

## Letter Of Claim For Uninsured Loss

Insurance Company: MINISTRY OF DEFENCE Date: 18/05/2023  
Address: \_\_\_\_\_

Attention: Claims Department – Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SLM932A & GBF8459C  
at CHUA CHU KANG DRIVE on 21/03/2023

I am the owner of Vehicle Number SLM932A which was involved with the accident as mentioned above.

As the accident was solely caused by your insured vehicle, bearing registration number GBF8459C, 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>02</u> days x \$50	\$	<u>100.00</u>
Car rental as per invoice attached	\$	_____
Search fee	\$	_____
Others <u>car</u>	\$	<u>3090.96</u>
Total claim amount	\$	<u>3190.96</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 \$ 3190.96, 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)

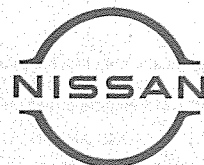
Name: CHONG TEOW JEE  
Address: BLK 201, #16-689 DEIR RD  
S'PORE 670201 S(670201)  
Telephone: 97934137



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 : MINISTRY OF DEFENCE

ADDRESS : HQ-TRANSPORT COMMAND

TELEPHONE : KRANJI CAMP 3, 151 CHO A CHU KANG WAY S (638248)

MODEL : 62563561

ENGINE NO : DRLARDZC13UEAB-F-E

CHASSIS NO : HKA2398983A

VEHICLE NO : VSKDDAC13U0098503

SLM932A

INVOICE NO :

INVOICE DATE : W12143983

TERMS : 18-MAY-2023

DATE REC'D : CREDIT

27-APR-2023

JOB NO : LAW

MILEAGE : BG1132515

YOUR REFERENCE : 053549

INS/IC/LAW/0112/2

ITEMS 3 JOB DESCRIPTION Credit terms 30 days

DOA.....: 21-MAR-2023

Our Ref.....: INS/IC/LAW/0112/2023

Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES

LABOUR	:	1743.00
PARTS	:	1119.00
SUBTOTAL	:	2862.00
TOTAL	:	2862.00
GST(8%)	:	228.96
AMOUNT DUE	:	3090.96

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)  
DOLLARS: THREE THOUSAND NINETY AND CENTS  
NINETY SIX 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/0112/2

ITEMS	JOB DESCRIPTION	Credit terms	NO ADJUST
5	ALUMINIUM WHEEL RH REAR		903.20
	Qty:1 @ \$903.20 each (Special Nett Item)		
6	SUNDRIES		20.00
	Qty:1 @ \$20.00 each (Special Nett Item)		
	SUBTOTAL	:	1119.00

### REMARKS

- 1 AIG CLAIM AGAINST MINISTRY OF DEFENCE  
DOA:21.03.2023
- 2 TOC:DIRECT SETTLEMENT  
OUR REF:INS/IC/LAW/0112/2023
- 3 SATISFACTION NOTE ATTACHED  
T/P VEHICLE NO:GBF8459C
- 4 SURVEY BY LKK RASUL ON 26.04.2023  
RECOMMEND 4 DAYS REPAIR
- 5 AUTHORISE BY LKK HSIAO TONG ON 27.04.2023 @ 0859HR  
REPAIR FROM 02.05.2023 - 04.05.2023
- 6 \*\*\* OWNER CLAIM LOSS OF USE

Insurance Co : MINISTRY OF DEFENCE

Policy No....: TP-GBF8459C

Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM

DOLLARS:

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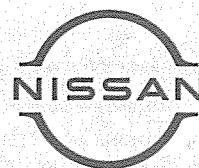
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SLM932A

INVOICE NO : W12143983

INVOICE DATE : 18-MAY-2023

TERMS : CREDIT

DATE REC'D : 27-APR-2023

SALE : LAW

JOB NO : BG1132515

MILEAGE : 053549

YOUR REFERENCE : INS/IC/LAW/0112/2

ITEMS	JOB DESCRIPTION	Credit terms	Amount
	LABOUR		
1	PERFORM VEHICLE ELECTRONIC SYSTEM DIAGNOSIS, INTERROGATION & REPROGRAM MODULE WITH CONSULT		240.00
2	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL		120.00
3	CHECK WHEEL ALIGNMENT, ADJUST WHERE NECESSARY AND TEST DRIVE VEHICLE		108.00
4	REPAIR REAR BUMPER, RH REAR FENDER		585.00
5	S/PAINT REAR BUMPER AND RH REAR FENDER		500.00
6	RENEW RH REAR S/RIM AND CONDUCT WHEEL BALANCING		15.00
7	RENEW RH REAR S/RIM TPS SENSOR		120.00
8	R/I REVERSE SENSOR TO ASSIST REPAIR		55.00
	SUBTOTAL	:	1743.00
	PARTS		
1	CLIP BUMPER \$1.50 EA X 04 Qty:4 @ \$1.50 each (Disc:20.00% After Disc:\$4.80each)		4.80
2	CLIP C/LAMP Qty:1 @ \$7.30 each (Special Nett Item)		7.30
3	SEN UNIT-TIRE P Qty:1 @ \$178.90 each (Special Nett Item)		178.90
4	GROMMET BUMPER \$3.00 EA X 02 Qty:2 @ \$3.00 each (Disc:20.00% After Disc:\$4.80each)		4.80

DOLLARS:

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CUSTOMER

# SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

☒

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

☐

TC AUTOCLINIC PTE LTD (TCAC)

☐

Lee

## TYPE OF CLAIM:

DATE:

☐

OWN DAMAGE (OD)

OWNER NAME:

CHONG TECK WEI

☐

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:

PULSAR

INSURANCE CO.:

AIG - MINISTRY

REGN. NO.:

SLM 932A

CLAIM NO.:

OF DEFENCE

CHASSIS NO.:

POLICY NO.:

DATE OF ACCIDENT:

21/03/2023

DATE RECEIVED:

02/05/2023

DATE COMPLETED:

04/05/2023

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 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.

X

(NAME / SIGNATURE OF INSURED)

## FOOTNOTE:

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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)

## 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. SLM 932A AND GBF8459C  
 ON 21/03/2023 AT CHOA CHU KANG AVE

1. I, the owner of vehicle no. SLM 932A 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.

<b>Claimant's Particulars</b>		<b>Authorized Workshop</b>	
Name <u>CHONG TEER WEI</u>		Company Name <u>TAN CHONG MOTOR SALES PTE LTD</u>	
Address <u>BLK 201, #16-689 PRTR RD</u>		Claim Officer's Name <u>TAN CHONG MOTOR SALES PTE LTD</u>	
S'PORE <u>670201</u>		913 Bukit Timah Road	
Telephone No <u>97924137</u>		Singapore 589623	
Date <u>19.04.23</u>		Tel: 6466 7711 Fax: 6469 7472	
Email <u>twcscg15@sigmet.com.sg</u>		Date <u>19/04/23</u>	
Company Stamp [For Co Regn Vehicle]		Authorized Signature	
		Claim Officer Signature 