

Letter of Claims Request of direct settlement.

We are submitting a claim on behalf of our customer_Manisekayan	S/o Ramasami
NRIC 3 18 06 6 0 6 H insured of vehicle SLN 37997	against
your insured vehicle number SHC 2315T (india	)
On the accident dated on u & l& (ddmmyyyy) along	
top 7 wds mot ( Near fort Rollexit 13)	<u></u>

Dated this \_\_\_\_\_(day) of \_\_\_\_ \( \) (month) 20 \_\_\_\_ \( \).



Volkswagen Group Singapore

1 Kampong Ampat

Singapore 368314

DID: 69223502

HP: 93867833

shushi.tang@vw.com.sg

SERVICE ORDER NO: 18IP2063

CUSTOMER NO.: CV036315

CUSTOMER NAME: MANISEKARAN S/O RAMASAMY

TELEPHONE NO.:

ADDRESS: 102 BUKIT PURMEI ROAD #07-60

Singapore

VEH No.: SLN3799T

Order Date: 13/08/18

**Reg Date:** 28/04/17 KM: 45,682

VIN NO.: WVWZZZ7NZHV227589 ENGINE NO: SA: Tang Shu Shi

MODEL: Sharan GP 2.0 TSI HL LOW MODEL NO.: 7N24MY

	No.	DESCRIPTION	QTY	<u>UOM</u>	UNIT PRICE	DISC %	AMOUNT
	Labor						
1	B&P TOWING		156	TU	1.25		195
2	B&P SUNDRIES	AIR CON GAS	48	TU	1,25		60
3	B&P MECH	CHECK WIRE HARNESS, ECU, SENSOR, SOCKET	1	TU	280		280
4	B&P DIAG	PROGRAMMING & CALIBRATION- NETT	1	TU	360		360
5	B&P AIRCON	VACUUM & REGAS AIRCON-NETT	1	TU	420		420
6	B&P MACP LABOUR	LABOUR FRT	6	UNIT	840		5,040
7	B&P MACP PAINT	SPRAY PAINT FRT	5	UNIT	800		4,000
8	B&P MACP LABOUR	LABOUR REAR	6	UNIT	840		5,040
9	B&P MACP PAINT	SPRAY PAINT REAR	5	UNIT	800		4,000
10	B&P MACP LABOUR	R&R REAR W/SCREEN	1	UNIT	840		840
11	B&P MACP LABOUR	R&R REAR SILENCER	1	UNIT	840		840
12	B&P MACP LABOUR	R&R REAR LUGGAGE TRIM	1	UNIT	840		840
13	B&P MACP LABOUR	TRANSFER BOOT LID MECHANISM	1	UNIT	840		840
14	B&P NUMBER PLATE	B&P NUMBER PLATE FRT	1	ST	80		80
15	B&P NUMBER PLATE	B&P NUMBER PLATE REAR	1	ST	80		80
16	EXT00037	Tow SVC- Quality Recovery Services	1	UNIT	0		0
	Item						
17	7N0823031A	FRT BONNET	1	PCS	1,662,20		1,662,20
18	7N0807217J GRU	FRT BUMPER	1	PCS	1,479.92		1,479.92
19	7N0807183A	BUMPER SIDE BRACKET LH	1	PCS	24 89		24.89
20	7N0807184A	BUMPER SIDE BRACKET RH	1	PCS	24.89		24.89
21	7N0807723	LHS BUMPER INNER BRACKET	1	PCS	27.06		27,06
22	7N0807109D	REINFORCEMENT	1	PCS	843,21		843.21
23	7N0807192	BUMPER CENTRE BRACKET	1	PCS	141.27		141.27
24	7N0853677 9B9	BUMPER CENTRE LOWER GRILLE	1	PCS	179.37		179.37
25	7N0853101 2ZZ	BUMPER CENTRE LOWER GRILLE CHROME	1	PCS	208 85		208.85
-26-	180919275C GRU	SENSOR	1	PCS	202.04		202.04
27	1T0919133C 9B9	PARKING SENSOR O RING	1	PCS	0.75		0.75
28	7N0971095C	SENSOR WIRE HARNESS	1	PCS	97.80		97.80

SERVICE ORDER NO: 18IP2063

CUSTOMER NO.: CV036315

CUSTOMER NAME: MANISEKARAN S/O RAMASAMY

TELEPHONE NO.:

ADDRESS: 102 BUKIT PURMEI ROAD #07-60

Singapore

VEH No.: SLN3799T

Order Date: 13/08/18

**Reg Date:** 28/04/17 KM: 45,682

 VIN NO.:
 WVWZZZ7NZHV227589
 ENGINE NO:
 SA: Tang Shu Shi

MODEL: Sharan GP 2,0 TSI HL LOW MODEL NO.: 7N24MY

	No.	DESCRIPTION	QTY	<u>MOU</u>	UNIT PRICE	DISC %	AMOUNT
29	7N0955979	NOZZLE CYLINDER LH	1	PCS	255.54		255,54
30	7N0955103	NOZZLE LH	1	PCS	40.79		40.79
31	7N0807937A GRU	NOZZLE CAP LH	1	PCS	82.59		82,59
32	7N2941754B	HEADLAMP RH	1	PCS	3,002,55		3,002.55
33	7N2941753B	HEADLAMP LH	1	PCS	3,002,55		3,002.55
34	7N0805588D	LOCK CARRIER	1	PCS	932,51		932,51
35	7N0805567B	SUPPORT LOCK CARRIER	1	PCS	117.06		117.06
36	7N0805931	H/LAMP TOP PANEL LH	1	PCS	43.68		43,68
37	7N0805932	H/LAMP TOP PANEL RH	1	PCS	58,55		58,55
38	7N0121284C	AIR GUIDE RH	1	PCS	51.86		51.86
39	7N0121283C	AIR GUIDE LH	1	PCS	55.29		55.29
40	5M0820536A	SENS,HOLDE	1	PCS	0.96		0.96
41	7N0816411	A/C CONDENSER	1	PCS	595,05		595.05
42	D 004660M2	2K GLUE	1	PCS	183.87		183.87
43	D 00940104	CLEANER	1	PCS	113.84		113.84
44	D 00920002	PRIMER	1	PCS	32.19		32.19
45	D 00950025	APPLICATOR	2	PCS	11.19		22.38
46	D 181802M1	ACTIVATOR	1	PCS	29 46		29.46
47	7N0827025H	REAR BOOT LID	1	PCS	2,707.67		2,707,67
48	8D0853419D	RR NUMBER PLATE PACKING	1	PCS	14.61		14.61
49	WHT007341	NUT	4	PCS	2.52		10.08
50	7N0867601C 82V	REAR BOOT LID TRIM COVER	1	PCS	816,47		816.47
51	533863288A	FELT STRIP	1	PCS	20.55		20.55
52	7P6853630D FOD	VW SIGN	1	PCS	112,14		112.14
53	7N0853687 739	NAME PLATE - SHARAN	1	PCS	90.36		90.36
54	7N0853675F 2ZZ	NAME PLATE - 380TSI	1	PCS	58.64		58.64
55	7N0945307A	TAIL LIGHT INNER LH	1	PCS	595.31		595.31
56	3CN945087	3RD BRAKE LIGHT	1	PCS	204:89		204.89
57	7N0945105B	REFELCTOR LH	1	PCS	73.67		73.67
58	7N0807417E GRU	REAR BUMPER	1	PCS	908,25		908,25

SERVICE ORDER NO: 18IP2063

CV036315

CUSTOMER NO .:

CUSTOMER NAME: MANISEKARAN S/O RAMASAMY

TELEPHONE NO .:

ADDRESS:

102 BUKIT PURMEI ROAD #07-60

Singapore

VEH No.: SLN3799T

Order Date:

13/08/18

Reg Date:

28/04/17

45,682

VIN NO .:

WVWZZZ7NZHV227589

ENGINE NO:

SA: Tang Shu Shi

MODEL:

Sharan GP 2.0 TSI HL LOW

MODEL NO.: 7N24MY

	No.	DESCRIPTION	QTY	<u>uom</u>	UNIT PRICE	DISC %	AMOUNT
59	7N0807521C 9B9	SPOILER	1	PCS	327.71		327.71
60	7N0807251A	FOAM INSER	1	PCS	100,61		100.61
61	7N0807305A	REINFORCEMENT	1	PCS	553.53		553.53
62	7N0807863	BUMPER CENTRE BRACKET	1	PCS	142.23		142.23
63	7N0807375	BUMPER SIDE BRACKET LH	1	PCS	60,98		60.98
64	7N0807376	BUMPER SIDE BRACKET RH	1	PCS	60.98		60.98
65	1S0919275C GRU	SENSOR	2	PCS	202.04		404.08
66	1T0919133C 9B9	PARKING SENSOR O RING	2	PCS	0.75		1.50
67	7N0971104F	REAR SENSOR WIRE HARNESS	1	PCS	217.46		217.46
68	7N0825711	REAR SILENCER HEAT PLATE	1	PCS	186.45		186.45
69	7N0253609AP	SILENCER	1	PCS	1,516.20		1,516.20
70	1K0253141AA	CLAMP	4	PCS	78,44		78.44

Remarks: INDIA INSURANCE DIRECT SETTLEMENT

DOA: 11/08/2018

TP VEHICLE: SHC2315T

SURVEY BY:

SERVICE ORDER NO: 18IP2063

CV036315 CUSTOMER NAME: MANISEKARAN S/O RAMASAMY

CUSTOMER NO .:

				TOTAL AMOUNT		
				GST AMOUNT TOTAL AMOUNT		3,198.35 48,889.13
				TOTAL		45,690.78
						525 WGFW(SH)=1
7						
No.	DESCR	RIPTION	QTY	UOM UNIT PRICE	DISC %	AMOUNT
MODEL:	Sharan GP 2.0 TSI HL LOV	W MODEL NO.: 7N24MY				
VIN NO.:	WVWZZZ7NZHV227589	ENGINE NO:			SA:	Tang Shu Shi
Reg Date:	28/04/17	KM: 45,682				
Order Date:	13/08/18					

#### 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

	ACCIDENT STATEMENT
Date Of Report	11/08/2018 14:17
Pate Of Accident	11/08/2018 12:40
xact Location Of Accident	ECP TOWARDS MCE (NEAR FORT RD EXIT 13)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
ehicle Registration Number	SLN3799T
nsured/Policyholder	
lame Of Registered Owner	MANISEKARAN S/O RAMADAMY
IRIC No	S1806606H
mail Address	SWARNAM76@GMAIL.COM
obile Phone No	(LOCAL) +65-97227096
Iternative Phone No	OTHERS-97227096
/ehicle Particulars	
fanufacturer	VOLKSWAGEN
lodel	SHARAN 2.0 TSI 7N24MY
xact Purpose for which vehicle was being used at me of accident	
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE CAR
nsurance Company	
ame of Insurance Company	AXA INSURANCE PTE LTD
ype Of Coverage	COMPREHENSIVÉ
leet Policy	NO
olicy Number	GA345679/1
over Note Number	
river	
ame of Driver	MANISEKARAN S/O RAMADAMY
RIC No	S1806606H
ate Of Birth	22/05/1967
ccupation	INDOOR

23/03/1998

MALE

20 YEARS AND 4 MONTHS

Mobile Number

(LOCAL) +65-97227096

Fax Number

Gender

Date Of Driving Pass

**Driving Experience** 

Contact Number OTHERS-97227096

**EMail Address** SWARNAM76@GMAIL.COM Address BLK 102 BUKIT PURMEI ROAD

#07-60

Postcode 090102

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

-20

Insurance Company of Driver's Own Vehicle

7.

#### **General Information of the Accident**

Type Of Accident CHAIN COLLISION

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?

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)

### **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**

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 SMC6309B

Vehicle Make/Model/Colour HONDA VEZEL HYBIRD

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHC2315T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

M-BENZ COMFORT DELGRO LIMO CAB

TAXI

#### 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 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.
- 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-

Inai 11/8/18 14/8 hours.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

	2 - 51	2 .	
SKETCH PLAN	Sheray SLN 3499	Lime Cab	<del></del>
E A	J BIC		
£ 4-			2_
abrada -			3
Ect toward			4
Ed Ed			5
DESCRIBE CIRCUMSTANCES (	OF THE ACCIDENT		
LICENSE PLATE: SLN 37		ACCIDENT DATE & TIME: 11   P	P & 1240 hours
CONTACT NUMBER: 97227		E-MAIL ADDRESS: Swarnam 76	egmail.com
LOCATION: ECP toward	11	Road Exit 13	
of Fort Road	ch the right	most line.	mar exit 13
0 1	cident alone E	The state of the s	Starled Slowing
down. The uch			is ochicle
Then I proceed	I to stop my u	which in the to	avoid any
Collision.	CIV	1 6 1011	1 15 1
Il I while C	telt an impac	1	d noticed
That VINCE C	- hit my bad	1 and Consold m	wehrele to
move torward	and hist vehice	Je IT	
Stefengt given	by vehicle	t driver for clair	fication.
	1		
NOTE: PLEASE NOTE TH		/E 14 DAYS TIME FRAME FOR YO	U TO SUBMIT AN
OWN DAMAGE CLAIM UND	ER YOUR OWN POLICY, PLE	ASE CHECK YOUR POLICY FOR M	MORE INFORMATION
Please state:			
( ) Claim Own Policy	( ) Claim Third Party	Claim OD/TP at other workshop	( ) Reporting Only
DECLARATION  I/We declare the foregoing particu	lars are true in every respect	-	
Jan alaka			
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyho Date & Time		e Personnel's Signature
	LONG DE LIMITE	TALL THE MOST	

I, Nohammad Sheehid Bin Artin (SS1/592/A) was the front vehical in the chain accident involving vehicle (SMC6309B) and (SL##3799T) and (SHC2315T), I with to state that I saw the webicle (SLN 3799T) stopped his velicle in time to previous a collision anto my car. However, his to the impact caused by by velical (SMC2315T), velical \$SLN/3799; has to his my can from believed. 7 gan Mis Mira noj rear VIEW.

S8115921A





**AXA Insurance Pte Ltd** 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 customer.care@axa.com.sg

www.axa.com.sg

**Certificate of Insurance** account number 16441

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act. 1987 (Malaysia)

## Policy details

Policyholder name

MANISEKARAN S/O RAMASAMY

Certificate number

GA345679 / 1

Cover Plan name

Comprehensive Flexi 0%

Chassis number Engine number

WVWZZZ7NZHV227589 DED009834

NCD applicable Vehicle registration number Period of Insurance

SLN3799T

from 28/04/2018 to 27/04/2019 (both dates inclusive) DBS BANK LTD

Finance foan company

## Persons or classes of persons entitled to drive\*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. SUBHADRA D/O NARAYANN

(c) Any person who is driving on the Policyholder's order or with their 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.

## Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

use only for social, domestic and pleasure purposes and for the Policyholder's dustiness.

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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 199) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS** 

Windscreen Excess Third Party Excess

Not Applicable SGD 500.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium

# Additional clauses & endorsements to your policy

I/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).

AXA Insurance Pte Ltd

Authorised signature

#### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-

For years and compensation act (CSp. 103).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate,

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower.

1013

Singapore 068811

#### Sketch Plan Pg. 5

# KEPUBLIC OF SINGAPUKE IDENTITY CARD NO. \$1806606H

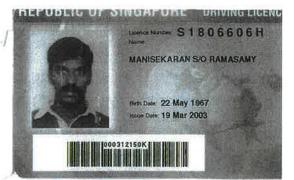




MANISEKARAN S/O RAMASAMY

ுர் மணிசேகான்

INDIAN
Date of Birth
Sex
22-05-1967 M
Country of Birth
INDIA







## HICLE CONDITION REPORT FORM / JOB RECORD Allianz 🕪 Customer Telephone: Odometer Reading (Customer Vehicle): KM Travelled by Assistance Vehicle: (1 way) Fault Reported: Ace 10 = N7 Time Job Completed: Fault Found: Repaired at Breakdown Scene: Y/N How was vehicle repaired? NIL VIN No: NL Hubcaps Wet/Dry Clean/Soiled Day/Night Spare Wheel Please circle the above as appropriate Tools Place X on damaged area for scratch and Y for dent Audio System Keys + Remote Aerial 1 Y/N Cashcard (RM Fuel Е Interior Condition: Front Seats Rear Seats Floor Covering Headlining Delivery to Dealership / Date and Time: Vehicle received in the above condition YES/NO If not stated as above specify difference: CUSTOMER DECLARATION 1. I am entitled to the service requested. In the event of this subsequently not being the case I shall be responsible for the cost of any assistance provided.

- 2. I accept that any roadside repairs will be of a temporary nature and that advice of a franchised dealer should be sought by me as soon as possible.
- 3. In the case of forced entry, I confirm that I specifically requested that the operator forcefully enter the vehicle and that all damages occasioned thereby is and shall be my sole responsibility.

4. I accept that any removable items left in the vehicle will not be the responsibility of the emergency service or their agents.

Customers	Dealer/Workshop	MAZI	Operators	101
Signature	Signature	MIGHT	Signature	711
(white copy)	(pink copy)	1	(yellow copy)	V