



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Tan Geck Hwa
NRIC S12128557 insured of vehicle SCR3353G against
your insured vehicle number 8CR484G. (AIG)
On the accident dated on 13/12/17 (ddmmyyy) along 478 Siglap
Road.

Dated this 19 (day) of 12 (month) 20 2017.



Volkswagen Group Singapore
1 Kampong Ampat
Singapore 368314
DID: 69223502
HP: 93867833
shushi.tang@vw.com.sg

PDI TUAS

PDI TUAS

TAN GECK HWA
478 SIGLAP ROAD
#01-67
Singapore, 454852
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV004148
Quote No. SER/QUO/1702096
QuoteDate 19/12/17
Salesperson Francis Lee
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	GOLF A7 1.4 TSI (DSG)RECAT EQP	35,000	Tang Shu Shi
License No.	VIN	Initial Registration	Sales Advisor
SCR3353G	WVWZZZAUZFW076139	24/03/15	Francis Lee
Engine Code	Labor Type	Engine No.	Model Code
	1T	CXS 221885	5G13GZ

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P MACP LABOUR	LABOUR	3	UNIT		2,520.00
P B&P MACP PAINT	SPRAY PAINT	3	UNIT		2,400.00
P B&P DIAG	PROGRAMMING & CALIBRATION	1	Time Un		480.00
P B&P MECH	COMPULSORY TO DO AFTER AC ELECT WIRING & MECH COMPO	1	Time Un		280.00
	Nett				
	Sum Labor				5,680.00
P 5G0853675A JZQ	TSI EMBLEM	1	Pieces		61.94
P 5G0853675APCWB	BLUEMOTION EMBLEM	1	Pieces		57.75
	Use Predecessor 5G0853675ALC				
P 5G0853687 2ZZ	GOLF EMBLEM	1	Pieces		69.99
P 5G0919491	SENSOR BRACKET	2	Pieces		29.40
P 5G0919491A	SENSOR BRACKET	1	Pieces		14.70
P 5G0919492A	SENSOR BRACKET	1	Pieces		14.70
P 5G0998492 GRU	SENSOR BRACKET	1	Pieces		32.19
P 5G6807417APGRU	REAR BUMPER	1	Pieces		1,149.75
	Predecessor 5G6807417ARGRU				
P 5G6807568D 9B9	SPOILER	1	Pieces		322.86
	Use Predecessor 5G6807568D				
P D 180KU2A1	2KADHESIVE	1	Pieces		103.67
P D 822150A1	BONDAGENT	1	Pieces		74.16
P WHT005263	POP-RIVET	4	Pieces		6.78
	Sum carried forward				7,617.88

Payments to: - BBN: - Acc.-No.:

PDI TUAS

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TAN GECK HWA
478 SIGLAP ROAD
#01-67
Singapore, 454852
Singapore

Phone No.
Fax No.
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	1T	CXS 221885	5G13GZ
Continued			7,617.88
Sum Item			1,937.88
Sum Labor			5,680.00
Sum Item			1,937.88
Total SGD			7,617.88
7% GST			533.26
Total SGD Incl. GST			8,151.14

Explanations

P = Proportionately Charged

Payment Terms No Credit

Payments to: - BBN: - Acc.-No...

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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	14/12/2017 16:17
Date Of Accident	13/12/2017 18:00
Exact Location Of Accident	478 SIGLAP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR3353G
Insured/Policyholder	
Name Of Registered Owner	TAN GECK HWA
NRIC No	S1212855Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97271702
Alternative Phone No	OFFICE-97271702

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI (DSG)RECAT EQP
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1600219
Cover Note Number	

Driver

Name of Driver	TAN GECK HWA
NRIC No	S1212855Z
Date Of Birth	20/01/1956
Occupation	INDOOR
Date Of Driving Pass	18/05/1982
Driving Experience	35 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97271702
Fax Number	
Contact Number	OFFICE-97271702
EEmail Address	NOEMAIL

Address	BLK 478 SIGLAP ROAD #01-67
Postcode	454852
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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.	NO
Number of Passengers (Including Driver)	2

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCR484G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	VERONICA XU HUI
NRIC/Passport Number	S7080696G
Contact Number	97989036
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN


IMPORTANT NOTICE

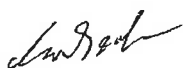
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

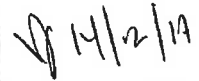
I understand, acknowledge, agree and consent that:

- (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) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (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 external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (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.
- (e) 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.

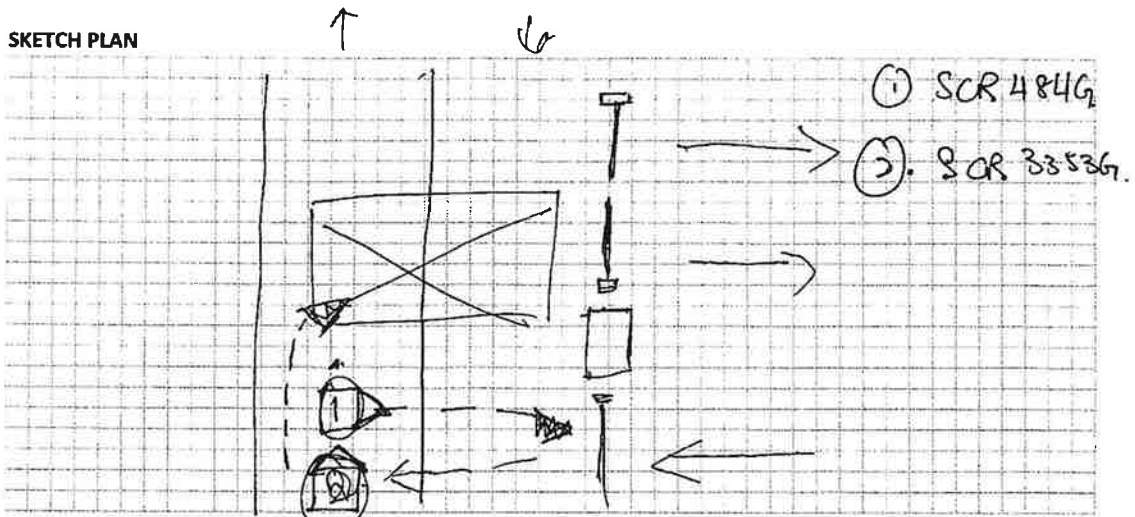

Policyholder's Signature
Date & Time:


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




Reporting Centre Personnel's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE OTHER CAR WAS TURNING IN ONTO THE RIGHT TO DO A 3-POINT TURN, WE WERE GOING TO DO A RIGHT TURN INTO OUR HOUSE. WHILST WAITING, SHE REVERSED INTO US.

HER NAME IS VERONICA XU HUI (IC 870806966) DRIVES A LANCER SCR484G. SHE APOLOGISED RIGHT AWAY FOR HER MISTAKE.

DECLARATION

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

Policymaker's Signature
Date & Time:

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



Reporting Person's Signature
Name: 81030002
NRIC/FIN No.:

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : WHS 17144651 Vehicle Registration No: SCR 3353G
 Name (as shown in NRIC) : Tan heek hwa NRIC/FIN/Passport No : 87428552
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 9727 1702
 Email Address : _____
 Date of Accident : 13/12/17 Time of Accident : 18:00
 Place of Accident : 478 Siglap Rd.
 Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY claim. (Amend.)

Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: Tan Shu Shi
 NRIC/FIN No.: -
 Date: 19/12/17

