

MSG(WINNER): 19/6/18

* SCENE VIDEO *

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

We are submitting a claim on behalf of our customer NG KEE HAYE
NRIC _____ insured of vehicle SPV 7531A against
your insured vehicle number SJA 1251L. (AIG)
On the accident dated on 23-5-18 (ddmmyyyy) along PIE TOWARDS
AIRPORT-

Dated this 24 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

NG KEE HAUR
290B BUKIT BATOK STREET 24
#07-69
SINGAPORE, 653290
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV011269
Quote No. SER/QUO/1800846
QuoteDate 23/05/18
Salesperson Shawn Lim
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Tiguan NF 1.4 TSI CL110 D6EQP	0	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
SDV7531A	WVGZZZ5NZJW340934	12/02/18	Shawn Lim
Engine Code	Labor Type	Engine No.	Model Code
	1H	CZE 545631	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	2	UNIT		1,600.00
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				4,880.00
P 5NA061195A	LOADING LIP PROTECTION-SILV TIGUAN	1	Pieces		338.88
P 5NA807305A	BUMPER REINFORCEMENT	1	Pieces		470.55
P 5NA807393	BUMPER GUIDE LH	1	Pieces		44.07
P 5NA807393A	BUMPER BRACKET LH	1	Pieces		44.07
P 5NA807421 GRU	REAR BUMPER COVER	1	Pieces		1,048.39
P 5NA807521 9B9	SPOILER	1	Pieces		209.34
P 5NA807863	STRIP	1	Pieces		68.62
P 5NA919491	SENSOR BRACKET	1	Pieces		21.15
P 5NA919491A	SENSOR BRACKET	1	Pieces		21.15
P 5NA919492	SENSOR BRACKET	1	Pieces		21.15
P 5NA919492A	SENSOR BRACKET	1	Pieces		21.15
P D 180KU2A1	2KADHESIVE	1	Pieces		103.66
P D 822150A1	BONDAGENT	1	Pieces		74.16
	Sum carried forward				7,366.34

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

PDI TUAS

PDI TUAS

NG KEE HAUR
290B BUKIT BATOK STREET 24
#07-69
SINGAPORE, 653290
Singapore

Phone No.
Fax No.
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Engine Code	Labor Type
	1H

Mileage	Service Advisor
0	Kong Charmaine
Initial Registration	Sales Advisor
12/02/18	Shawn Lim
Engine No.	Model Code
CZE 545631	AD13PY

Continued 7,366.34

Sum Item 2,486.34

Sum Labor 4,880.00
Sum Item 2,486.34

Total	SGD	7,366.34
7% GST	7,366.34	515.64
Total SGD Incl. GST		7,881.98

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	23/05/2018 13:59
Date Of Accident	23/05/2018 10:40
Exact Location Of Accident	PIE TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV7531A
Insured/Policyholder	
Name Of Registered Owner	NG KEE HAUR
NRIC No	S7601969Z
Email Address	NGKEEHAUR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97723298
Alternative Phone No	OTHERS-97723298
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN NF 1.4 TSI CL110 D6EQP

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

Cover Note Number 50506538

Driver

Name of Driver NG KEE HAUR

NRIC No S7601969Z

Date Of Birth 22/01/1976

Occupation INDOOR

Date Of Driving Pass 30/11/2002

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97723298

Fax Number

Contact Number OTHERS-97723298

Email Address NGKEEHAUR@GMAIL.COM

Address	290B BUKIT BATOK STREET 24 #07-69
Postcode	653290
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	RAINING
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 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)	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?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

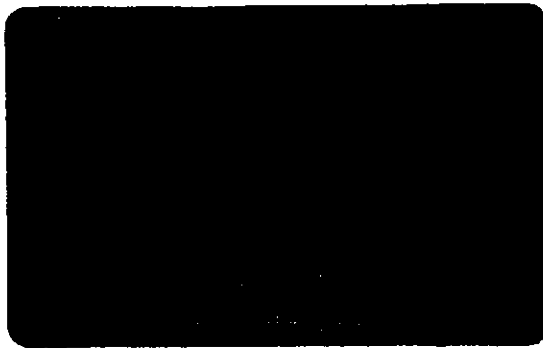
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE EXCEED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA1251L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOK KAI MIAN
NRIC/Passport Number	S1721869G
Contact Number	96238922
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7601989Z



Name

NG KEE HAUR

黄志豪

Race

CHINESE

Date of birth

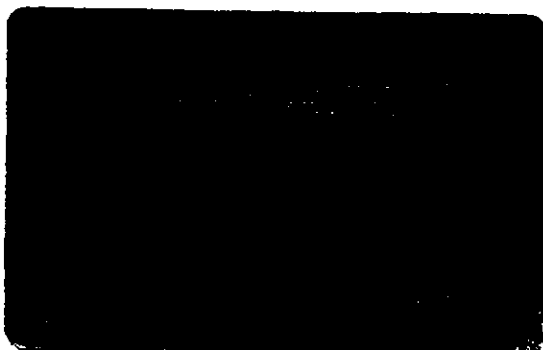
22-01-1976

Sex

M

S7601989Z

Country/Place of birth
SINGAPORE



5775400



IDENTITY NO. S7601989Z



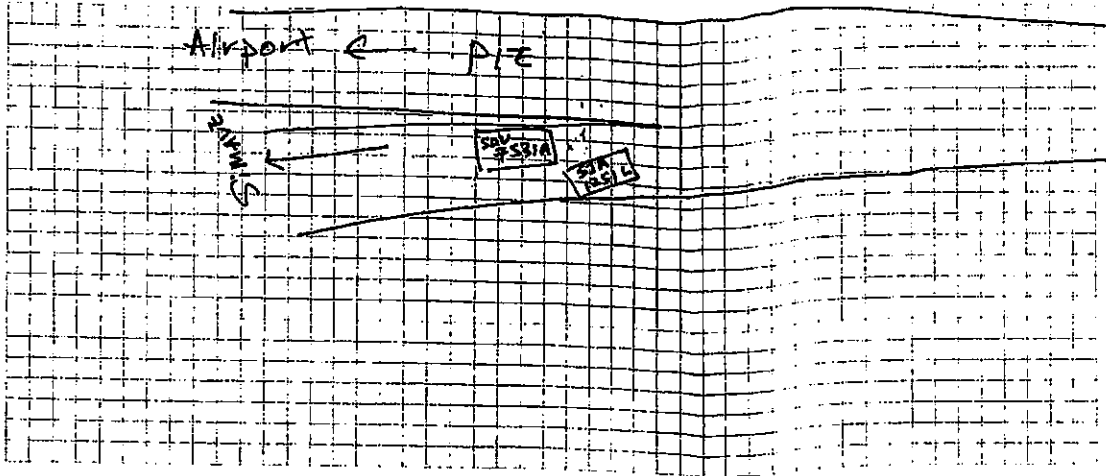
Date of issue

27-07-2017

Address

APT BLK 2908 BUKIT BATOK STREET 24
#07-09
SINGAPORE 663290

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT AROUND ^{10.35am} ~~10.40am~~ weather - drizzling.

Traffic built up at the PIE - Sim AVE EXIT, slow moving when the traffic halted. SIA 1251L did an attempt to switch lane.

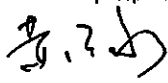
SIA 1251L then rubbed into the rear left bumper of my car. The driver reversed her car right after.


Driver S1721869 G
Mok Kai Man
96238922
(AIG) tbc.

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

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.:



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01, SGX Centre 2 Singapore 069807
Tel: (65) 6827 7888 Fax: (65) 6827 7800
Co. Reg. No. 200412212G, GST Reg. No. 20-0412212G

MOTOR INSURANCE COVER NOTE

Cover Note No. 50506538

The Insured named in the Schedule below having proposed for Insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the Insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such Insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 156348
Name of Insured : NG KEE HAU
Make and Description of Vehicle : VOLKSWAGEN TIGUAN 1.4 TSI EQP CL
Vehicle Registration No. :
Year of Manufacture : 2017
Engine No. : GZE545631
Chassis No. : WVGZZZ6NZJW340934
Capacity : 1,395 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : One year from Date of Registration of the vehicle with LTA
Excess (SGD) : As Agreed
Finance Company : DBS BANK LIMITED

We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorized Representative



[Signature]

Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Authorized Insurers

[Signature]

Amy Lee
Senior Vice President, Agencies

Date of Issue : 08/02/2018

This Cover Note is valid for 30 days from the date of Issue.

XWCPL0HC2018020817348278

Accident Photo



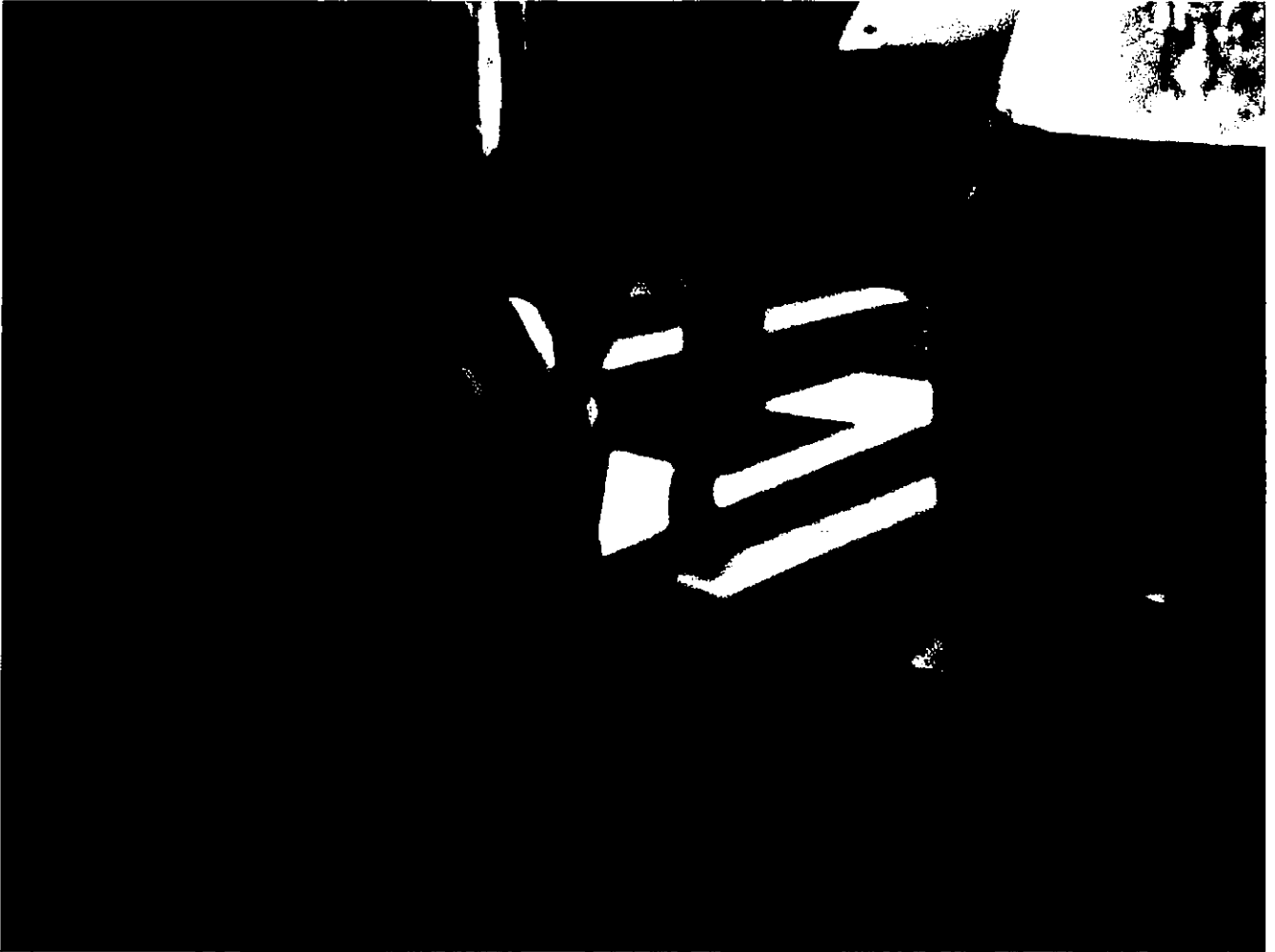
Accident Photo



Accident Photo



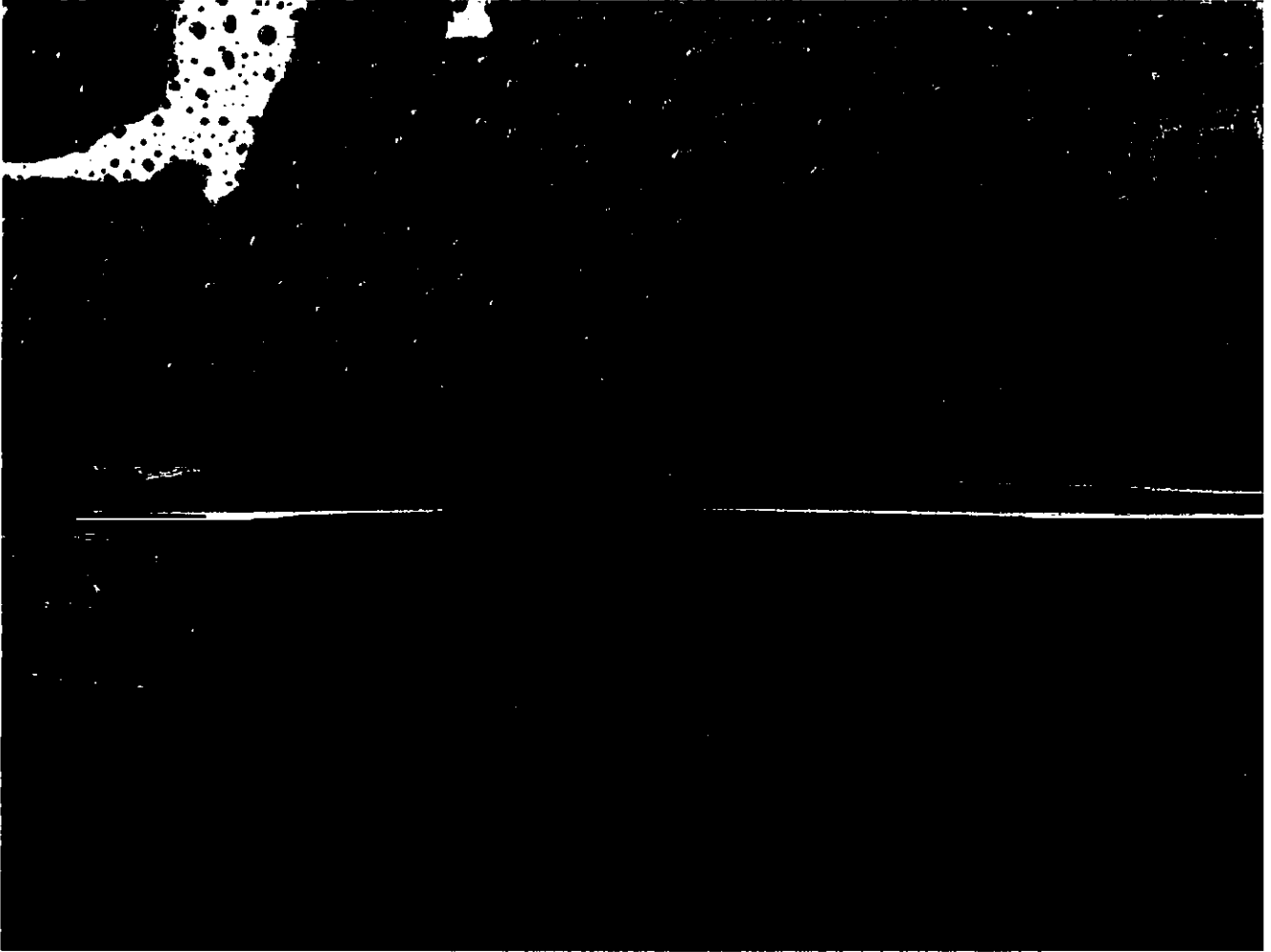
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

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 : _____ Vehicle Registration No: SDV 7531A
Name (as shown in NRIC) : Ng Kee Haur NRIC/FIN/Passport No : S76019697
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 290B #07-69 Bukit Katok ST 24 Singapore 615289
Contact (Tel) : 97723298 Mobile No. : _____
Email Address : Ngkeehaur@gmail.com
Date of Accident : 23/5/18 Time of Accident : 10.35 am
Place of Accident : PIE → Airport
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to claim from 3rd party -

Ng Kee Haur
Policyholder / Driver's Signature
Date:

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