Volkswagen Centre Singapore

HP: 92361399



Biz Reg. No. 53103069E GST No. M20098505-2

MSIG WINNER	7: 29/9/18	* & SCENE	VIDEO 4-
Letter of Claims Request for direct se	ettlement.		
We are submitting a clair	m on behalf of our customer 50NG	THI SEN	<u>.</u>
NRIC	insured of vehicle	30978	against
your insured vehicle num	nber SHc 1612S . (GNDIN)
On the accident dated on	3.8.18 (ddmmyyyy) along	V(CTOPTIN	- 72
Dated this	(day) of(month) 201	8.	
Charmaine Kong Volkswagen Group Singa Accident Claims Dept. charmaine.kong@vw.con DID: 63057176/ 6305729	n.sg		

PDI TUAS

PDI TUAS

YONG THI YEN 7 JALAN LAPANG Singapore, 418967 Singapore Phone No. Fax No. E-Mail

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

Service Quote

Customer No. CV020437

Quote No. SER/QUO/1801257

QuoteDate 06/08/18 Salesperson Jerrome Chan

Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make Volkswagen Passeng License No.

License No. EV3097B Engine Code Model Description
JETTA A6 1.4 TSI DSG 90KW TL
VIN
WVWZZZ16ZDM021615
Labor Type

M4

Mileage 89,720 Initial Registration 14/11/12 Engine No. CAX C35433 Service Advisor Cheong Pearlyn Sales Advisor Jerrome Chan Model Code 1622G5

	No.	Description	Qty.	UoM	Unit Price	Amount
	B&P ALEX LABOUR	LAROUR		LINUT		0.000.00
Р	B&P ALEX LABOUR B&P ALEX PAINT	LABOUR SPRAY PAINT	-	UNIT		3,360.00
Р		=	4	UNIT		3,200.00
Р	B&P SENSOR	SUPPLY & INSTALL REVERSE SE	1	Pieces		400.00
Р	B&P DIAG	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC	1	Time Un		480.00
Ρ	B&P MECH	CHECK WIRE HARNESS, ECU, S Nett	1	Time Un		280.00
		Sum Labor				7,720.00
P	1K9853675B GQF	NAME PLATE TSI	1	Pieces		52.53
Ρ	1K9853687A 739	NAME PLATE JETTA	1	Pieces		55.80
P	5C6807305	BUMPER REINFORCEMENT	1	Pieces		514.20
Ρ	5C6807393	BUMPER BRACKET LHS	1	Pieces		82.96
		Successor 5C6807393B				
Ρ	5C6807394	BUMPER BRACKET RHS	1	Pieces		60.84
		Successor 5C6807394B				
Р	5C6807421 GRU	REAR BUMPER	1	Pieces		1,061.34
Ρ	5C6807433	REAR LOWER SPOILER	1	Pieces		511.00
Ρ	5C6807863	REAR CENTER STRIP	1	Pieces		77.46
Ρ	5C6827025A	REAR LID	1	Pieces		1,796.25
		Use Predecessor 5C6827025				
Ρ	5C6827705A 5AP	REAR BOOT SEAL WTHRSTRIP	1	Pieces		252.81
Р	5C6853630 ULM	VW SIGN	1	Pieces		85.78
		Successor 5C6853630E ULM				
Р	5C6945093	TAILLIGHT LHS INNER	1	Pieces		310.65
Р	5C6945095E	TAILLIGHT LHS OUTER	1	Pieces		498.60
		Use Predecessor 5C6945095A				

Sum carried forward 13,080.22

PDI TUAS

PDI TUAS

YONG THI YEN 7 JALAN LAPANG Singapore, 418967 Singapore Phone No. Fax No. E-Mail

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

Service Quote

Customer No. CV020437

Quote No. SER/QUO/1801257

QuoteDate 06/08/18 Salesperson Jerrome Chan

Page 2

THIS IS NOT AN OFFICIAL TAX INVOICE

Make Volkswagen Passeng

License No. EV3097B

Engine Code

Model Description JETTA A6 1.4 TSI DSG 90KW TL

VIN WVWZZZ16ZDM021615

Labor Type M4 Mileage 89,720 Initial Registration 14/11/12 Engine No. CAX C35433 Service Advisor Cheong Pearlyn Sales Advisor Jerrome Chan Model Code 1622G5

	Continued		13,080.22
Sum Item			5,360.22
	Sum Labor Sum Item		7,720.00 5,360.22
	Total SGD 7% GST Total SGD Incl.	13,080.22 GST	13,080.22 915.62 13,995.84

Explanations

P = Proportionately Charged

Payment Terms

No Credit

MS1G Vinner VS Modern

MVGS18100934 / Volkswagen Centre Singapore - HQ ENTRY DATE & TIME: 06/08/2018 09:30 SUBMITTED 8Y: Pearlyn Cheong Pei Fang

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 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	06/08/2018 09:30	
Date Of Accident	03/08/2018 19:35	
Exact Location Of Accident	VICTORIA STREET	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	EV3097B	

Insured/Policyholder

Name Of Registered Owner YONG THI YEN NRIC No S1251773D

Email AddressTYEN07@GMAIL.COMMobile Phone No(LOCAL) +65-98591220Alternative Phone NoOTHERS-98591220

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model JETTA-1.4 (A)

Exact Purpose for which vehicle was being used at time of accident

time of accident

PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle?

for repair to your vehicle?

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 A 80417373 AVW

Cover Note Number

Driver

Name of Driver

NRIC No

S1251773D

Date Of Birth

Occupation

Date Of Driving Pass

YONG THI YEN

S1251773D

106/11/1957

INDOOR

01/11/1978

Driving Experience 39 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98591220

Fax Number

Contact Number OTHERS-98591220
EMail Address TYEN07@GMAIL.COM

Address 7 JALAN LAPANG

Postcode 518967

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 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?

NQ

NO

2

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)

Passenger 1

NAME:

: YONG WEN SHIUAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO ATTACHEMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

YES NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1612S Vehicle Make/Model/Colour **COMFORT TAXI**

Details Of Properties FRONT Vehicle Category TAXI

RUBENDRAN S/O NADARAJAH Name of Driver

NRIC/Passport Number S8401928C Contact Number 91620737

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN		
	Victoria St Ongst → III	
		pd.
DESCRIBE CIRCUMSTANCES OF T		
On 300 Aug 201	18 at about 1936 hrs I ut extending to turn right the function, I stop to the road Alvider for the um.	now travelling
Dung Victoria 61122	d the the Theorems T when	med Tent belove
An opening at the	L road Assider for the	e can suffort of ma
to make a U-te	Arn.	
AS I Stooped	there, a taxi (comfort)) vehicle no SHC 1612C
doven by Ruberdon	n slo Nadarajah (i/Eno) vehicle no SHC 16125 :58401928C) remined
into my car at th	e rear.	
		
		······································
	· · · · · · · · · · · · · · · · · · ·	
DECLARATION I/We declare the foregoing particulars:	are true in every respect.	
- CONK		Pearlyn Cheong
Policyholder's Signatude Date & Time: 6 - 9 - 18	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: D\$ MIG_ZITE

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.
- 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 (POPA)

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:
 - 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.

Pearlyn Cheona

Policyholder's Signature Date & Time: 6.8.18

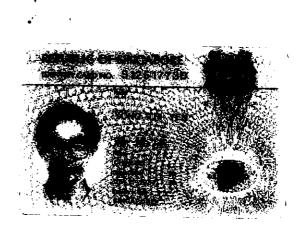
4:30 am

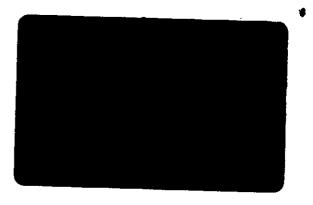
Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

0 6 AUG 201A

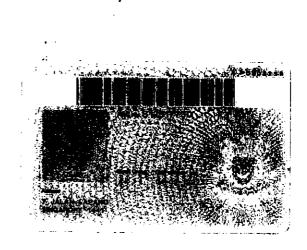
Sketch Plan #3

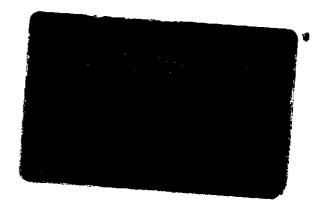




₃79,

Sketch Plan #4





2



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, R 21-01. SGX Centre 2. Singapore 068907 Tel +65 5827 7888, Fax +65 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

VW DRIVEEASY

Individual Ownership

Comprehensive

Certificate No. A 80417373 AVW

Excess: SGD500

Windscreen Excess: 9GD100

1. Index Mark and Registration Number of Vehicle

EV3097B

2. Name of Policyholder

Yong Thi Yen

3. Effective Date of the Commencement of insurance for the purposes of the Act

14/11/2017

ri

4. Date of Expiry of insurance

13/11/2018

5. Persons or Classes of Persons entitled to drive

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.

8. 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 SINGAPORE.

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-Perty 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, 1967 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved insurers

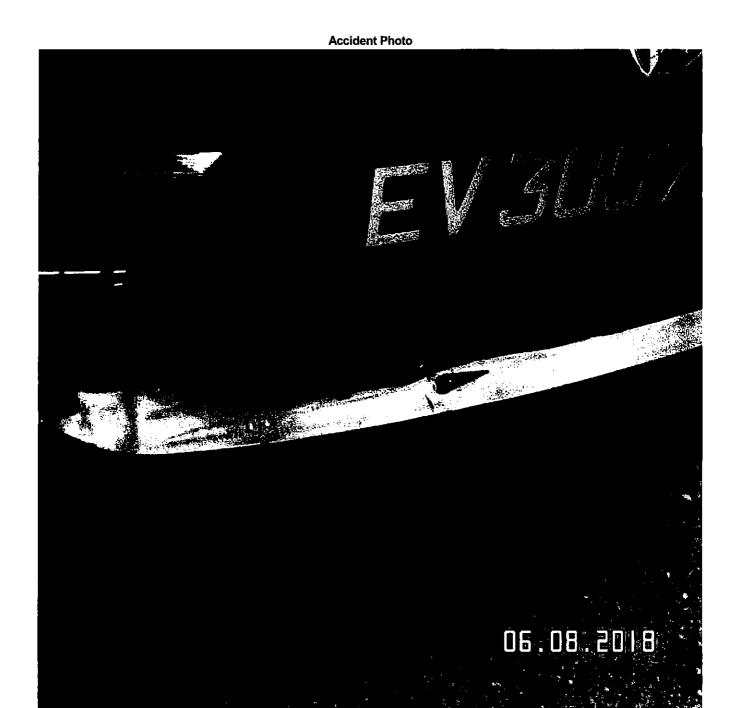
for Officer Executive Officer

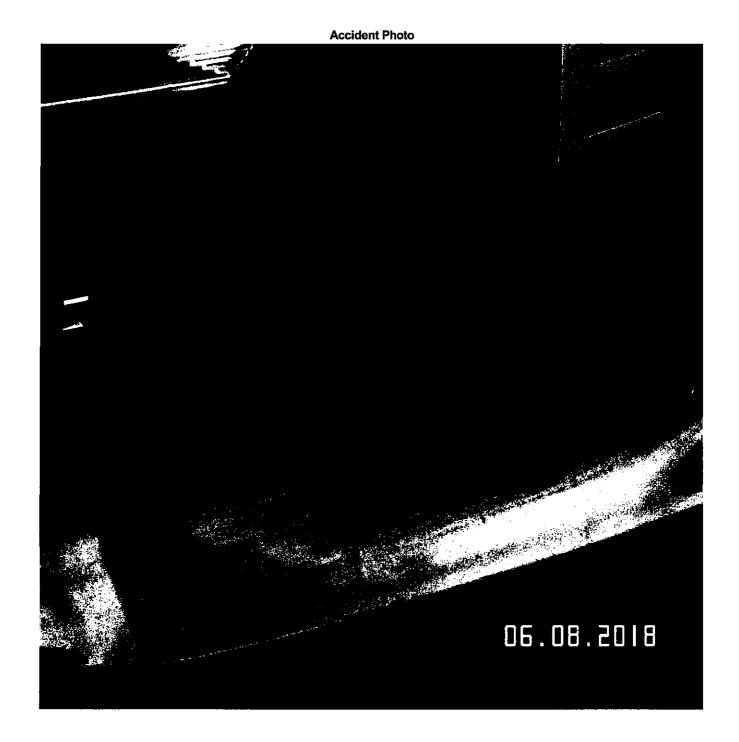
SACM201710261156

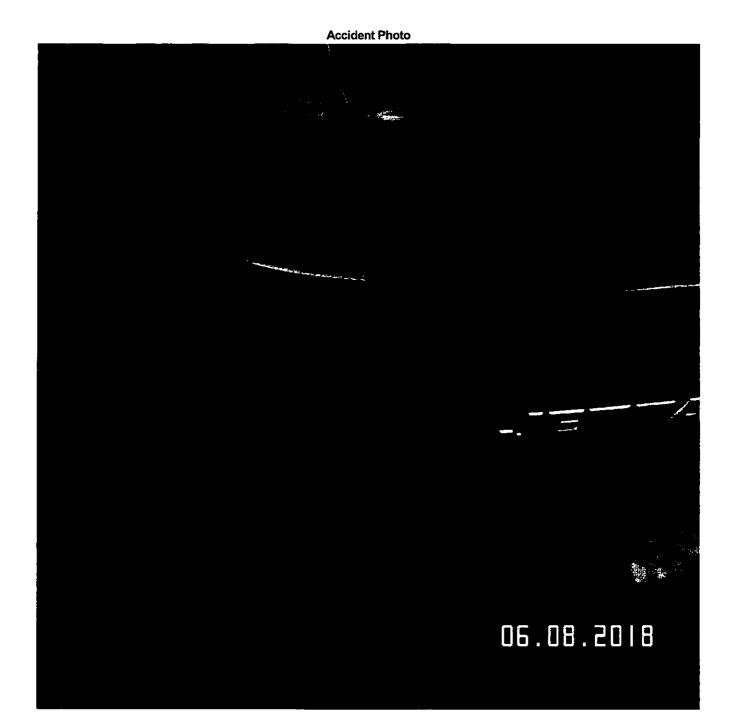


Accident Photo



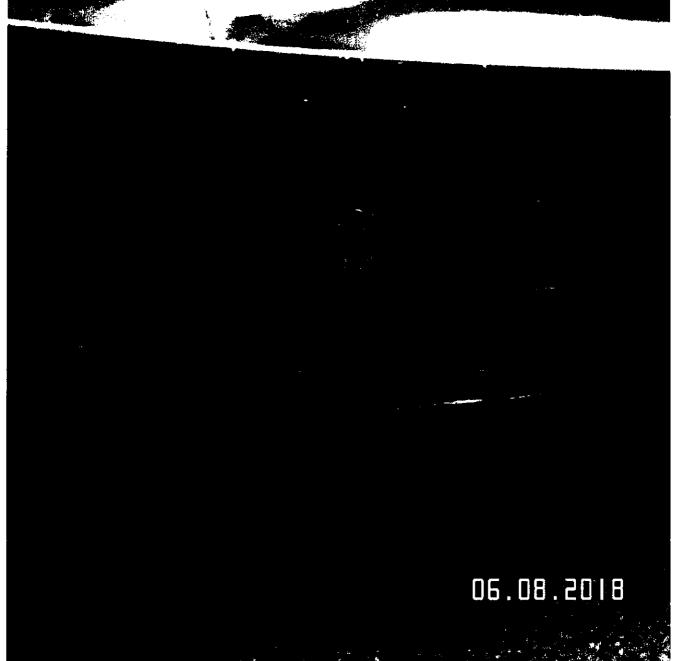






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Accident Photo



Accident Photo

