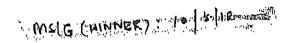
Jupe 7 6223419.



Volkswagen Centre Singapore

Dix Reg. No. 53103069E GST No. M20096505-2



Letter of Claims Request for direct settlement.

We are submitting a claim on be	chalf of our custor	ner CHUN	AINGTIN	9841567
NRIC	_insured of vehic	letla	/338 M	against
your insured vehicle number	9x 7602 H	. (5 <i>&</i>)
On the accident dated on	-4-18 (ddmn	nyyyy) along	u-Turn	FROM
Dated this 17 APR 2018 (day)	of	(month) 201	8.	

Charmaine Kong Volkswagen Group Singapore Accident Claims Dept. charmaine.kong@vw.com.sg

DID: 63057176/63057299

HP: 92361399

PDI TUAS

PDI TUAS

CHUA YINGLIN (CAI YINGLIN) 33 TAMPINES CENTRAL 7 #15-47 Singapore, 528614 Singapore

Phone No. Fax No. E-Mail

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

Service Quote

Customer No. CV037804

Quote No. SER/QUO/1800659

QuoteDate 16/04/18 Salesperson Angie Tan

Page

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Make Volkswagen Passeng License No.

SLQ1338M **Engine Code**

Model Description SPORTSVAN 1.4 TSI CL VIN

WVWZZZAUZGW563923 Labor Type

1T

Mileage 11,051 Initial Registration 28/06/17 Engine No.

CZC 086160

Service Advisor Kong Charmaine Sales Advisor Angle Tan Model Code AM13HZ

	No.	Description	Qty.	UoM	Unit Price	Amount
P	B&P ALEX LABOUR	R&R REAR WINDSCREEN	1	UNIT		840.00
Р	B&P ALEX LABOUR	LABOUR		UNIT		4,200.00
Ρ	B&P ALEX LABOUR	TRANSFER BOOT MECHANISM P	1	UNIT		840.00
Ρ	B&P ALEX PAINT	SPRAY PAINT	4	UNIT		3,200.00
Ρ	B&P \$EN\$OR	SUPPLY & INSTALL REVERSE SE	1	Pieces		400.00
Р	B&P DIAG	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC	1	Time Un		480.00
Ρ	6&P MECH	CHECK WIRE HARNESS, ECU, S Nett	1	Time Un		280.00
		Sum Labor				10,240.00
Ρ	510071360	BOOT CHROME STRIP, SPORTV	1	Pieces		149.22
Ρ	3CN945087	BRAKELIGHT	1	Pieces		204.88
Ρ	510805945 041	BOOTLID SPOILER TRIM LH	1	Pleces		96.45
P	510805946 041	BOOTLID SPOILER TRIM RH	1	Pieces		92.82
Ρ	510807393A	BUMPER BRACKET LH	1	Pieces		75.84
Ρ	510807393C	BUMPER GUIDE LH	1	Pleces		74.52
Ρ	510807394A	BUMPER BRACKET RH	1	Pieces		75.84
Ρ	510807394C	BUMPER GUIDE RH	1	Pieces		74.52
Р	510807417M GRU	REAR BUMPER COVER Predecessor 510807417J GRU	1	Pieces		1,387.99
Ρ	510807863A	STRIP	1	Pieces		62.25
Ρ	51D827025AA	LID Predecessor 510827025T	1	Pieces		1,960.84
Ρ	510827705A	BOOT SEAL/GASKET	1	Pieces		360.00
Ρ	510853675P CWB	NAME PLATE BLUEMOTION TEC	1	Pieces		88.83
				Sum carri	ed forward	14,944.00

PDITUAS

PDI TUAS

CHUA YINGLIN (CAI YINGLIN) 33 TAMPINES CENTRAL 7 #15-47 Singapore, 528614 Singapore

Phone No. Fax No. E-Mail

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

Service Quote

Customer No.

CV037804

Quote No.

SER/QUO/1800659

QuoleDate

16/04/18

Salesperson

Angie Tan

Page

THIS IS NOT AN OFFICIAL TAX INVOICE

Маке License No.

SLQ1338M

Engine Code

Model Description Volkswagen Passeng SPORTSVAN 1.4 TSI CL

VIN

WVWZZZAUZGW563923 Labor Type

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Mileage 11,051 Initial Registration 28/06/17 Engine No.

CZC 086160

Service Advisor Kong Charmaine Sales Advisor Angie Tan Model Code AM13HZ

			Continued	14,944.00
P 510853675S 2ZZ	NAME PLATE 230TSI	1	Pieces	62.55
P 510853687E 2ZZ	NAME PLATE "GOLF"	1	Pieces	88.83
P 510945093L	TAILLIGHT LH INNER	1	Pleces	286.29
P 510945095R	TAILLIGHT LH OUTER	1	Pieces	261.57
P 5G6807568D 9B9	REAR DIFFUSER	1	Pieces	322.86
	Use Predecessor 5G6807568D			
P 5G9807305A	BUMPER REINFORCEMENT	1	Pieces	460.17
P D 004660M2	2K GLUE	1	Pieces	183.87
P D 00920002	PRIMER	1	Pleces	32.19
P D 00940104	CLEANER	1	Pieces	113.83
	66H3 Service Campaign (GOLF)			
P D 00950025	APPLICATOR	2	Pieces	22,38
P D 181802M1	ACTIVATOR	1	Pieces	29.46
	Sum Item	•		6,568.00

Sum Labor		10,240.00
Sum Item		6,568.00
Total SGD		16,808.00
7% GST	16,808.00	1,176.56
Total SGD Incl. GST		17,984.56

Explanations

P = Proportionately Charged

Payment Terms

No Credit

Payments to:

- 8BN: - Acc.-No..:

MVG818049827-01 / Volkawarjen Centre Singepore - HQ ENTRY DATE & TIME: 18/04/2018 10:07 SUBMITTED BY: Charmaine Kang Mei Kwan

nt Weld (MINNER)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to appeal up the claims process.
- 2. This Form must be completed by the Policyhelder 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 erchiving 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 grahiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	16/04/2018 10:07
Date Of Accident	14/04/2018 15:05
Exact Location Of Accident	U-TURN FRM BT TIMAH RD TO DUNEARN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ1338M

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

CHUA YINGLIN NRIC No S8111614H

Email Address YINGLIN, CHUA@GMAIL.COM Mobile Phone No (LOCAL) +65-96576441

Alternative Phone No OTHERS-98415671

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model SPORTSVAN 1.4 TSI CL

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 A 28984378 AVW

Cover Note Number

Driver

Name of Driver LIM DA CHIN NRIC No S8031593G Date Of Birth 18/10/1980 Occupation INDOOR Date Of Driving Pass 10/02/2003

Driving Experience 15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98415671

Fax Number

Contact Number

EMall Address DCL[MM@GMAIL,COM Address 23 MOONBEAM TERRACE

Postcode 277302

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 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

ambulançe?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GX7602H Vehicle Make/Model/Colour LORRY

Details Of Properties

Vehicle Category **GOODS VEHICLE**

Name of Driver RAMASAMY TAMILARASAN

NRIC/Passport Number G2276782N Contact Number 86734383

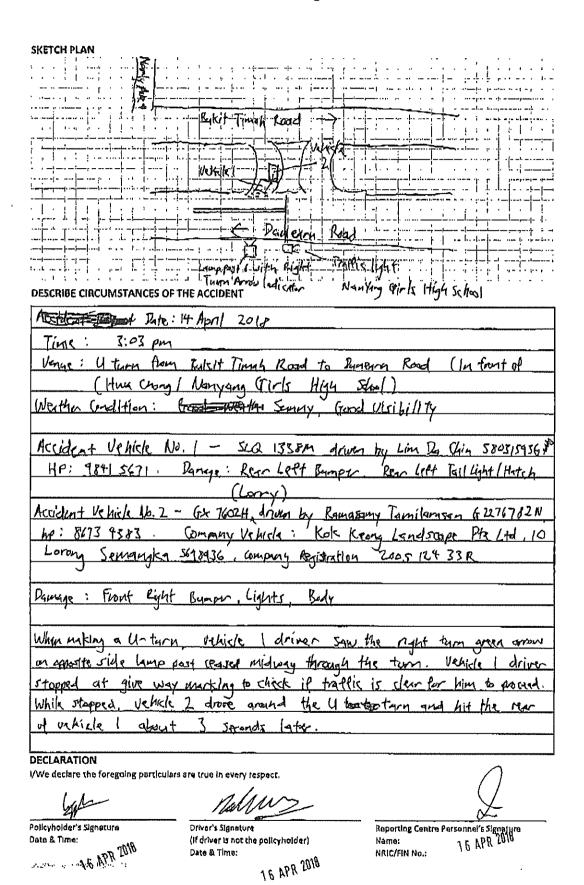
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



Sketch Plan #2 Pg. 1

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 acturate as nosable. 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 (GfA) 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 aforesald.
- 8. Consent under the Parsonal Data Protection Act IPDPA)

I understand, acknowledge, agree and consent that;

- 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 secout 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 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) administaring 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 insurar(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
- 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.
- 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

16 April 2012

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

16 APR 2018

nakhar i tala

16 APR 2018

Sketch Plan #3 Pg. 1



MSIG Insurance (Singapore) Pte. Ltd. 4 Shentan Way, B 21-01, SGX Centre 2, Singapore 060807 Tel +65 5027 7080, Fbx +65 6827 7000 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP, 189 OF THE REVISED EDITION)

'(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1998 EDITION (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOP.

M.X.1 Individual Demorship VW DRIVEEASY Comprehensive

Certificate No. A 28984378 AVW

Excess: 900500

Windscreen Excess: SGD100

- 1. Index Mark and Registration Number of Vehicle
- 2. Name of Policyholder Chua Yinglin
- Effective Date of the Commencement of insurance for the purposes of the Aci 28/06/2017
- 4. Date of Expiry of Insurance 27/06/2018
- 5. Persons or Classes of Persons antitled to drive

Chua Yinglin

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- Provided that the parson driving is permitted in accordance with the licensing or other laws or laws or requisitions to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to use

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysie), are not to be included under those headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE BINGAPORE.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

IAWE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Perty Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer

AUTHORIZATION LETTER Pg. 1

Date: 16/4/18
Dear Sir or Madam:
To whom it may concern,
RE: Authorization to act on behalf
Vehicle No.: SLQ 1338 M
I, che Yinglin bearing NRIC Number 581116144
would like to authorize UP DA CHIP, bearing NRIC
Number 280315936, to act on my behalf to exercise my
Insurance Policy to give authorization on the repair, submit and signing of
all claims related documents including signing of Insurance discharge
voucher for the above said vehicle.
Thank You.
Yours Sincerely,
Signature

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffler Quey #18-00 Singapora D48580 Tel (65) 8224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Priday, D9:00 ~ 17:00 URIN \$653600260 / 057 Reg. Res.: M480017353

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 : MVGL 120 49827-01 MESEIPLA _Vehicle Registration No: Name(esshownin NRIC): CHUN SIN GLIN EMINGIN H _NRIC/FIN/Passport No:__ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(Contact (Tel) ______Mobile No. :_____ **Email Address** , 14-4-18 15:05 Date of Accident __Time of Accident: Br. Timan Ro DAMEDEN Kp -4 - Turkel PK.M Place of Accident WE) 6 Insurance Company: _ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: CREOK : THE OF ACCIDENT 4 HBAD TO REAK. 126 VOLKSWAGEN **GKCKIP**

a strong c

Date:

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.; Date: