TRUNKLID		1365.00
7	S/PAINT RH/LH RR FENDER,RR END PANEL,RR BUMPER, TRUNKLID,RR FLOOR PANEL		1250.00
8	TRANSFER MECHANISM PART FOR TRUNKLID		60.00
9	CHECK RR LIGHTING		48.00
	SUBTOTAL	:	3338.00
	PARTS		
1	CLIP(\$1.5X10) Qty:10 @ \$1.50 each (Disc:20.00% After Disc:\$12.00each)		12.00
2	CLIP(\$1.4X10) Qty:10 @ \$1.40 each (Disc:20.00% After Disc:\$11.20each)		11.20

DOLLARS:

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YOUR REFERENCE : 1NS/1C/ZHR/0032/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
3	R/LAMP CLIP(\$5.3X4) Qty:4 @ \$5.30 each (Disc:20.00% After Disc:\$16.96each)		16.96
4	CROMMET(\$2.9X2) Qty:2 @ \$2.90 each (Disc:20.00% After Disc:\$4.64each)		4.64
5	FINISHER ASSY Qty:1 @ \$199.40 each (Disc:20.00% After Disc:\$159.52each)		159.52
6	EMBLEM Qty:1 @ \$54.50 each (Disc:20.00% After Disc:\$43.60each)		43.60
7	EMBLEM Qty:1 @ \$102.90 each (Disc:20.00% After Disc:\$82.32each)		82.32
8	FASCIA BUMPER Qty:1 @ \$773.00 each (Disc:20.00% After Disc:\$618.40each)		618.40
9	PANEL-REAR UPPE Qty:1 @ \$475.90 each (Disc:20.00% After Disc:\$380.72each)		380.72
10	TRUNK LID Qty:1 @ \$722.80 each (Disc:20.00% After Disc:\$578.24each)		578.24
11	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00
	SUBTOTAL	:	1927.60
	REMARKS		
1	AIG INSURANCE CLAIM AGAINST EQ INSURANCE DOA:30.01.2023		

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:

Mr. Wu Xiangyu

NRIC NO.:

ADDRESS:

VEHICLE MODEL:

NISSAN Sylphy 1.6 (A)

REGN. NO.:

SMS 3871D

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 Ins - ERGO Ins.

CLAIM NO.:

POLICY NO.:

TP GBA4556H

DATE OF ACCIDENT:

20.01.2023

DATE RECEIVED:

14.07.2023

DATE COMPLETED:

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. SMS 3871D AND GBA 4556H
ON Accidentally AT Clementine AVE 6

1. I, the owner of vehicle no. SMS3871D 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>WU XIANGJU</u>	Company Name	
Address	<u>19 Sheiford, #09-08</u>	Claim Officer's Name	<u>TAN CHONG MOTOR SALES PTE LTD</u>
Telephone No	<u>84266879</u>	Telephone No	<u>913 Bukit Timah Road</u>
Date	<u>30-Jan-2023</u>	Date	<u>Singapore 589623</u>
Company Stamp [For Co Regn Vehicle]		Claim Officer Signature	<u>Tel: 6466 7711 Fax: 6469 7472</u>
	Authorized Signature <u>Wu Xiangju</u>		