Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Wu poh choo

NRIC S2558176H insured of vehicle SKW3733J against

your insured vehicle number SLQ994A. (AIG)

On the accident dated on 9/4/18 (ddmmyyyy) along 61 Ubi Ave 1

.

Dated this 10 (day) of 4 (month) 20 18 :

VOLKSWAGEN GROUP SINGAPORE
81030002

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

PDI TUAS

Phone No.
Fax No.
E-Mail

PDI TUAS

WU POH CHOO
53 CHOA CHU KANG LOOP
#09-31
Singapore, 689683
Singapore

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

Service Quote

Customer No. CV031589
Quote No. SER/QUO/1800611
QuoteDate 10/04/18
Salesperson Darren Peh
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	**Model Description**	**Mileage**	**Service Advisor**
Volkswagen Passeng	JETTA TSI (DSG) HIGHLINE	68,855	Tang Shu Shi
License No.	**VIN**	**Initial Registration**	**Sales Advisor**
SKW3733Y	WVWZZZ16ZFM030162	27/10/15	Darren Peh
Engine Code	**Labor Type**	**Engine No.**	**Model Code**
	M4	CAX F52921	1634G5

	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 COMPULSORY TO DO AFTER AC	1	Time Un		480.00
P	B&P MECH	CHECK WIRE HARNESS, ECU, S Nett	1	Time Un		280.00
		Sum Labor				**5,680.00**
P	5C6807376	RHR BUMPER BRACKET	1	Pieces		83.31
P	5C6807421H GRU	REAR BUMPER Predecessor 5C6807417J GRU	1	Pieces		1,258.64
P	5C6945096H	TAILLIGHT RHR	1	Pieces		357.91
P	5C6945106B	RH REAR REFLECTOR	1	Pieces		53.98
		Sum Item				**1,753.84**

Sum Labor		**5,680.00**
Sum Item		**1,753.84**
Total SGD		**7,433.84**
7% GST	7,433.84	520.37
Total SGD Incl. GST		**7,954.21**

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 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 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	10/04/2018 09:12
Date Of Accident	09/04/2018 08:30
Exact Location Of Accident	61 UBI AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW3733Y
Insured/Policyholder	
Name Of Registered Owner	WU POH CHOO
NRIC No	S2558176H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82015393
Alternative Phone No	OFFICE-82015393
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA TSI (DSG) HIGHLINE
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	A 28634304 AVW
Cover Note Number	
Driver	
Name of Driver	CHUA KENG TAI
NRIC No	S2558176H
Date Of Birth	28/08/1963
Occupation	INDOOR
Date Of Driving Pass	03/07/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82015393
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	53 CHUA CHU KANG LOOP #09-31
Postcode	689683
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

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
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)	2
Passenger 1	NAME: : MS DAN GENDER: : FEMALE

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	SLQ994A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHIN LEONG
NRIC/Passport Number	S1716115F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

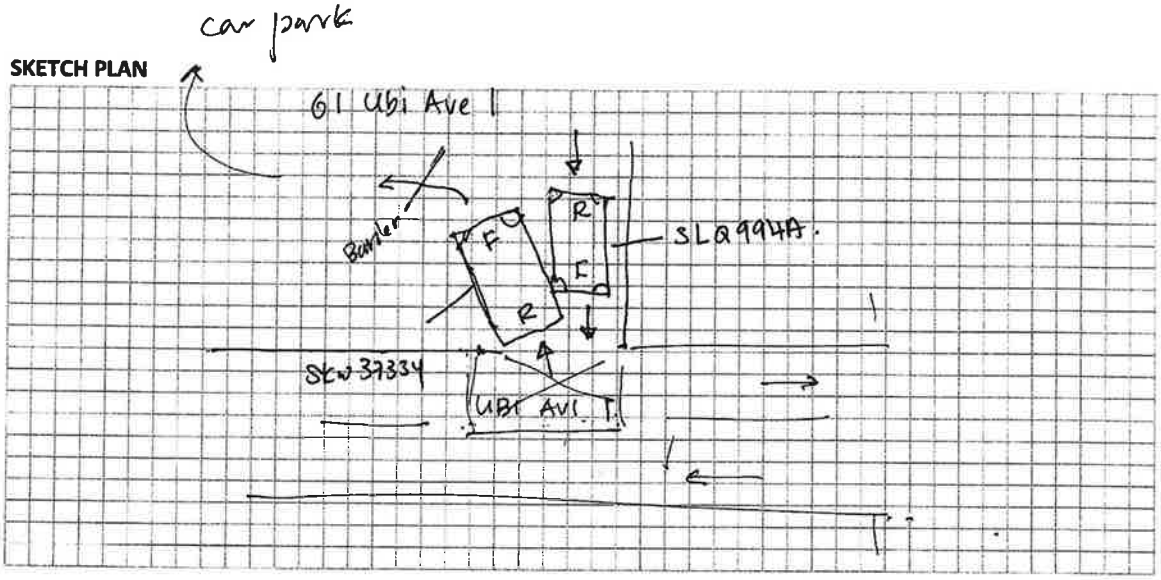
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

10/4/18.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 10/4/18	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9 Apr 2018, about 8.30 am.
After I entered into the building address 61 Ubi Avenue 1, before the barrier on the left. The car SLQ994A driven by Goh Chin Leong knocked my car rear bumper.

DECLARATION

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

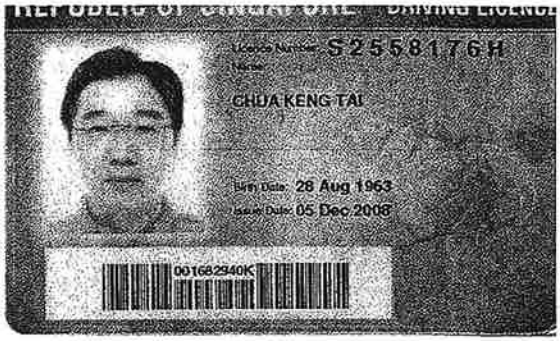
Policyholder's Signature
Date & Time:

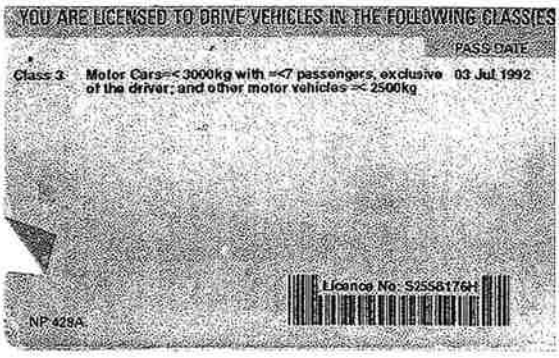
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/4/18

VOLKSWAGEN GROUP SINGAPORE
BRANCH 002

10/4/18.

Reporting Centre Personnel's Signature
Name:


S2558176H
CHUA KENG TAI
Birth Date: 28 Aug 1963
Issue Date: 05 Dec 2008
001682940K


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES
PASS DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
03 Jul 1992
Licence No: S2558176H
NP 429A