Letter of Claims Request of direct settlement.

We are submitting a claim on behalf of our customer 744 Stao Hui
NRIC 9735640 [insured of vehicle S LN 36338 agains
your insured vehicle number 9kp 5915m. (AlG)
On the accident dated on 15 117 (ddmmyyyy) along Stip Roal
from Anchonale Link trude semploy Exst. Are.
Dated this (6 (day) of (month) 20 ()



Volkswagen Group Singapore 1 Kampong Ampat Singapore 368314 DID: 69223511 / 69223502 HP: 92361588 / 93867833 germaine.ong@vw.com.sg shushi.tang@vw.com.sg

PDI TUAS

PDI TUAS

TAN SIAO HUI (CHEN XIAOHUI) 307B ANCHORVALE ROAD #07-46 Singapore, 542307 Singapore Phone No. Fax No. E-Mail

VAT Registration No. M20098505-2 Tax No. 199101494Z

Service Quote

Customer No.

CV039159

Quote No.

SER/QUO/1701914

QuoteDate

16/11/17

Salesperson

Benjamin lim

Page

1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make

Volkswagen Passeng

License No.

SLU3633B Engine Code Model Description Golf GTI 169 kW

VIN

WVWZZZAUZJW075601

Labor Type

1T

Mileage

Initial Registration

10/11/17 **Engine No.**

Engine No. CHH 232978 Service Advisor

Tang Shu Shi Sales Advisor Benjamin lim

Model Code BQ19UY

No.	Description	Qty.	UoM	Unit Price	Amount
B&P MACP LABOUR	LABOUR	3	UNIT		2,520.00
B&P MACP PAINT	SPRAY PAINT	3	UNIT		2,400.00
B&P NUMBER PLATE	B&P NUMBER PLATE -NETT	1	pcs		80.00
B&P DIAG	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC		Time Un		480.00
B&P MECH	ELECT WIRING & MECH COMPO Nett	1	Time Un		280.00
	Sum Labor				5,760.00
5G6807417BQGRU	REAR BUMPER	1	Pieces		1,149.75
5G6807568AB9B9	REAR SPOILER	1	Pieces		415.22
	Sum Item				1,564.97
			Sum Labo	r	5,760.00
			Sum Item		1,564.97
			Total S	SGD	7,324.97
			7% GST	7,324.97	512.75
			Total SGD		7,837.72

Payment Terms

No Credit

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1, Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	15/11/2017 16:35
Date Of Accident	15/11/2017 07:55
Exact Location Of Accident	SLIP RD FRM ANCHORVALE LINK TWDS SENGKANG EAST AVE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3633B
Insured/Policyholder	
Name Of Registered Owner	TAN SIAO HUI
NRIC No	\$79356401
Email Address	TROYLEE23.BN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97632598
Alternative Phone No	OFFICE-97632598
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF GTI 169 KW
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	50505958
Driver	
Name of Driver	NEO CHEE KIONG(LIANG ZHIQIANG)
NRIC No	S7530431E
Date Of Birth	21/10/1975
Occupation	INDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97632598
Fax Number	(LOCAL) +65-97632598
Contact Number	

TROYLEE23.BN@GMAIL.COM

Address APT BLK 307B ANCHORVALE ROAD #07-46

Postcode 542307 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

micie

Insurance Company of Driver's Own Vehicle

~

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO
Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SIZE EXCEED THE ALLOWABLE LIMIT.CAN'T UPLOAD

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP5915M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ZANWAR SHYAMSUNDER BALAPRASAD

NRIC/Passport Number S7665331C Contact Number 81331781

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

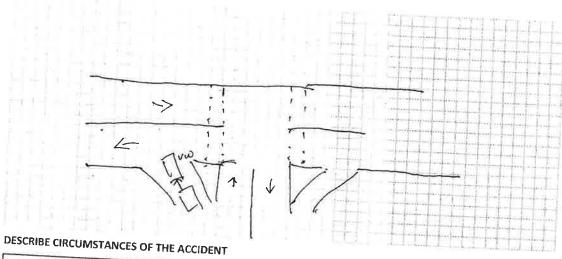
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

Sketch Plan Pg. 2

SKE	TCU.	DI	A 8
3IVE	LH	ы	Δr



2	
To. 15 Nov 0758H approaching filter lone to turn left to Sengkeng East Ave from Anchorvale Lin Car was doing U-turn from Sengkeng East therefore stop my Car to allow the U-turn car to finish the turn. Car behind knock on my Car when I stopped for & U-turn Car.	IC A
3rd party: Zanwar Shyamsunder Balaprasad 57665331 C SKP 5915 M HP: 8133 1781	

DECLARATION

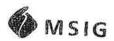
I/We declare the foregoing particulars are true in every respect,

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



MSIG Insurance (Singapore) Pta. Ltd. 4 Snenton Way #21-01 SGX Contin 2 Singapore 168807 Tel. (55) 6827 7888 Fox: (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 30 0412212G



MOTOR INSURANCE COVER NOTE Cover Note No. 50505958

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by premium otherwise payable for such insurance will thereupon cease and a proportionate part of the annual proportional part of the annual company has been on risk.

SCHEDULE

Agent No.

: 156346

Name of Insured

: TAN SIAO HUI

Make and Description of Vehicle | VOLKSWAGEN GOLF GTI 2.0 TSi

Vehicle Registration No.

SLU 3 633B

Year of Manufacture

≥ 2017

Engine No.

CHH232978

Chassis No.

WVWZZZAUZJW075601

Capacity

1,984 Cubic Capacity

Cover Type

Comprehensive

Sum Insured (SGD)

🖔 Market Value

Period of Insurance

One year from Date of Registration of the vehicle with

Excess (SGD)

: As Agreed

Finance Company

: DBS BANK LIMITED

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof

Not valid unless countersigned by the Company's Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.

Authorised Insurers

Winner Consultancy Ple. Ltd.

Amy Ler

Senior Vice President, Agencies

Date of Issue: 06/11/2017

This Cover Note is valid for 30 days from the date of issue.

XWCPLANCH2017110616042592





97632598

troylee 23. bn @gmail.com

Sketch Plan Pg. 5





NP dy.

11-11-2005

APT BLK 307B ANCHORVALE ROAD #07 -46 SINGAPORE 542307 NRIC No. \$7530431E 20 - 10-

Date: 20-10-2006 No: 5.66.5024.

Motor Cere and Motor fractors the weight of which unaden does not exceed 2300 killograms

Children May

Boundary.