

MS16 (WINNER) - 2/6/18

PEND. MADE FROM CUSTOMER

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

We are submitting a claim on behalf of our customer CHIN SWEE MING IGNATIUS
NRIC _____ insured of vehicle EY 1283J against
your insured vehicle number SGP 7487R. (A16)
On the accident dated on 6.5.18 (ddmmyyy) along 4PP - CHANGI RD.
_____.

Dated this 07 MAY 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

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CHIN SWEE MING IGNATIUS
 13 TANAH MERAH KECHIL RISE
 Singapore, 465608
 Singapore

Phone No.
 Fax No.
 E-Mail

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

Service Quote

Customer No. CV038905
 Quote No. SER/QUO/1800771
 QuoteDate 07/05/18
 Salesperson Andre Koh
 Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	GOLF A7 1.2 TL 81 (DSG)	16	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
EY1238J	WVWZZZAUZH118582	27/09/17	Andre Koh
Engine Code	Labor Type	Engine No.	Model Code
	1T	CYV 514241	5G12BZ

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR	5	UNIT		4,200.00
P B&P ALEX LABOUR	TRANSFER BOOT PARTS	1	UNIT		840.00
P B&P ALEX LABOUR	RE+REINSTALLED WSCREEN	1	UNIT		840.00
P B&P ALEX PAINT	SPRAY PAINT	4	UNIT		3,200.00
P B&P SENSOR	SUPPLY & INSTALL REVERSE SE	1	Pieces		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				10,240.00
P 5G0807305B	BUMPER REINFORCEMENT Successor 5G0807305D	1	Pieces		725.80
P 5G0853675AR2ZZ	NAME PLATE 180 TSI	1	Pieces		72.57
P 5G0853687 2ZZ	NAME PLATE GOLF	1	Pieces		69.99
P 5G6807393	BUMPER BRACKET LH	1	Pieces		36.45
P 5G6807393A	BUMPER GUIDE LH	1	Pieces		36.45
P 5G6807394	BUMPER BRACKET RH	1	Pieces		36.45
P 5G6807394A	BUMPER GUIDE RH	1	Pieces		36.45
P 5G6807417APGRU	REAR BUMPER COVER Predecessor 5G6807417ARGRU	1	Pieces		1,149.75
P 5G6807568B 9B9	RDIFUSOR	1	Pieces		273.07
P 5G6807863A	STRIP Use Predecessor 5G6807863	1	Pieces		67.06
P 5G6827025Q	REAR LID Use Predecessor 5G6827025H	1	Pieces		1,355.49
	Sum carried forward				14,099.53

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

PDI TUAS

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CHIN SWEE MING IGNATIUS
13 TANAH MERAH KECHIL RISE
Singapore, 465608
Singapore

Phone No.
Fax No.
E-Mail

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

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Customer No. CV038905
Quote No. SER/QUO/1800771
QuoteDate 07/05/18
Salesperson Andre Koh
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Make Volkswagen Passeng
Model Description GOLF A7 1.2 TL 81 (DSG)
License No. EY1238J
VIN WVWZZZAUZHW118582
Engine Code 1T
Labor Type

Mileage 16
Initial Registration 27/09/17
Engine No. CYV 514241

Service Advisor Kong Charmaine
Sales Advisor Andre Koh
Model Code 5G12BZ

Continued 14,099.53

P 5G6827469F FOD	MECHANISM	1 Pieces	692.94
P D 002000A2	CLEANER	1 Pieces	147.85
P D 004660M2	2K GLUE	1 Pieces	183.87
P D 00920002	PRIMER	1 Pieces	32.19
P D 00950025	APPLICATOR	2 Pieces	22.38
P D 181802M1	ACTIVATOR	1 Pieces	29.46
	Sum Item		4,968.22

Sum Labor 10,240.00
Sum Item 4,968.22

Total SGD 15,208.22
7% GST 15,208.22 1,064.58
Total SGD Incl. GST 16,272.80

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

MS 1h
WINNER
VS
All Out

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	07/05/2018 09:28
Date Of Accident	06/05/2018 11:00
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY1238J
Insured/Policyholder	
Name Of Registered Owner	CHIN SWEE MING IGNATIUS
NRIC No	S1365136A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90055180
Alternative Phone No	OFFICE-90055180
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.2 TL 81 (DSG)
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 2903 1589 AVW
Cover Note Number	
Driver	
Name of Driver	CHIN SWEE MING IGNATIUS
NRIC No	S1365136A
Date Of Birth	02/01/1959
Occupation	INDOOR
Date Of Driving Pass	03/07/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90055180
Fax Number	
Contact Number	OFFICE-90055180
EMail Address	NOEMAIL

Address 13, TANAH MERAH KECHIL RISE
 Postcode 465608
 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 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) 3
 Passenger 1 NAME: : KOH HWA PENG ESTHER
 GENDER: : FEMALE
 Passenger 2 NAME: : CHIN YI REN
 GENDER: : MALE

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? YES
 Remarks/ Reasons: VIDEO FILE SIZE EXCEED, CUSTOMER HAS A COPY
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGP7487R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ELIZA TAN LI SHAN
 NRIC/Passport Number S8310070B
 Contact Number 98521219
 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.
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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5. Any false reporting may be referred to the Police for investigation.
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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:

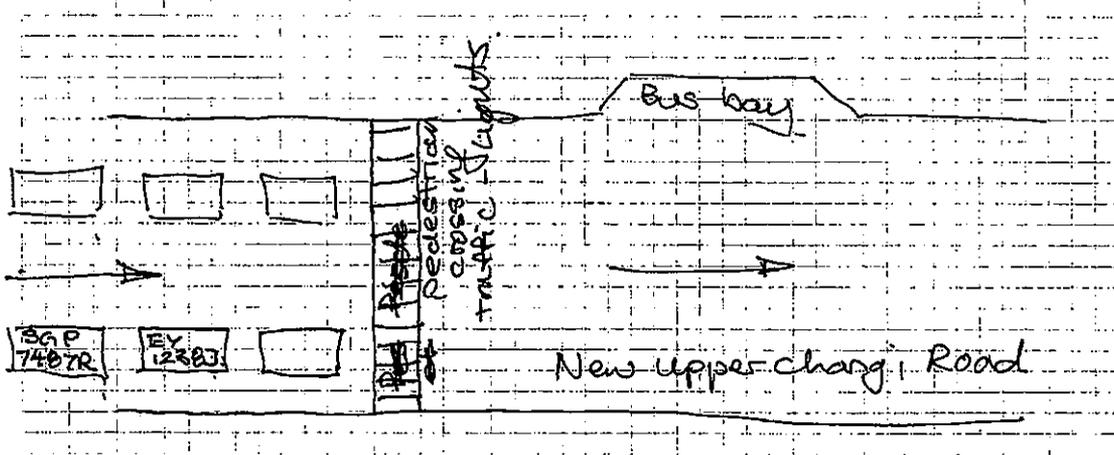


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

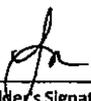


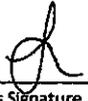
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car behind another car just in front of the traffic light pedestrian crossing. When the lights turned green I waited for the front car to move. While waiting for the front car to move, I felt a knock on my back of my car. The driver was a lady named Tan Lishan Eliza. She apologised and said she was wrong and wished for a private settlement.

DECLARATION

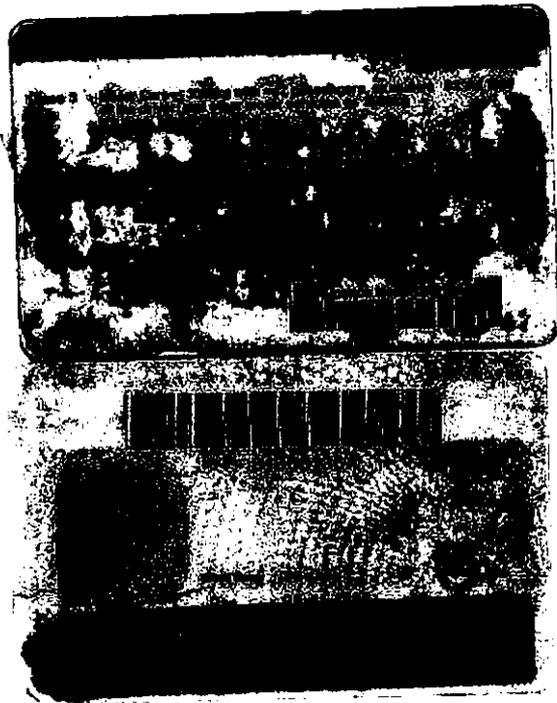
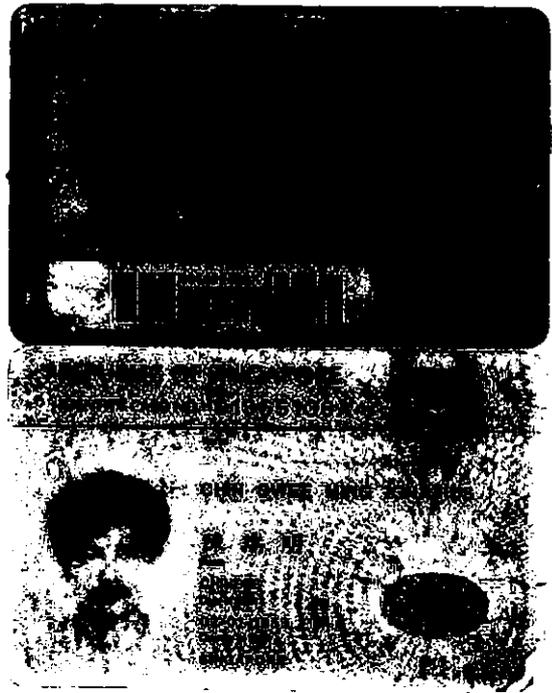
I/We declare the foregoing particulars are true in every respect.


 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.:

Sketch Plan #3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

