



Letter of Claims
Request of direct settlement.

(973 52686).

We are submitting a claim on behalf of our customer 001 Cheng Hong.
NRIC S 2604312C insured of vehicle SLM S157M against
your insured vehicle number GBD 2073G. (EQ)
On the accident dated on 7/3/18 (ddmmyyyy) along West Coast.
_____.

Dated this 9 (day) of 3 (month) 20 18.



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

PDI TUAS

PDI TUAS

OOI CHENG HONG
119 COMPASSVALE BOW
#06-19
Singapore, 544817
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV037008
Quote No. SER/QUO/1800415
QuoteDate 09/03/18
Salesperson TEO LYNN
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	JETTA TSI (DSG) TRENDLINE FL	19,085	Tang Shu Shi
License No.	VIN	Initial Registration	Sales Advisor
SLM5157M	WVWZZZ16ZGM019172	31/03/17	TEO LYNN
Engine Code	Labor Type	Engine No.	Model Code
	M4	CAX F83759	1632G7

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P MACP LABOUR	LABOUR	5	UNIT		4,200.00
P B&P MACP PAINT	SPRAY PAINT	5	UNIT		4,000.00
P B&P DIAG	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC	1	Time Un		480.00
P B&P MECH	ELECT WIRING & MECH COMPO	1	Time Un		280.00
	Nett				
	Sum Labor				8,960.00
P 5C6805903J 9B9	FR.SPOILER	1	Pieces		420.19
P 5C6807183A	LHF BUMPER BRACKET	1	Pieces		27.96
P 5C6807217M GRU	FRT BUMPER	1	Pieces		674.14
P 5C6823031D	BONNET	1	Pieces		852.63
	Use Predecessor 5C6823031C				
P 5C6853651AHQWA	RADIATOR GRILLE	1	Pieces		250.37
P 5C6853665E 9B9	LH GRILLE-FOG LAMP	1	Pieces		55.09
P 5C6853677Q 9B9	VENT GRILLE	1	Pieces		174.04
	Use Predecessor 5C6853677D 9B				
P 5C8941005	LH HEADLAMP	1	Pieces		664.46
	Sum Item				3,118.87

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

PDI TUAS

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OOI CHENG HONG
119 COMPASSVALE BOW
#06-19
Singapore, 544817
Singapore

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	Sum Labor	8,960.00
	Sum Item	3,118.87
	Total SGD	12,078.87
	7% GST	12,078.87 845.53
	Total SGD Incl. GST	12,924.40

Explanations
P = Proportionately Charged

Payment Terms No Credit

MSIG
WINNER
VS
EQ INSURANCE

*WANTS TO DO
IN MACP.

DUT

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 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	07/03/2018 15:55
Date Of Accident	07/03/2018 13:10
Exact Location Of Accident	WEST COAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5157M
Insured/Policyholder	
Name Of Registered Owner	OOI CHENG HONG
NRIC No	S2604312C
Email Address	ALEX1188@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97352686
Alternative Phone No	OFFICE-97352686

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA TSI (DSG) TRENDLINE FL
Exact Purpose for which vehicle was being used at time of accident	
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	A28931757 AVW
Cover Note Number	

Driver

Name of Driver	OOI CHENG HONG
NRIC No	S2604312C
Date Of Birth	18/12/1967
Occupation	INDOOR
Date Of Driving Pass	23/03/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97352686
Fax Number	
Contact Number	OFFICE-97352686
Email Address	ALEX1188@GMAIL.COM

Address	BLK 119, COMPASSVALE BOW #06-19
Postcode	544817
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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

REFER TO SKETCH PLAN

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	GBD2073G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG WEI NGEE
NRIC/Passport Number	527873797
Contact Number	85904579
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

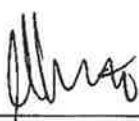
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre 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:

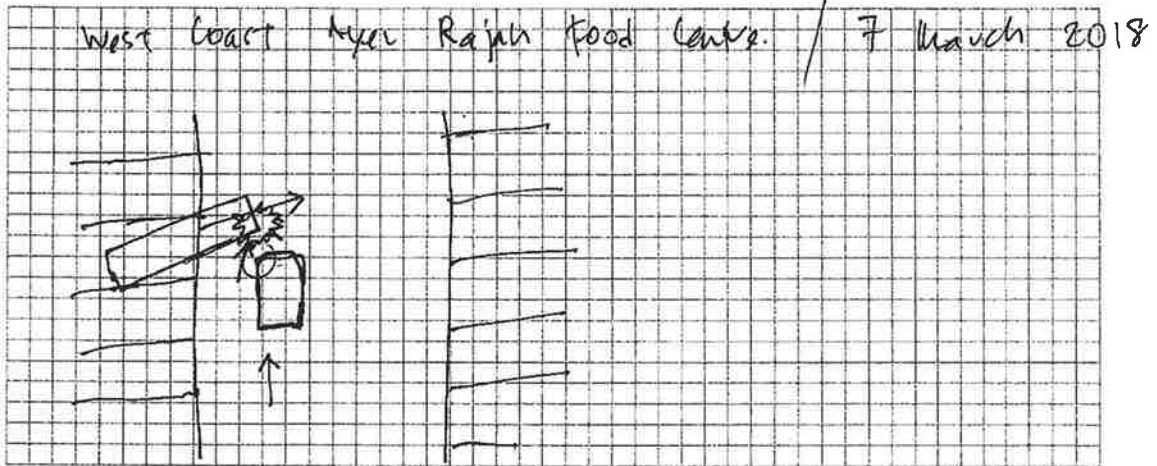


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1:07pm Exit from Car Park.

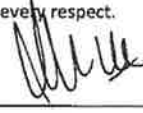
1:08pm Travelling out on the way to Exit the car park.

Suddenly, I noticed a Van REVERSE out from the car park lot (on my left). I applied brake but failed to stop the car. I hit the ^V side of the van _{left} bumper.

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.:

SLMSIS 7M

A 2893175 7 AVW
\$500/- , NCD : 50% , ✓

