

Letter Of Claim For Uninsured Loss

Insurance Company: MS PAAT CAPITAL

Date: 02/05/2023

Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SKV882A & SBS3388M
at JURONG WEST AVE 1 on 28/04/2023

I am the owner of Vehicle Number SKV882A which was involved with the accident as mentioned above.

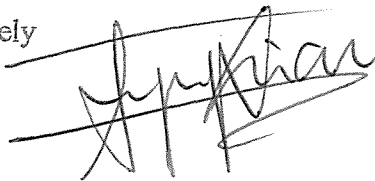
As the accident was solely caused by your insured vehicle, bearing registration number SBS3388M hereby submit my claim against your company for the uninsured loss which are as follows:

| | |
|--|-------------------|
| Excess payment for OD claim | \$ _____ |
| Loss of usage (S\$/day) for _____ days | \$ _____ |
| Car rental as per invoice attached | \$ <u>432.00</u> |
| Search fee | \$ _____ |
| Others <u>car</u> | \$ <u>4756.08</u> |
| Total claim amount | \$ <u>5188.08</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 \$ 5188.08, 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)

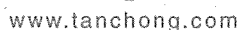
Name : Tan Ying Xian

Address : Blk 11 Jurong Lake

Link #16-43

Telephone : 90230728

S648155



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 REG: 19-9106231-D

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INVOICE NO      :
INVOICE DATE    : W12143951
TERMS           : 02-MAY-2023
DATE REC'D      : CREDIT
SA/SE           : 14-MAR-2023
JOB NO          : LAW
MILEAGE         : BG1130810
YOUR REFERENCE  : 067870
                  INS/IC/LAW/0063/2

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| | | |
|------------|---|---------|
| LABOUR | : | 1723.00 |
| PARTS | : | 2680.78 |
| SUBTOTAL | : | 4403.78 |
| | | |
| TOTAL | : | 4403.78 |
| GST(8%) | : | 352.30 |
| AMOUNT DUE | : | 4756.08 |

WORKSHOP MANAGER

CUSTOMER



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 : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2162434A
VEHICLE NO : SJNFEAJ11U1426628
SKV882A

INVOICE NO :
INVOICE DATE : W12143951
TERMS : 02-MAY-2023
DATE REC'D : CREDIT
SA/SE : 14-MAR-2023
JOB NO : LAW
MILEAGE : BG1130810
YOUR REFERENCE : 067870
INS/IC/LAW/0063/2

| ITEMS | JOB DESCRIPTION | Credit terms | 30 AMOUNT |
|---------|---|--------------|-----------|
| 4 | FENDER-FRONT LH Qty:1 @ \$738.90 each (Disc:20.00% After Disc:\$591.12each) | | 591.12 |
| 5 | SUNDRIES Qty:1 @ \$30.00 each (Special Nett Item) | | 30.00 |
| 6 | 215/60R17 CONT1 CONTACT CC6 LH FRONT \$280 - 20% Qty:1 @ \$224.00 each (Special Nett Item) | | 224.00 |
| | SUBTOTAL | | 2680.78 |
| REMARKS | | | |
| 1 | AIG CLAIM AGAINST MS FIRST CAPITAL DOA:28.02.2023 | | |
| 2 | TCO:DIRECT SETTLEMENT OUR REF:INS/IC/LAW/0063/2023 | | |
| 3 | SATISFACTION NOTE ATTACHED T/P VEHICLE NO:SBS3388M | | |
| 4 | SURVEY BY LKK TAUFIK ON 02.03.2023 @ 1425HRS RECOMMEND 4 DAYS REPAIR | | |
| 5 | CLAIM NO:D23000745MFBP OIC AND AUTHORISE ON 07.03.2023 @ 1743HRS BY | | |
| 6 | VIC SANGHILAN (MS FIRST CAPITAL) REPAIR FROM 20.03.2023 - 23.03.2023 | | |
| 7 | RENTAL BY TCMS (DTS) H/A38971 TAX INV N104212 \$432.00 | | |

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



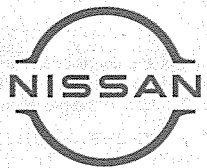
www.tanchong.com

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 : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2162434A
VEHICLE NO : SJNFEAJ11U1426628
SKV882A

INVOICE NO : W12143951
INVOICE DATE : 02-MAY-2023
TERMS : CREDIT
DATE REC'D : 14-MAR-2023
SA/SE : LAW
JOB NO : BG1130810
MILEAGE : 067870
YOUR REFERENCE : INS/IC/LAW/0063/2

| ITEMS | JOB DESCRIPTION | Credit terms | AMOUNT |
|-------|---|--------------|---------|
| | LABOUR | | |
| 1 | PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL \$120/PANEL X 02 | | 120.00 |
| 2 | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA \$100/PANEL X 02 | | 100.00 |
| 3 | CHECK WHEEL ALIGNMENT, ADJUST WHERE NECESSARY AND TEST DRIVE VEHICLE | | 108.00 |
| 4 | REPAIR FRONT BUMPER, LH FRONT DOOR, LH SUPPORT AND RENEW LH FRONT FENDER | | 780.00 |
| 5 | S/PAINT FRONT BUMPER, LH FRONT FENDER, DOOR, LH SUPPORT PANEL | | 600.00 |
| 6 | RENEW LH FRONT S/RIM AND CONDUCT WHEEL BALANCING | | 15.00 |
| 7 | SUPPLY AND RENEW LH FRONT TYRE CONTI CONTACT6 Z15/60R17 | | NC |
| | SUBTOTAL : | | 1723.00 |
| | PARTS | | |
| 1 | ORNAMENT-ROAD S/RIM Qty:1 @ \$35.60 each (Special Nett Item) | | 35.60 |
| 2 | FENDER-OVER, FRONT ARC LH Qty:1 @ \$584.20 each (Disc:20.00% After Disc:\$467.36each) | | 467.36 |
| 3 | WHEEL-ROAD AL LH FRONT Qty:1 @ \$1332.70 each (Special Nett Item) | | 1332.70 |

DOLLARS:

WORKSHOP MANAGER

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CUSTOMER

**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

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01 CITY HOUSE

S(068877)

GST Reg No. : M2-0067432-4
Tax Invoice : N104212
Inv. date...: 04-APR-2023
Print date...: 02-MAY-2023
Print time...: 10:25:00
Page no.....: 1
Agreement no: N38971

| Description | Amount |
|--|--------|
| RENTAL CHARGE FROM 20-MAR-2023 TO 24-MAR-2023(SLA3727U) | 400.00 |
| TOTAL(BEFORE GST) | 400.00 |
| GST(8%) | 32.00 |
| TOTAL(AFTER GST) | 432.00 |

SLV 88 2A

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.

Authorised Signature

Vehicle Number: SLV 37274 Make & Model: NISSAN QASHQAI Date: 20/03/2023
Change Over 1: _____ Initial: _____ Date: _____
Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: MS FIRST CAPITAL
Address: _____
Contact Person: VIC SANCHILAN Singapore () Tel: _____

1st Driver

Name: Tan Ying Xian
Address: 11 Juvong Lake Link #15-43
Contact No: 90230728 (H) 648155 (O) _____ (HP)
Occupation: Indoor sales Date of Birth: _____
Passport / NRIC No: S8934101 I Nationality: Singaporean
Driver's Licence No: S8934101 I Driving Exp.: 8 yrs
Country of Issue: Singapore Expiry Date: _____

Additional Driver

Name: _____
Address: _____
Contact No: _____ (H) _____ (O) _____ (HP)
Occupation: _____ Date of Birth: _____
Passport / NRIC No: _____ Nationality: _____
Driver's Licence No: _____ Driving Exp.: _____ yrs
Country of Issue: _____ Expiry Date: _____

Mode of Payment

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

Remarks / Delivery Location

SLV 882A
\$100/day KOT
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: 20/03/2023 Time Out: 0945 hrs. Km Out: 108396
Petrol Level: E 1/4 1/2 3/4 F
Agreed Date of Return: 24/03/2023
Date In: 24/03/2023 Time In: 1122 hrs Km In: 108475
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\$ 2000 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: _____

DECLINES Hirer Declines PAI
Signature: [Signature]

| Malaysia Charge | S\$ | cts |
|-----------------|-----|-----|
| Per Day | | |
| Per Week | | |
| Per Month | | |
| CDW | | |
| PAI | | |
| 5% GST | | |
| Total | | |

| | | |
|-----------|-----|--|
| Per Day | S\$ | |
| Per Week | S\$ | |
| Per Month | S\$ | |
| Weekend | S\$ | |

| | |
|-----------------------|--|
| Rental Charges | |
| CDW | |
| PAI | |
| Delivery / Collection | |
| Others | |
| 5% GST | |
| Sub Total | |

| | |
|-------------------|--|
| Rental Extension | |
| CDW | |
| PAI | |
| 5% GST | |
| Extention Charges | |

| | |
|--------------------------------|--|
| Petrol | |
| Excess / Non-Waiverable Excess | |
| Others | |
| 5% 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. SKV 882A AND SBS 3388M
 ON 28/02/2023 AT SURONG WREST AVE 1

1. I, the owner of vehicle no. SKV 882A 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>Tan Ying Xian</u> | | Company Name <u>LAURICAR TR</u> | |
| Address <u>Blk 11 Jurong Lake View</u> | | Claim Officer's Name <u>TAN CHONG MOTOR SALES PTE LTD</u> | |
| # <u>16-43 (648155)</u> | | 913 Bukit Timah Road | |
| Telephone No <u>90230728</u> | | Singapore 589623 | |
| Date <u>28.02.23</u> | Email <u>yxtan@tt.sg</u> | Tel: 6466 7711 Fax: 6469 7472 | |
| 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)

☐

TYPE OF CLAIM:

DATE:

☐

OWN DAMAGE (OD)

OWNER NAME:

TAN YING XIAN

☐

OWN DAMAGE (OD) & UNINSURED LOSS
(EXCESS & LOSS OF USAGE) VIA
TCMS / AIPL / TCAC

NRIC NO.:

ADDRESS:

☐

THIRD PARTY THROUGH
TCMS / AIPL / TCAC

☒

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE

☐

WINDSCREEN / GLASS (W/S)

VEHICLE MODEL:

CRASHQAZ

INSURANCE CO.:

AIG - MS FIRST

REGN. NO.:

SKV 8827

CLAIM NO.:

CADITE

CHASSIS NO.:

POLICY NO.:

DATE OF ACCIDENT:

28/02/2023

DATE RECEIVED:

20/03/2023

DATE COMPLETED:

23/03/2023

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 futher claim whatsoever against the above Company in repect 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