



# Letter of Claims Request for direct settlement.

We are submitting a claim on	behalf of c	our customer	H0469	ALEXANDER	BRUNO
NRIC	insured	_ insured of vehicle _		<b>J</b> A 9.56G	
your insured vehicle number _		19285	(	AXA	)
On the accident dated on!	3.2.18	(ddmmyy)		BUBENS O	NP°
CARPARK-	<del></del>	<del></del>			
ղ կ MAY 2018 Dated this (da	y) of	(ma	onth) 201	8.	
<u> </u>			,		

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

HP: 92361399

#### **PDI TUAS**

PDI TUAS

**HOWEY ALEXANDER BRUNO** 10 STIRLING ROAD #36-04 Singapore, 148954 Singapore

Phone No. Fax No. E-Mail

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

# **Service Quote**

Customer No. Quote No.

CV007826

SER/QUO/1800793 QuoteDate 14/05/18

Salesperson Lawrence Tan Say Ch

Page

THIS IS NOT AN OFFICIAL TAX INVOICE

Make Volkswagen Passeng

**Engine Code** 

License No. SJA9056G

WVWZZZAUZHW106390 **Labor Type** 

GOLF A7 1.4 CL 92 (DSG) EQP

**Model Description** 

1T

Mileage 14

> **Initial Registration** 29/09/17

Engine No. CZC 155167

Service Advisor Kong Charmaine Sales Advisor

Lawrence Tan Say Chuan

**Model Code** 5G13HZ

No.	Description	Qty.	UoM (	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR	8	UNIT		6,720.00
P B&P ALEX PAINT	SPRAY PAINT	5	UNIT		4,000.00
P B&P NUMBER PLATE	B&P NUMBER PLATE -NETT	1	pcs		80.00
P B&P AIRCON GAS	B&P AIRCON GAS	48	Time Un		60.00
	SUPPLY OF B&P AIRCON GASS				
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				11,620.00
P 5G0804593A	HEADLAMP BRACKET LH	1	Pieces		6.40
P 5G0804594	HEADLAMP BRACKET RH	1	Pieces		9.60
P 5G0805588AC	LOCK CARRIER	1	Pieces		1,167.63
	Predecessor 5G0805588Q				
P 5G0805705G	CENTER GUIDE SECTION	1	Pieces		26.81
P 5G0805915 9B9	RETAINER	1	Pieces		125.09
P 5G0805931	HEADLAMP BRACE LH	1	Pieces		23.22
P 5G0805932	HEADLAMP BRACE RH	1	Pieces		23.22
P 5G0807049A	BUMPER GUIDE LH	1	Pieces		13.03
P 5G0807050A	BUMPER GUIDE RH	1	Pieces		13.03
P 5G0807109H	BEAM	1	Pieces		354.58
	Use Predecessor 5G0807109B				
P 5G0807217BPGRU	FRT BUMPER COVER	1	Pieces		768.55
P 5G0807248F	FOAM INSER	1	Pieces		26.78
	Use Predecessor 5G0807248D				
			Sum carrie	d forward	14,177.94

#### **PDI TUAS**

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**HOWEY ALEXANDER BRUNO** 10 STIRLING ROAD #36-04 Singapore, 148954 Singapore

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Engine No. CZC 155167 Service Advisor Kong Charmaine

Sales Advisor

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**Model Code** 5G13HZ

		Continued	14,177.94
P 5G0807723D	BUMPER SUPP.PART LH	1 Pieces	18.40
P 5G0807724D	BUMPER SUPP.PART RH	1 Pieces	18.40
P 5G0823031J	BONET HOOD	1 Pieces	804.24
P 5G0853651A ZLL	RADIATOR GRILLE	1 Pieces	339.58
P 5G0853677 9B9	VENT GRILLE	1 Pieces	89.34
P 5G1823509C	BONET LOCK/LATCH	1 Pieces	186.53
	Predecessor 5G1823509B		
P 5G2941753	HEADLAMP LH	1 Pieces	1,973.14
P 5G2941754	HEADLAMP RH	1 Pieces	1,973.14
	Sum Item		7,960.70

Sum Labor Sum Item			11,620.00 7,960.70	
Total	SGD	•	19,580.70	
7% GS7	Γ	19,580.70	1,370.66	
Total SGD Incl. GST			20,951.36	

**Explanations** 

P = Proportionately Charged

**Payment Terms** 

No Credit

Payments to:

- BBN: - Acc.-No..:

MVGS18062032 / Voikswagen Centre Singapore - HQ ENTRY DATE & TIME: 14/05/2018 09:12 SUBMITTED BY: Edmund Goh Hui Huang

#### SINGAPORE ACCIDENT STATEMENT

MSIG WINNER 7.0

DUM

#### 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 14/05/2018 09:12 **Date Of Accident** 13/05/2018 14:45

**Exact Location Of Accident** QUEENS CONDO CARPARK

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SJA9056G

Insured/Policyholder

Name Of Registered Owner HOWEY ALEXANDER BRUNO

NRIC No S2712214J

**Email Address** ALEXANDER.HOWEY@GMAIL.COM

Mobile Phone No (LOCAL) +65-97324804 Alternative Phone No OFFICE-97324804

**Vehicle Particulars** 

Manufacturer VOLKSWAGEN

Model GOLF A7 1.4 CL 92 (DSG) EQP

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?

THIRD PARTY

NO

If No. Please state action to be taken 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 29029239 AVW

Cover Note Number

Driver

Name of Driver HOWEY ALEXANDER BRUNO

NRIC No S2712214J Date Of Birth 11/08/1951 Occupation **INDOOR** Date Of Driving Pass 28/09/1999

**Driving Experience** 18 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97324804

Fax Number

Contact Number OFFICE-97324804

**EMail Address** ALEXANDER.HOWEY@GMAIL.COM Address 10 STIRLING ROAD, #36-04

Postcode 148954

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 ON COLLISION** 

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**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?

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

VIDEO FILE SIZE EXCEED, CUSTOMER HAS A COPY Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJN4928F Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver LIM JUN JIE S8733406F NRIC/Passport Number Contact Number 9363 0120

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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 #2 Pg. 1

SKETCH PLAN	-1.C	
CATZ PAREIC /	71-528-0056G	المتكافئ والمنافعة للتشام المتكافية
RAUP / LE		
: 1 1.		
QUEENS /		
CONDO		
	) 06	4
I have been been been been been been been be	1286	
DESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT	
DN 13.05.2018 in	IM ORIVING DOW THE	CARPARK PAMP
WHEN A WHITE HON	DA DROVE UP DN THE YR	DUG LANE : STOPPEN
WHEN I SAW THE	OTHER CAR BUT THE O	THER CAR DID NOT
Crop Aun (RACIO	EN LUTO THE FRONT OF L	IN CAR STAGNETS.
311 1 1000 CK 112 W	al twite the troop of p	19 CAN 291 103.00.
	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
		-
	<del></del> -	<del></del>
		<del></del>
DECLARATION		··· – ··· –
I/We declare the foregoing particulars a	re true in every respect.	1/
		Phil
i-1 m	u. Im	//
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

plate and a second



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888. Fax +55 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (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, 1996 EDITION (REPUBLIC OF SINGAPORE)

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

Form M.X.1 Individual Ownership **VW DRIVEEASY** Comprehensive

Certificate No. A 29029239 AVW

Excess: SGD500

Windscreen Excess: SGD100

- 1. Index Mark and Registration Number of Vehicle
  - · SJA9056G
- · 2. Name of Policyholder

Howev Alexander Bruno

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act
- 4. Date of Expiry of Insurance

28/09/2018

5. Persons or Classes of Persons entitled to drive\*

Howey Alexander Bruno

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

- Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations 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 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

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).

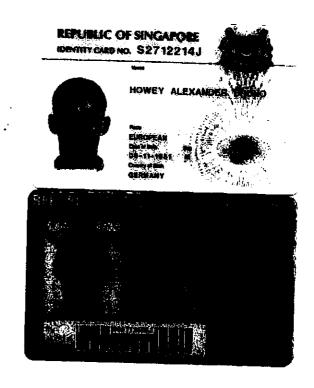
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

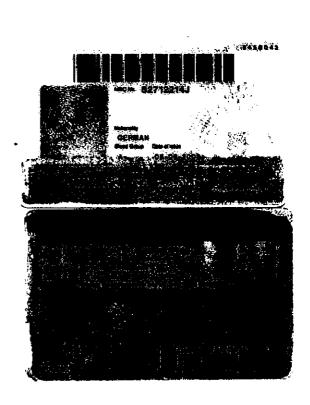
MSIG Insurance (Singapore) Pte. Ltd. Opproved Insurers

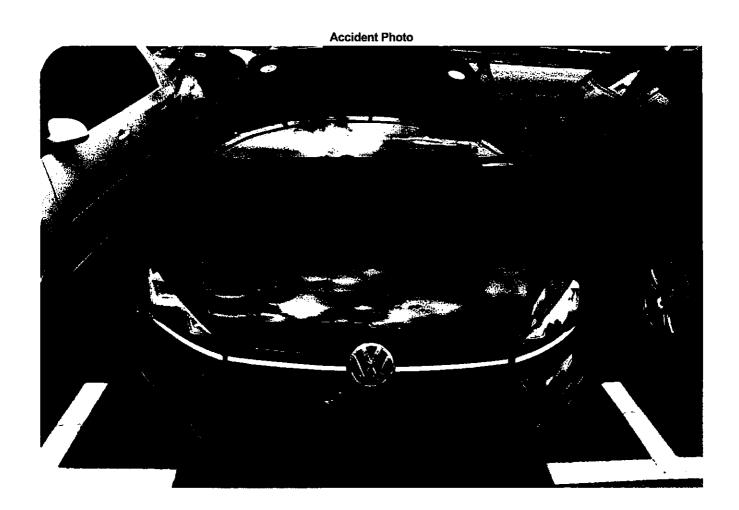
for Chief Executive Officer

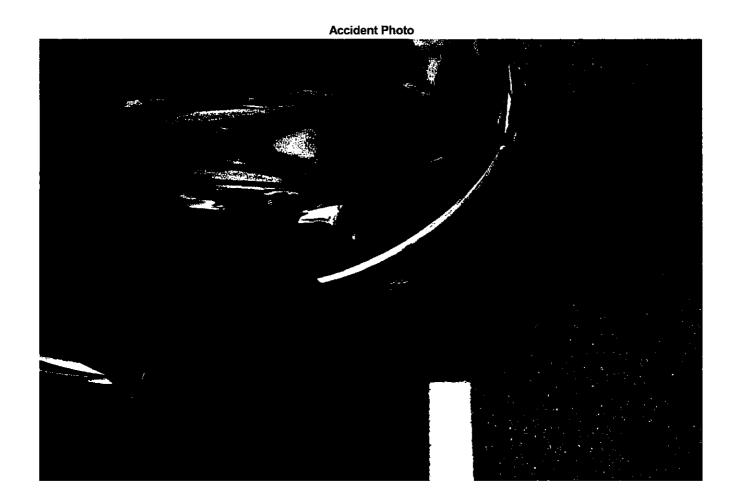
FCYZ201710021459

### Sketch Plan #4

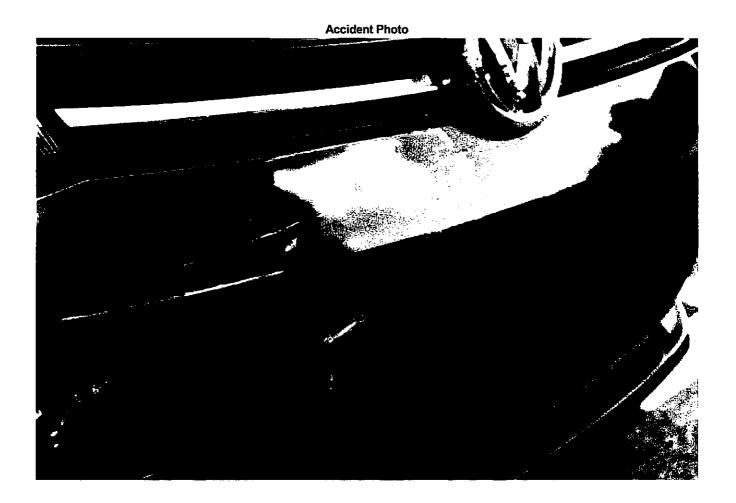


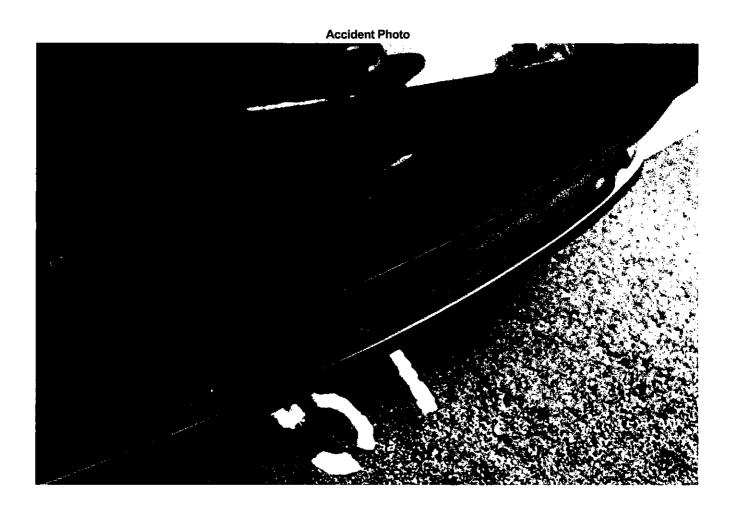
















### **Accident Photo**

