

Letter Of Claim For Uninsured Loss

Insurance Company: MS F&T CAPITAL Date: 15/05/2023
Address : _____

Attention : Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SLV 526SL & GBK 106Y
at 320 MANDAI ROAD on 23/02/2023

I am the owner of Vehicle Number SLV 526SL which was involved with the accident as mentioned above.

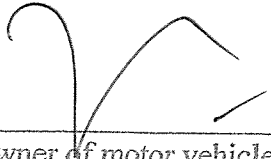
As the accident was solely caused by your insured vehicle, bearing registration number GBK 106Y, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess payment for OD claim	\$ _____
Loss of usage (\$\$/day) for _____ days	\$ _____
Car rental as per invoice attached	\$ <u>324.00</u>
Search fee	\$ <u>2.00</u>
Others <u>car</u>	\$ <u>3927.53</u>
Total claim amount	\$ <u>4253.53</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 \$ 4253.53, 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 : Joel Chua
Address : 345 Upper Bukit Timah Road
#07-12 S(588197)
Telephone : 93851465



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 : FRLARDWJ11USA--A--
CHASSIS NO : HRA2551139A
VEHICLE NO : SJNFEAJ1102159493
SLV5265L

INVOICE NO :
INVOICE DATE : W12143974
TERMS : 15-MAY-2023
DATE REC'D : CREDIT
SA/SE : 08-MAR-2023
JOB NO : LAW
MILEAGE : BG1130569
YOUR REFERENCE : 091912
INS/1C/LAW/0062/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
Insurance Co : MS FIRST CAPITAL INSURANCE LIMITED Policy No..... : TP-GBK106Y Claim Type ... : DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA..... : 23-FEB-2023 Our Ref..... : INS/1C/LAW/0062/2023 Surveyor..... : M/S LKK ENGINEERING & MANAGEMENT SERVICES			
LABOUR : 1385.00			
PARTS : 2251.60			
SUBTOTAL : 3636.60			
TOTAL : 3636.60			
GST(8%) : 290.93			
AMOUNT DUE : 3927.53			

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

CUSTOMER



www.tanchong.com

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INS/IC/LAW/0062/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
7	DOOR-FRONT RH Qty:1 @ \$1258.20 each (Disc:20.00% After Disc:\$1006.56each)		1006.56
8	SUNDRIES Qty:1 @ \$20.00 each (Special Nett Item)		20.00
	SUBTOTAL	:	2251.60
REMARKS			
1	AIG CLAIM AGAINST MS FIRST CAPITAL DOA:23.02.2023		
2	TOC:DIRECT SETTLEMENT OUR REF:INS/IC/LAW/0062/2023		
3	SATISFACTION NOTE ATTACHED T/P VEHICL NO:GBK106Y		
4	CLAIM NO:D23000744MS(CV) OIC:RACHEL WU (MS FIRST CAPITAL)		
5	AUTHORISE BY RACHEL WU MS FIRST CAPITAL ON 06.03.2023 @ 1036HRS		
6	RENTAL BY TCMS (DTS) H/A:38969 TAX INV N104210 \$324.00		
7	SURVEY BY LKK TAUFIK ON 02.03.2023 @ 1420HRS RECOMMEND 3 DAYS REPAIR		
8	REPAIR FROM 13.03.2023 - 16.03.2023		

DOLLARS:

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MILEAGE : BG1130569
YOUR REFERENCE : 091912
INS/IC/LAW/0062/2

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
	LABOUR		
1	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA		100.00
2	REPAIR AND RENEW RH FRONT DOOR AND FENDER		585.00
3	S/PAINT RH FRONT FENDER AND DOOR		500.00
4	TRANSFER RH WING MIRROR WIRING TO NEW DOOR		120.00
5	TRANSFER RH FRONT DOOR MECHANICAL PARTS TO NEW DOOR		80.00
	SUBTOTAL	:	1385.00
	PARTS		
1	CLIP FENDER \$1.50 EA X 13 Qty:13 @ \$1.50 each (Disc:20.00% After Disc:\$15.60each)		15.60
2	FENDER-OVER,FRONT RH ARC Qty:1 @ \$584.20 each (Disc:20.00% After Disc:\$467.36each)		467.36
3	CANOE RIVET RH FRONT FENDER \$7.70 EA X 05 Qty:5 @ \$7.70 each (Disc:20.00% After Disc:\$30.80each)		30.80
4	MOULDING DOOR RH FRONT Qty:1 @ \$115.20 each (Disc:20.00% After Disc:\$92.16each)		92.16
5	TAPE-FR DOOR,RH Qty:1 @ \$35.00 each (Disc:20.00% After Disc:\$28.00each)		28.00
6	FENDER-FRONT RH Qty:1 @ \$738.90 each (Disc:20.00% After Disc:\$591.12each)		591.12

DOLLARS:

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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 : N104210

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

Print date...: 02-MAY-2023

Print time...: 10:25:00

Page no.....: 1


Agreement no: N38969

Description	Amount
RENTAL CHARGE FROM 13-MAR-2023 TO 16-MAR-2023(SGN5577R)	300.00
TOTAL(BEFORE GST)	300.00
GST(8%)	24.00
TOTAL(AFTER GST)	324.00

SLV 5265 L

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: SCN15577R Make & Model: SUBARU IMPREZA Date: 13/03/2023
 Change Over 1: _____ Initial: _____ Date: _____
 Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: MS FIRST CAPITAL
 Address: _____
 Contact Person: RACHEL WU Singapore ()
 Tel: _____

1st Driver

Name: Joel Chua
 Address: 345 Upper Bukit Timah Road
#07-12
 Singapore (588197)
 Contact No: _____ (H) _____ (O) 93851461 (HP)
 Occupation: HR Manager Date of Birth: 20 Aug 85
 Passport / NRIC No: S8524154J Nationality: Singaporean
 Driver's Licence No: S8524154J Driving Exp.: 79 yrs
 Country of Issue: Singapore Expiry Date: _____

Additional Driver

Name: _____
 Address: _____
 Singapore ()
 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 3265L
\$100/day X 03
 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 13/03/2023 Time Out 0920 hrs Km Out 91555
 Petrol Level: E 1/4 1/2 3/4 (F)
 Agreed Date of Return: _____
 Date In: 16/03/2023 Time In 1630 hrs Km In 91757
 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		
Extension Charges		

Petrol		
Excess / Non-Waiverable Excess		
Others		
5% GST		
Addendum Charges		

Overall Charges


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBK106Y

Date of Accident

23/02/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance MS First Capital Insurance Ltd

Period of Insurance 01/04/2022 - 31/03/2023

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

Requested Date 28/02/2023 09:47

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**



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. SLV S26SL AND GBK 106Y
ON 23/02/2023 AT 320 MANDAI ROAD

1. I, the owner of vehicle no. SLV S26SL 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>MAURITIUS TRD</u>	
Name <u>Joel Chua</u>		Company Name	
Address <u>345 Upper Bukit Timah</u> <u>#107-12 (588197)</u>		Claim Officer's Name	
Telephone No <u>93851465</u>		TAN CHONG MOTOR SALES PTE LTD	
Date		Telephone No <u>913 Bukit Timah Road</u>	
Email		Date <u>Singapore 589623</u>	
Company Stamp [For Co Regn Vehicle]		Tel: <u>6466 7711</u> Fax: <u>6469 7472</u>	
Authorized Signature		Claim Officer Signature	

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:

CHUA HAN XIANG

☐

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

NRIC NO.:

3081

ADDRESS:

☐

THIRD PARTY THROUGH
TCMS / AIPL / TCAC

☒

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE

☐

WINDSCREEN / GLASS (W/S)

VEHICLE MODEL:

QASHQAZ

INSURANCE CO.:

MS FIRST
AIC - CAPITAL

REGN. NO.:

SLV 526SL

CLAIM NO.:

CHASSIS NO.:

POLICY NO.:

DATE OF ACCIDENT:

22/02/2023

DATE RECEIVED:

13/03/2023

DATE COMPLETED:

16/03/2023

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)