



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Wong Chee Seng
NRIC S7717661F insured of vehicle SLB 9537G against
your insured vehicle number SKM 3109C. (AIG)
On the accident dated on 6/8/2018 (ddmmyyy) along
Bedok North Rd Slip Rd towards Bartley flyover.

Dated this 7 (day) of 8 (month) 20 18.



Volkswagen Group Singapore

1 Kampong Ampat

Singapore 368314

DID: 69223502

HP: 93867833

shushi.tang@vw.com.sg

PDI TUAS

PDI TUAS

WONG CHEE SENG
(HUANG ZHICHENG)
171B EDGEDALE PLAINS
#07-462
Singapore, 822171
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV033234
Quote No. SER/QUO/1801265
QuoteDate 07/08/18
Salesperson Averic Toh
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Sharan NF 2.0 TSI (DSG6) MY	51,799	Tang Shu Shi
License No.	VIN	Initial Registration	Sales Advisor
SLB9537G	WVWZZZ7NZDV029729	27/04/16	Averic Toh
Engine Code	Labor Type	Engine No.	Model Code
	1O	CCZ 353772	7N14H3

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P MACP LABOUR	LABOUR	3	UNIT		2,520.00
P B&P MACP 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 7N0807375	LHR BUMPER BRACKET	1	Pieces		60.98
P 7N0807376	RHR BUMPER BRACKET	1	Pieces		60.98
P 7N0807417E GRU	REAR BUMPER	1	Pieces		908.25
P 7N0807521C 9B9	SPOILER	1	Pieces		327.71
P 7N0807863	Use Predecessor 7N0807521B 9B REAR BUMPER CENTRE BRACK	1	Pieces		142.23
	Sum Item				1,500.14

Sum Labor		5,680.00
Sum Item		1,500.14
Total SGD		7,180.14
7% GST	7,180.14	502.63
Total SGD Incl. GST		7,682.76

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

PDI TUAS

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WONG CHEE SENG
(HUANG ZHICHENG)
171B EDGEDALE PLAINS
#07-462
Singapore, 822171
Singapore

Phone No.
Fax No.
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	10	CCZ 353772	7N14H3

Explanations

P = Proportionately Charged

Payment Terms No Credit

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	07/08/2018 10:32
Date Of Accident	06/08/2018 14:00
Exact Location Of Accident	BEDOK NORTH RD SLIP RD TWDS BARTLEY FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9537G
Insured/Policyholder	
Name Of Registered Owner	WONG CHEE SENG
NRIC No	S7717661F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96458007
Alternative Phone No	OTHERS-96458007

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SHARAN-2.0 (A)

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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT001980
Cover Note Number	

Driver

Name of Driver	FAH MING MEI KAREN
NRIC No	S7738004C
Date Of Birth	23/12/1977
Occupation	INDOOR
Date Of Driving Pass	15/01/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	+65-96458006
Fax Number	
Contact Number	
EMail Address	FAHAWAY@HOTMAIL.COM

Address	13 PASIR RIS GROVE #09-11
Postcode	518141
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 - HEAD TO REAR
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

AS PER SKETCH PLAN ATTACH.

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	SKM3109C
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE JUN REN
NRIC/Passport Number	S9835697E
Contact Number	91129226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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)**

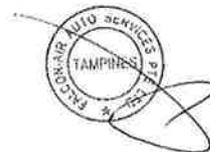
I understand, acknowledge, agree and consent that:

- (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:

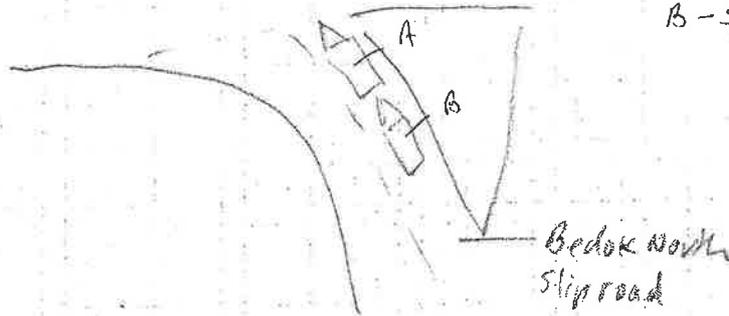
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

Bartley Flyover



A-SLB9537G

B-SKM3109C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bedok North Road going towards Bartley Flyover. As I was approaching the slip road giveaway I stop my vehicle and was checking for traffic clearance. Suddenly I heard a sound from the rear. As not to block the traffic I move a little forward and stop, went down and realize that this vehicle SKM 3109C had collided onto my vehicle. we exchange our particulars and went off

claim OD / TP at Falcon-Air claim OD / TP Own W/shop Reporting Only

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.:



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: S665500206 / 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 : MAA 3181 01857 Vehicle Registration No: SLA9537G
Name(as shown in NRIC) : NRIC/FIN/Passport No :
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : Mobile No. : 96458007
Email Address :
Date of Accident : 6/8/2018 Time of Accident : 14:00
Place of Accident : Bedok North Rd Slip Rd hoods Bartley Flyover
Insurance Company: Tokio Marine IAS.

(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:

Vehicle Registration Number for Property 1
should be SKM3109C - miss out a letter.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 718/18
Date:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MT001980 (Private Car)

- | | | |
|---|--|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLB9537G | Chassis No.: WWWZZZ7NZDV029729 |
| 2. Name of Policyholder | WONG CHEE SENG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/04/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 26/04/2019 | |
| 5. Persons or Class of Persons entitled to drive* | (a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his permission. | |

* Provided that the Person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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 or 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account No: 2523DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 1,750.00	(Original Excess : SGD 1,750.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	DBS BANK LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorized Signature



Name
FAH MING MEI KAREN
(PENG MINGMEI KAREN)
彭明美
Race
CHINESE
Date of birth
23-12-1977 Sex
F
Country of birth
SINGAPORE

S7738004C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7738004C**
Name:
FAH MING MEI KAREN
(PENG MINGMEI KAREN)
Birth Date: **23 Dec 1977**
Issue Date: **15 Jan 2007**



001472310D

449460



NRIC No. **S7738004C**



Date of issue
04-12-2009

13 PASIR RIS GROVE #09-11
SINGAPORE 518141

NRIC No: **S7738004C**

Date: **26/06/2018**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	PASS DATE
Class 3A	Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg	15 Jan 2007



Licence No: S7738004C