

* SCENE VIDEO *

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

We are submitting a claim on behalf of our customer LIN DELIN
NRIC _____ insured of vehicle SV 9894G against
your insured vehicle number SLF 2442X (A16)
On the accident dated on 12-5-18 (ddmmmyyy) along SUNGEI KADUT
ST. 3-

Dated this 14 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

PDI TUAS

LIN DELIN
596A ANG MO KIO STREET 52
#25-321
Singapore, 561596
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV031355
Quote No. SER/QUO/1800801
QuoteDate 14/05/18
Salesperson Jimmy Lee
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	JETTA TSI (DSG) SPORTLINE	55,076	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
SKV9894G	WVWZZZ16ZFM033011	13/10/15	Jimmy Lee
Engine Code	Labor Type	Engine No.	Model Code
	M4	CAX F55635	1633G5

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR	6	UNIT		5,040.00
P B&P ALEX PAINT	SPRAY PAINT	7	UNIT		5,600.00
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				11,400.00
P 3C8857537 GRU	LH COVER-EXTERIOR MIRROR	1	Pieces		181.95
P 5C6831055G	LH FRONT DOOR Predecessor 5C6831055E	1	Pieces		1,292.80
P 5C6833055E	LH REAR DOOR Use 5C6833055C or 5C6833111A	1	Pieces		2,090.74
P 5C6837651	LF FRONT DOOR SEAL	1	Pieces		60.09
P 5C6839699D	DOOR SEAL LHR Predecessor 5C6839699C	1	Pieces		164.08
P 5C8857507D	WING MIRROR HOUSING	1	Pieces		473.77
P D 378500A2	DOOR INSULATOR LHF	1	Pieces		53.34
P D 378500A2	DOOR INSULATOR LHR	1	Pieces		53.34
	Sum Item				4,370.11

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

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596A ANG MO KIO STREET 52
#25-321
Singapore, 561596
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Phone No.
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SKV9894G	WVWZZZ16ZFM033011
Engine Code	Labor Type
	M4

Mileage	Service Advisor
55,076	Kong Charmaine
Initial Registration	Sales Advisor
13/10/15	Jimmy Lee
Engine No.	Model Code
CAX F55635	1633G5

Sum Labor	11,400.00
Sum Item	4,370.11
Total SGD	15,770.11
7% GST	15,770.11 1,103.91
Total SGD Incl. GST	16,874.02

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 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 14/05/2018 10:29
Date Of Accident 12/05/2018 15:15
Exact Location Of Accident SUNGEI KADUT STREET 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV9894G
Insured/Policyholder
Name Of Registered Owner LIN DELIN
NRIC No S8837602A
Email Address LIN_DELIN@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-81219450
Alternative Phone No OFFICE-81219450

Vehicle Particulars
Manufacturer VOLKSWAGEN
Model JETTA TSI (DSG) SPORTLINE
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 28626809 AVW
Cover Note Number

Driver
Name of Driver LIN DELIN
NRIC No S8837602A
Date Of Birth 01/10/1988
Occupation INDOOR
Date Of Driving Pass 16/12/2008
Driving Experience 9 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81219450
Fax Number
Contact Number OFFICE-81219450
Email Address LIN_DELIN@HOTMAIL.COM

Address	BLK 5 EVERTON PARK # 07-34
Postcode	080005
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 - CHANGE/CROSS LANE
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: : TEH SI MIN
	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF2442X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	NG TECK YEE HUANG DEYI
NRIC/Passport Number	S9139304B
Contact Number	8126 7858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

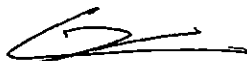
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

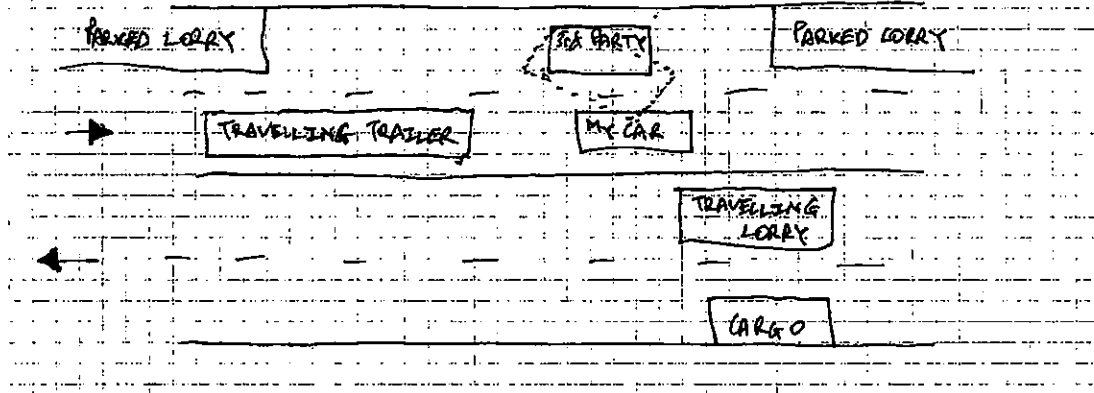


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

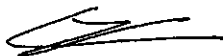


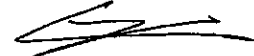
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 12th Mar 2018, at 1515 in the afternoon, I was travelling along Sungai Katut Street 3. As I passed a parked lorry on my left, I noted an incoming lorry travelling in the opposite direction. My pregnant wife was with me in the car and I continued to travel slowly, taking note of the travelling lorry on the other side as well as the travelling trailer behind me. Suddenly, a car abruptly swerved towards my left side of the car and hit my left body. ~~It was~~ It was fortunate I did not swerve right, else I would have hit the travelling lorry ~~across the divider~~ on the other side of the road. I could not jammed brake as it would hurt my pregnant wife, moreover, the travelling trailer could have banged into me from the back as well.

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:

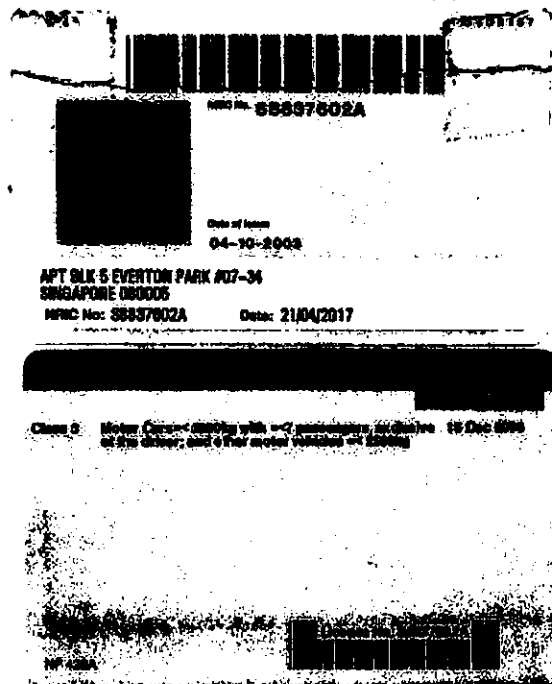
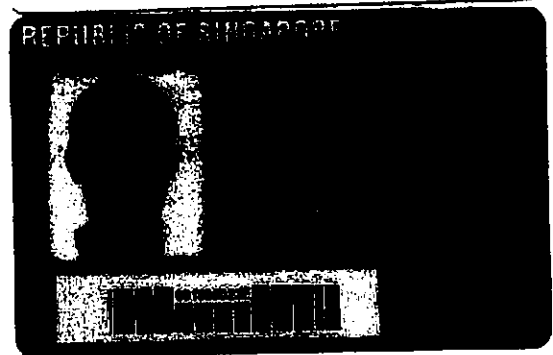
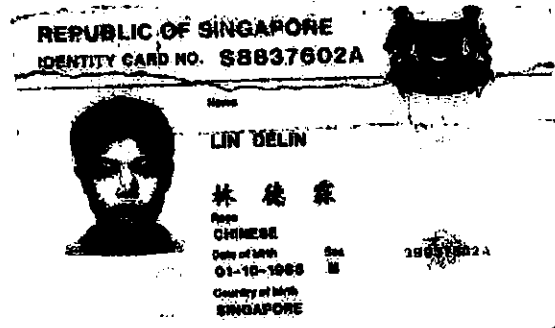

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3

SKV8946

A 286 26809 AVW

Excess: \$500, 20%.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

