

AVA D46 : 2/7/18
3/7/18

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

We are submitting a claim on behalf of our customer KONG YEN SAN
NRIC _____ insured of vehicle SDJ 12R against
your insured vehicle number SHA 4893M (INDIA)
On the accident dated on 19-6-18 (ddmmyyyy) along CROSS STREET.

Dated this 21 JUN 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

KONG YEN SAN
989 BUKIT TIMAH ROAD
#08-06
Singapore, 589629
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV031338
Quote No. SER/QUO/1800988
QuoteDate 20/06/18
Salesperson Delsie Ong
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Passat 1.8 TSI Highline17in	41,422	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
SDJ12R	WVWZZZ3CZGE106613	30/12/15	Delsie Ong
Engine Code	Labor Type	Engine No.	Model Code
	1P	CJS 129812	3G24JZ

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR	5	UNIT		4,200.00
P B&P ALEX LABOUR	R&R RIM & BALANCE	1	UNIT		50.00
P B&P ALEX PAINT	SPRAY PAINT	4	UNIT		3,200.00
P B&P TYRE SALES	TYRE	1	Pieces		680.00
	PURCHASE OF TIRE				
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				8,890.00
P 311601361	RUBBER VALVE	1	Pieces		1.73
	Use Predecessor 281601361				
P 3G0601025G ZD8	17" 'SOHO' RIMS ONLY	1	Pieces		1,605.96
	ANTHRACITE ALUMINIUM				
P 3G0807305T	BUMPER reinforcement	1	Pieces		624.22
	Predecessor 3G0807305N				
P 3G0810972G	WHEEL HOUSING RHR	1	Pieces		185.67
P 3G5807376	BUMPER BRACKET RH	1	Pieces		36.49
P 3G5807417 GRU	REAR BUMPER COVER	1	Pieces		1,121.62
P 3G5807484	BUMPER GUIDE RH	1	Pieces		20.79
P 3G5807863	STRIP	1	Pieces		55.15
	Sum carried forward				12,541.63

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

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KONG YEN SAN
989 BUKIT TIMAH ROAD
#08-06
Singapore, 589629
Singapore

Phone No.
Fax No.
E-Mail

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Salesperson Delsie Ong
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Make Volkswagen Passeng
Model Description Passat 1.8 TSI Highline17in
License No. SDJ12R
VIN WVVZZZ3CZGE106613
Engine Code 1P
Labor Type

Mileage 41,422
Initial Registration 30/12/15
Engine No. CJS 129812

Service Advisor Kong Charmaine
Sales Advisor Delsie Ong
Model Code 3G24JZ

Continued 12,541.63

Sum Item 3,651.63

Sum Labor 8,890.00

Sum Item 3,651.63

Total SGD 12,541.63

7% GST 12,541.63 877.91

Total SGD Incl. GST 13,419.54

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

~~AXA~~ AXA
VS
7 9NDIA
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 20/06/2018 16:50
Date Of Accident 19/06/2018 14:15
Exact Location Of Accident CROSS STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDJ12R
Insured/Policyholder
Name Of Registered Owner KONG YEN SAN
NRIC No S8313426G
Email Address KONGYENSAN@GMAIL.COM
Mobile Phone No (LOCAL) +65-97376619
Alternative Phone No OFFICE-97376619
Vehicle Particulars
Manufacturer VOLKSWAGEN
Model PASSAT 1.8 TSI HIGHLINE17IN

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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA144178
Cover Note Number

Driver

Name of Driver KONG YEN SAN
NRIC No S8313426G
Date Of Birth 11/05/1983
Occupation INDOOR
Date Of Driving Pass 31/08/2001
Driving Experience 16 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97376619
Fax Number
Contact Number OFFICE-97376619
EMail Address KONGYENSAN@GMAIL.COM

Address 989 BUKIT TIMAH ROAD, #08-06
 Postcode 589629
 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 SIDE SWIPE
 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) 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? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4893M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number S1546940D
 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:

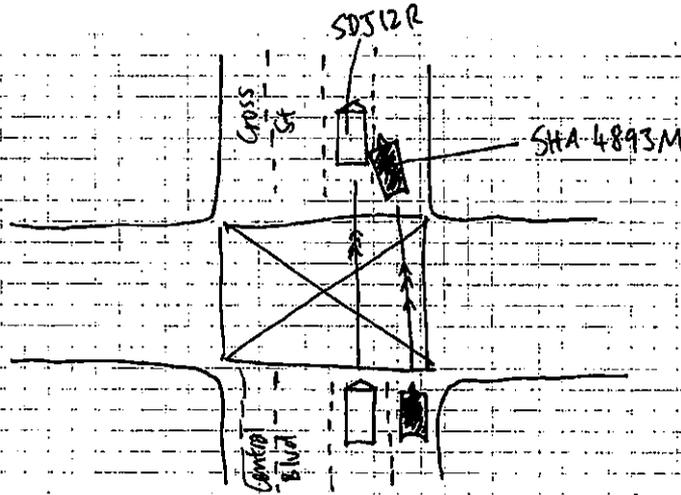
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 20 JUN 2018
4:52 PM

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20 JUN 2018
4:52 PM

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

SKETCH PLAN

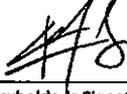


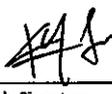
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19 June 2018 @ 2:15pm I was travelling along Control Blvd towards Cross St in my vehicle SDJ12R. As I was crossing the junction, the Taxi SHA 4893M driven by Chua Chuan Teck hit the right rear of my vehicle.

DECLARATION

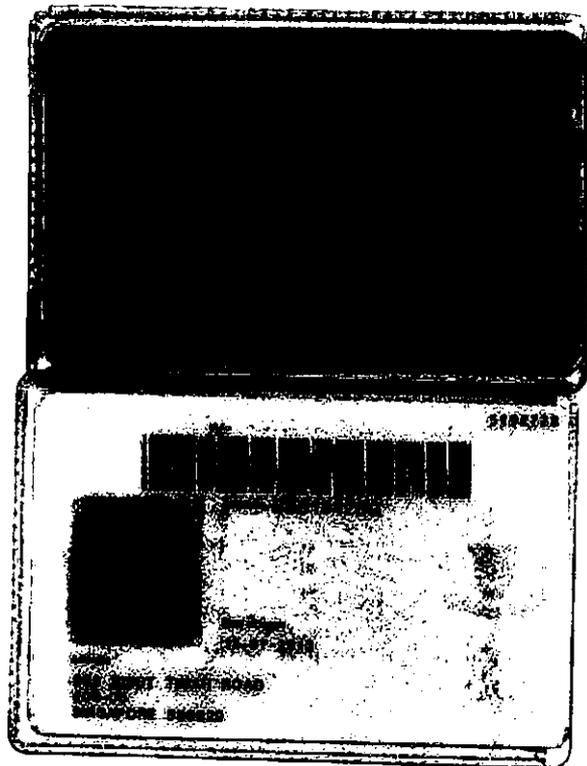
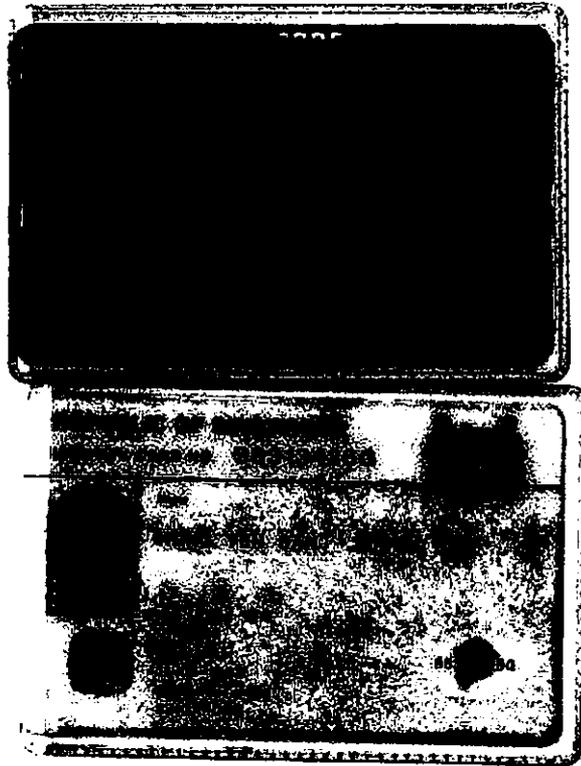
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 20 JUN 2018
 4.52 PM


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20 JUN 2018
 4.52 PM


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

Sketch Plan #3



Accident Photo



Accident Photo



Accident Photo



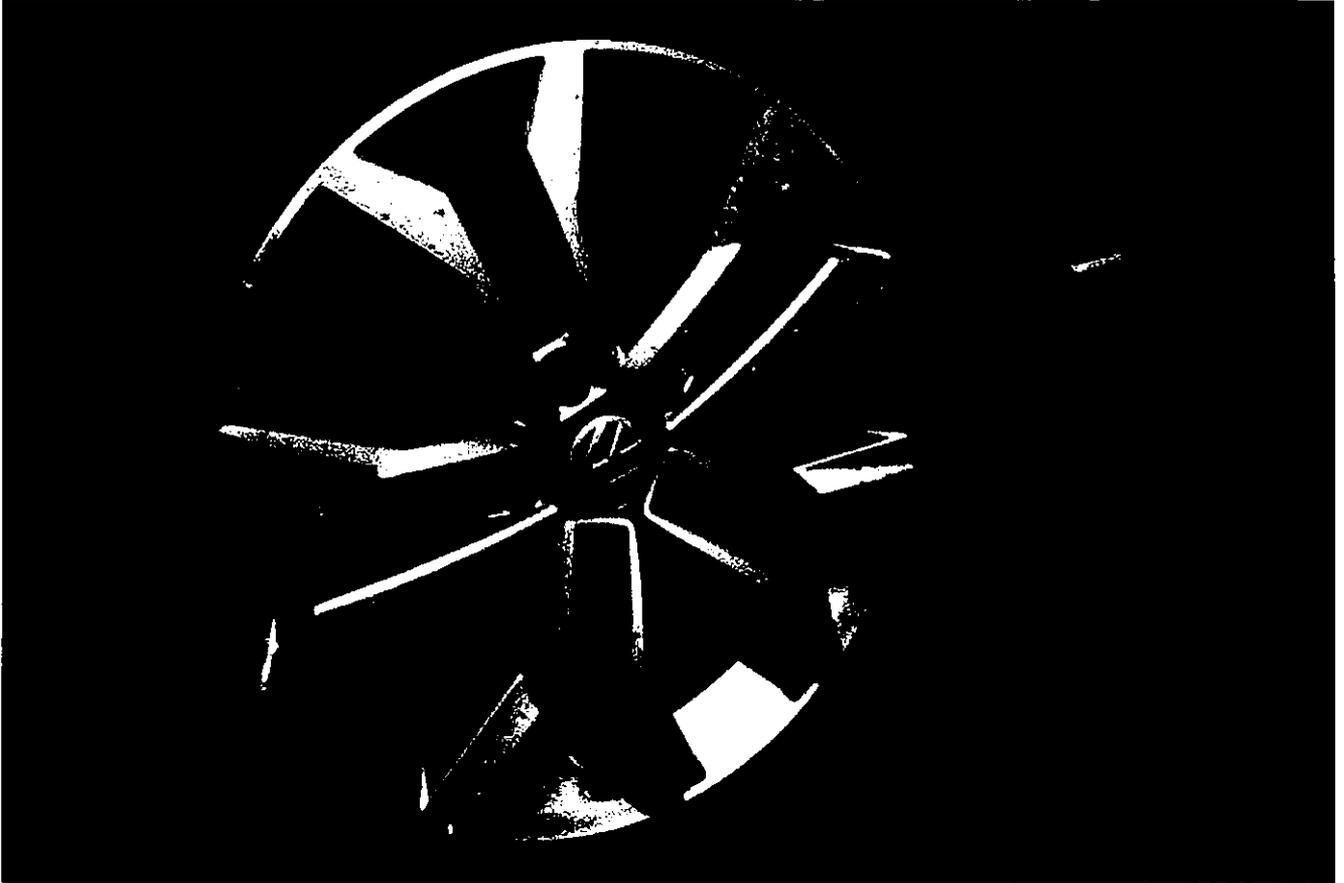
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

