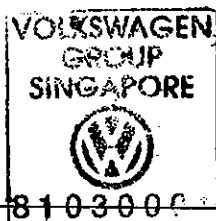


MIA (WINNER) 16/6/18

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

We are submitting a claim on behalf of our customer PAN JUNJIA DESMOND 81213293
NRIC _____ insured of vehicle OKP 3673Z against
your insured vehicle number SJY 8113E (ANDIA)
On the accident dated on 19.5.18 (ddmmyyyy) along DUNEARN RD
NEAR JUNCT OF KHEAM HOE RD.

Dated this 21 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

YONG WAI FEI BERNARD
530 MILTONIA CLOSE
#05-27
Singapore, 768109
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV036879
Quote No. SER/QUO/1800830
QuoteDate 21/05/18
Salesperson Delsie Ong
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Tiguan NF 1.4 TSI CL110 D6EQP	10,023	Cheong Pearlyn
License No.	VIN	Initial Registration	Sales Advisor
SLP678T	WVGZZZ5NZHW411055	18/05/17	Delsie Ong
Engine Code	Labor Type	Engine No.	Model Code
	1H	CZE 427938	AD13PY

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR	3	UNIT		2,520.00
P B&P ALEX 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 5NA807305A	BUMPER REINFORCEMENT	1	Pieces		470.55
P 5NA807393	BUMPER BRACKET LHS	1	Pieces		44.07
P 5NA807394	BUMPER BRACKET RHS	1	Pieces		44.07
P 5NA807421 GRU	REAR BUMPER	1	Pieces		1,048.39
P 5NA807521 9B9	LOWER SPOILER	1	Pieces		209.34
P 5NA807521 9B9	LOWER SPOILER DIFFUSER MA	1	Pieces		209.34
	Sum Item				2,025.76
Sum Labor					5,680.00
Sum Item					2,025.76
Total SGD					7,705.76
7% GST					539.40
Total SGD Incl. GST					8,245.16

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

MSG (Lynn)
VS Indich?
Omy

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	21/05/2018 09:38
Date Of Accident	19/05/2018 19:40
Exact Location Of Accident	ALG DUNEARN RD NEAR TO THE J'TION OF KHEAM HOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3673Z
Insured/Policyholder	
Name Of Registered Owner	PAN JUNJIA, DESMOND
NRIC No	S8124994F
Email Address	DESMONDJPAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81213893
Alternative Phone No	OFFICE-81213893

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT B7 1.4 TSI (DSG)
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	MSG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28809949 AVW
Cover Note Number	

Driver

Name of Driver	MA KOI LI
NRIC No	S8580663G
Date Of Birth	25/08/1985
Occupation	INDOOR
Date Of Driving Pass	17/11/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93371016
Fax Number	(LOCAL) +65-93371016
Contact Number	
EMail Address	JUSTINA.MA@GMAIL.COM

Address	12 JALAN TEMPUA
Postcode	298978
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : RAELENE PAN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	NOTICE OF REPORTING
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

MORE DETAILS PLEASE 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	SJY8113E
Vehicle Make/Model/Colour	
Details Of Properties	GRACE BENJAMIN , MOSHI
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	G1207825R
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.
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:

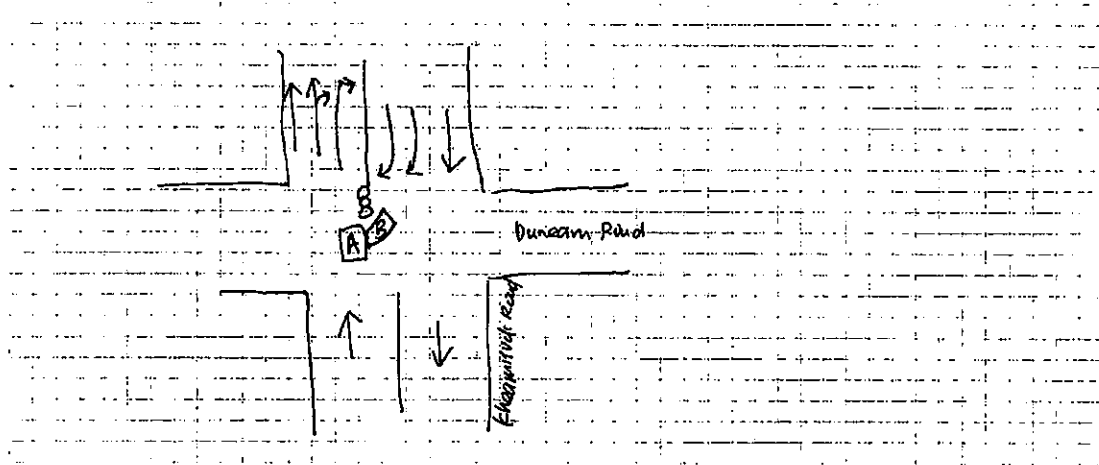
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**

I was travelling along Kheam Hock Road at the Buneam Road Junction when vehicle B made a right turn and collided into my vehicle. The light was green at that time. We exchanged particulars and left shortly after. No one was injured and no Government property was involved.

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.:

Annex D

NOTICE OF REPORTING

This is to confirm that Ma Koi Li, NRIC: S8580663G, Tel: 93371016 has reported to the Police a non-injury traffic accident which occurred along Dunearn Road near to the junction of Kheam Hock Rd on 19/05/2018 about 07:40 pm involving the following vehicle:

Vehicle A (Complainant) – SKP3673Z

Driver – Ma Koi Li

S8580663G

12 Jalan Tempua

Ctt: 93371016 ,

Vehicle B (Car) – SJY8113E

Driver – Grace Benjamin Moshi

G1207825R

Ctt: 98271214

Brief Facts:

Complainant was travelling along Kheam Hock Rd at the Dunearn Rd junction when vehicle B made a right turn and collided into my vehicle. The light was green at that time. We exchanged particulars and left shortly after. No one was injured and no government property was involved.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (2) T140170 Gerald Wong

Date: 20/05/18

Time: 11.18 am

Police Post/Unit: Bukit Timah Neighbourhood Police Centre

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
1 DUKE'S ROAD
SINGAPORE 268914

Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8580663G



Name

MA KOI LI

马可荔

Race

CHINESE

Date of birth

25-08-1985

Sex

F

Country of birth

MALAYSIA

SLP 3673 7

1 k.

A 2880 99-11 Aww

NO purchase 0%



justina.ma@gmail.com

demandspan@gmail.com

Sketch Plan #6 Pg. 1



9120760



NRIC No. S8580663G

Nationality
MALAYSIAN
Date of issue
28-03-2011

Address
12 JALAN TEMPUA
SINGAPORE 298978

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	17 Nov 2012



Licence No: S8580663G

NP 428A

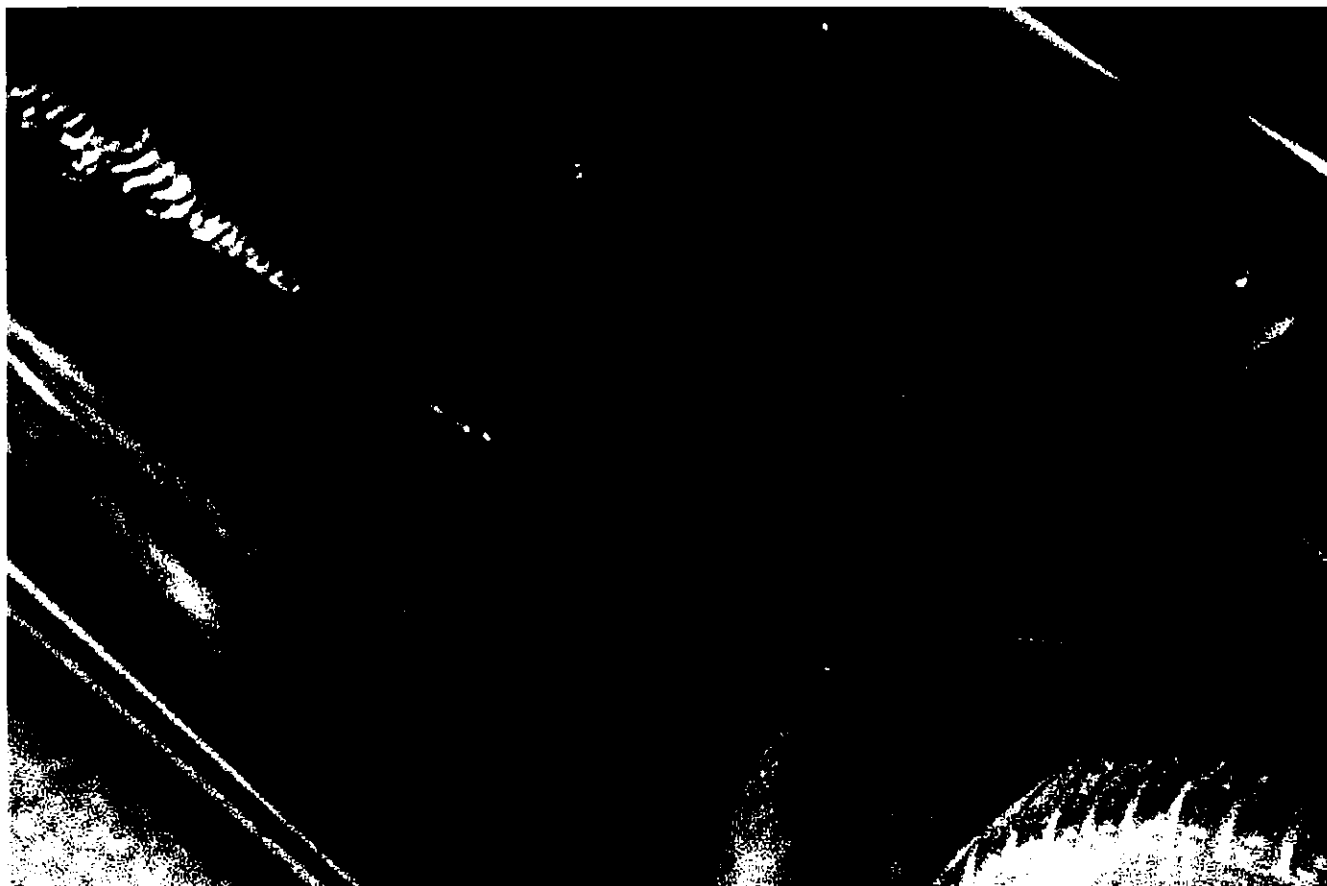
Accident Photo



Accident Photo



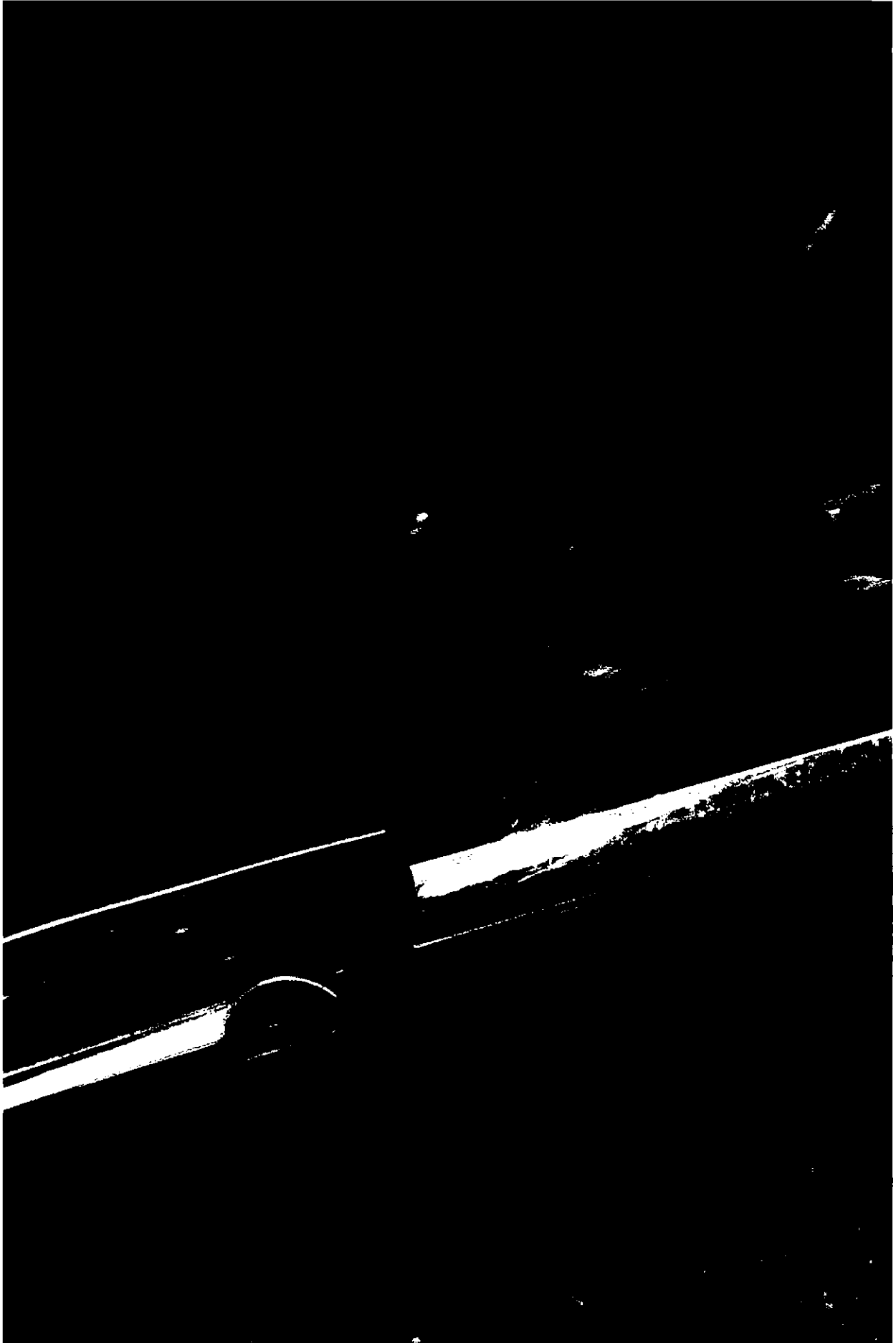
Accident Photo



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