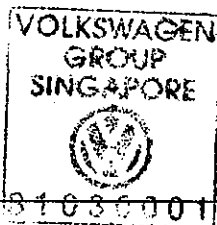




**Letter of Claims
Request for direct settlement.**

We are submitting a claim on behalf of our customer TEH DA WEI 97560521
NRIC _____ insured of vehicle SLD 83659 against
your insured vehicle number SL 2016A (AIG)
On the accident dated on 27-3-18 (ddmmYYYY) along SEMBAWANG
ROAD (GAMBARA AVE) BEFORE YISHUN AVE 5-

Dated this 27 MAR 2018 (day) of _____ (month) 2018 .



Charmaine Kong
Volkswagen Group Singapore
Accident Claims Dept.
charmaine.kong@vw.com.sg
DID : 63057176/ 63057299
HP: 92361399

PDI TUAS

PDI TUAS

TEH DA WEI
(ZHENG DAWEI)
441 CHO A CHU KANG AVENUE 4
#09-423
Singapore, 680441
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV034217
Quote No. SER/QUO/1800526
QuoteDate 27/03/18
Salesperson Averic Toh
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	JETTA TSI (DSG) TRENDLINE	29,245	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
SLD8365G	WVWZZZ16ZGM016721	29/06/16	Averic Toh
Engine Code	Labor Type	Engine No.	Model Code
	M4	CAX F83933	1632G7

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	R&R RIM & BALANCE	1	UNIT		50.00
P B&P ALEX LABOUR	LABOUR	7	UNIT		5,880.00
P B&P ALEX LABOUR	R&R REAR WINDSCREEN	1	UNIT		840.00
P B&P ALEX LABOUR	TRANSFER DOOR MECHANISM	2	UNIT		1,680.00
P B&P ALEX PAINT	SPRAY PAINT	6	UNIT		4,800.00
P B&P WHEEL ALIGNMENT	B&P WHEEL ALIGNMENT -NETT	1			360.00
P B&P DIAG	PROGRAMMING & CALIBRATION	1	Time Un		480.00
	COMPULSORY TO DO AFTER AC				
P B&P MECH	CHECK WIRE HARNESS, ECU, S	1	Time Un		280.00
	Nett				
	Sum Labor				14,370.00
P 5C6807375	BUMPER GUIDE LH	1	Pieces		83.31
P 5C6807393D	BUMPER BRACKET LH	1	Pieces		69.80
P 5C6807421H GRU	REAR BUMPER COVER	1	Pieces		1,258.64
	Predecessor 5C6807417J GRU				
P 5C6809843A	LHR FENDER/SECTION	1	Pieces		1,121.34
	Use Predecessor 5C6809843				
P 5C6810971D	WHEEL HOUS LH	1	Pieces		203.65
P 5C6831055G	LH FRONT DOOR	1	Pieces		1,120.43
	Predecessor 5C6831055E				
P 5C6833055E	LH REAR DOOR	1	Pieces		1,811.97
	Use 5C6833055C or 5C6833111A				
P 5C6837651	LF FRONT DOOR SEAL	1	Pieces		52.07
P 5C6839699D	DOOR SEAL LHR	1	Pieces		142.20
	Predecessor 5C6839699C				
	Sum carried forward				20,233.41

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

PDI TUAS

PDI TUAS

TEH DA WEI
(ZHENG DAWEI)
441 CHOA CHU KANG AVENUE 4
#09-423
Singapore, 680441
Singapore

Phone No.
Fax No.
E-Mail

VAT Registration No. M20098505-2
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Service Quote

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Engine Code	Labor Type	Engine No.	Model Code
	M4	CAX F83933	1632G7

Continued				20,233.41
P 5K0073146A 8Z8	ALLOY WHEELS 16" PESCARO	1 Pieces		737.64
P D 004660M2	2K GLUE	1 Pieces		159.35
P D 007600A1	INOXSPRAY	1 Pieces		67.97
P D 00920002	PRIMER	1 Pieces		27.89
P D 00940104	CLEANER	1 Pieces		98.65
	66H3 Service Campaign (GOLF)			
P D 00950025	APPLICATOR	2 Pieces		19.38
P D 180003M2	2KADHESIV	1 Pieces		286.20
P D 181802M1	ACTIVATOR	1 Pieces		25.53
P D 378500A2	DOOR INSULATOR LHR	1 Pieces		46.22
P D 378500A2	DOOR INSULATOR LHF	1 Pieces		46.22
P D 476KD1M2	SEALANT	1 Pieces		77.38
P D 506KD1A3	2K FOAM	1 Pieces		157.96
	Sum Item			7,613.80

Sum Labor 14,370.00
Sum Item 7,613.80

Total SGD 21,983.80
7% GST 21,983.80 1,538.87
Total SGD Incl. GST 23,522.67

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

Motor accident report and claim form

Policy number 5091351320	Vehicle number SLD8365G	Name of policyholder TEH DA WEI
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Reason for reporting

<input type="checkbox"/> To claim for damage I have caused	<input checked="" type="checkbox"/> To make a third-party claim	<input type="checkbox"/> To report my accident only
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Brief description of accident

Date (dd/mm/yyyy) 27/03/2018	Time 0750HRS	Type of collision Collision - change lane	Weather condition <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others
Location SEMBAWANG ROAD (GAMBAS AVE) before Yishun Ave 5			Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which police station			Middle & Right lane

Details of driver

Name (as shown in NRIC) TEH DA WEI	Pass date of driving licence 19 JUN 2006	NRIC number S8314797J
Contact number 97560521	Date of birth (dd/mm/yyyy) 19/05/1983	Email TEHDW@hotmail.com
Address 6 TAO CHING ROAD #06-10 S(618723)		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Purpose for which the vehicle was being used at the time of the accident LEISURE		Is your occupation: <input checked="" type="checkbox"/> indoor <input type="checkbox"/> outdoor?
		Relationship to policyholder PH

Details of the other drivers and vehicles involved


	Name of other driver (or drivers)	Vehicle number	NRIC number	Contact number
1	NG CHUN PENG	SLS2016A	S1156892J	—
2	—	—	—	—
3	—	—	—	—

Injury details

Was anybody injured in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please go to the next question.			
Name of injured person	Sex	Vehicle number	Contact number
1 —	<input type="checkbox"/> Male <input type="checkbox"/> Female	—	—
2 —	<input type="checkbox"/> Male <input type="checkbox"/> Female	—	—
3 —	<input type="checkbox"/> Male <input type="checkbox"/> Female	—	—

Declaration by person reporting

I declare that the information given above is true, correct and complete.
I understand that you may reject my claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.
I agree to authorise you (Income), to repair the damage to my vehicle in a reasonable time including the right to arrange for my vehicle to be repaired at another workshop if you decide to accept legal responsibility for this claim.

 Signature of driver	27/03/2018 Date (dd/mm/yyyy)	1015HRS Time
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For official use

Report taken by VINCENT	Staff code 99138	Date (dd/mm/yyyy) 27/03/2018	Time 1015HRS
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SKETCH PLAN

IMPORTANT NOTICE

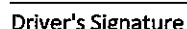
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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. 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 interested parties.
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: 27/03/18
1025HRS

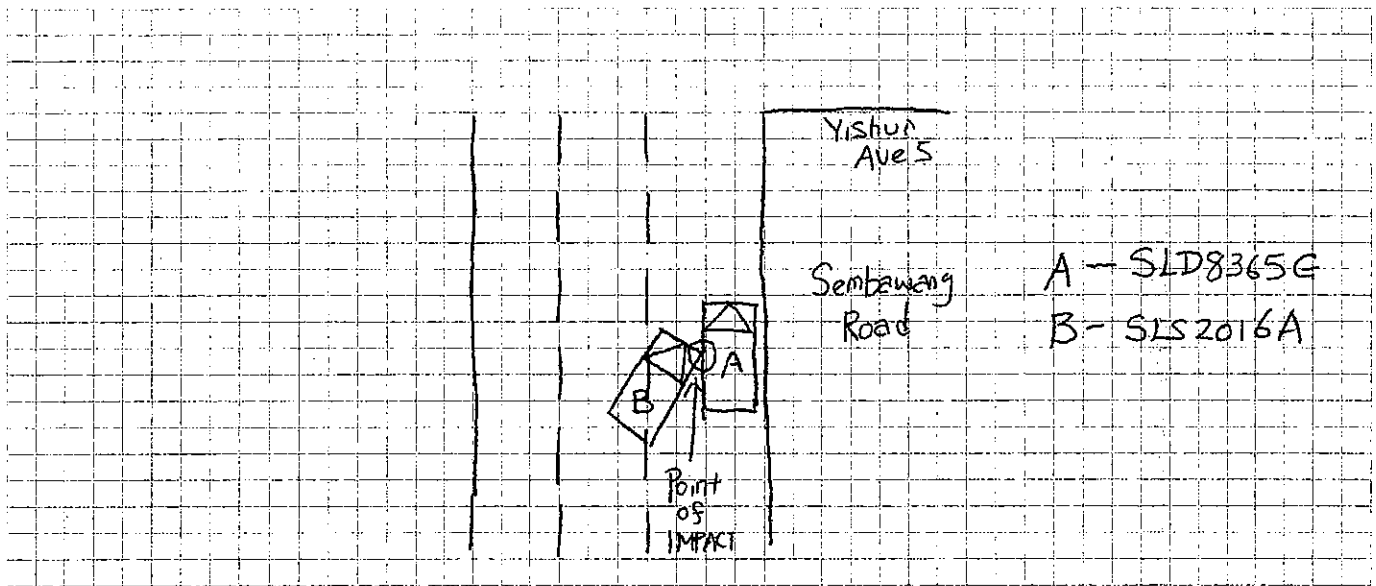

Driver's Signature

(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name: VINCENT
NRIC/FIN No.: S991138

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/03/18 at around 0750HRS, I (SLD8365G) was travelling along right lane going straight at Sembawang Road. Suddenly I saw the third party vehicle (SLS2016A) from middle lane cut into my right lane and hit onto my left side of the vehicle. His damages were on front right corner (SLS2016A). I have video footage in my car.

DECLARATION

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

Policyholder's Signature
Date & Time: 27/03/18
1035HRS

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

Reporting Centre Personnel's Signature
Name: VINCENT
NRIC/FIN No.: S991138

Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.

If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/ **4978**

Policy Number	5091351320	Vehicle Number	SLD8365G
Cover Type <input type="checkbox"/> Prestige <input checked="" type="checkbox"/> Drivo Premium <input type="checkbox"/> Comprehensive <input type="checkbox"/> Prestige Third Party Fire & Theft <input type="checkbox"/> Drivo Classic <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Prestige Third Party <input type="checkbox"/> Comprehensive (PWP) <input type="checkbox"/> Third Party			
No Claim Discount (NCD) 0 %		Excess (Subject to Prevailing GST) Standard Excess \$ 600/- Unnamed Excess \$ - Additional Excess \$ - Third Party Excess \$ -	
NCD Protector <input type="radio"/> Yes <input checked="" type="radio"/> No (1 accident within the period of insurance)			
Transport Allowance <input type="radio"/> Yes <input checked="" type="radio"/> No (SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)			
Excess Waiver <input type="radio"/> Yes <input checked="" type="radio"/> No (To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)			

Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident

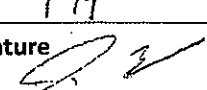
Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.

- ☐ Bring a Copy of Policyholder's NRIC (Front & Back).
- ☐ Bring Company's Stamp.
- ☐ Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:

- | | |
|---|------------------------|
| ➤ Damage to government property | ➤ Pedestrian / Cyclist |
| ➤ Foreign vehicle | ➤ Hit-and-run |
| ➤ Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more | ➤ Fatality |

- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

Authorised Driver/Person's Name Teh Da Wei		For video recording up to 10MB, you may ➤ email to motorvideo@income.com.sg . For video recording more than 10MB, you may ➤ submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.
NRIC/ID no. S8314797J	Relationship to Policyholder PH	
Contact no. 9756 0521	Signature 	

For Official Use

Issued by VINCENT	Staff Code 991135	Date (dd/mm/yyyy) 27/03/2018	Time 1035HRS
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