



ETION due: 3/9/18
4/9/18

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer TONG HOE SENG KENNETH
NRIC _____ insured of vehicle SLB 1981 J against
your insured vehicle number SLK 7104M (Ala)
On the accident dated on 21-8-18 (ddmmyyy) along MOUNTBATTEN ROAD -
_____.

Dated this 23 AUG 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

TONG HOR SENG, KENNETH
@DONG KECHENG
7 AMBER GARDENS
#10-17
Singapore, 439974
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV010665
Quote No. SER/QUO/1801378
QuoteDate 23/08/18
Salesperson Delsie Ong
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	GOLF A7 VARIANT 1.4 (DSG) 92KW	17,228	Cheong Pearlyn
License No.	VIN	Initial Registration	Sales Advisor
SLB1981J	WVWZZZAUZGP577312	30/03/16	Delsie Ong
Engine Code	Labor Type	Engine No.	Model Code
	1T	CZC 085299	BA54HZ

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	3	UNIT		1,500.00
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				4,780.00
P 5G9807305A	BUMPER REINFORCEMENT	1	Pieces		544.14
P 5G9807375	BUMPER BRACKET LHS	1	Pieces		59.73
P 5G9807376	BUMPER BRACKET RHS	1	Pieces		52.42
P 5G9807393A	BUMPER RETAINER LHS	1	Pieces		52.42
P 5G9807394G	BUMPER RETAINER RHS Predecessor 5G9807394A	1	Pieces		52.42
P 5G9807417H GRU	REAR BUMPER	1	Pieces		1,416.49
P 5G9807568H 041	REAR LOWER RDIFFUSOR	1	Pieces		438.09
P 5G9807863A	REAR CENTER STRIP	1	Pieces		86.43
P 5G9919491	SENSOR BRACKET	1	Pieces		34.98
P 5G9919491A	SENSOR BRACKET	1	Pieces		34.98
P 5G9919491A	SENSOR BRACKET	1	Pieces		34.98
P 5G9919492	SENSOR BRACKET	1	Pieces		34.98
P 5Q0919133 704	SENSOR O RING	1	Pieces		2.53
P D 180KU2A1	2KADHESIVE	1	Pieces		103.66
P D 822150A1	BONDAGENT	1	Pieces		74.16
	Sum carried forward				7,802.41

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

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7 AMBER GARDENS
#10-17
Singapore, 439974
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Phone No.
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Continued 7,802.41

Sum Item 3,022.41

Sum Labor 4,780.00

Sum Item 3,022.41

Total SGD 7,802.41

7% GST 7,802.41 546.17

Total SGD Incl. GST 8,348.58

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

ETQA Vs AIG
Direct 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	21/08/2018 12:24
Date Of Accident	21/08/2018 08:05
Exact Location Of Accident	MOUNTBATTEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1981J
Insured/Policyholder	
Name Of Registered Owner	TONG HOR SENG KENNETH
NRIC No	S7426840D
Email Address	KENNETH07@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90279878
Alternative Phone No	OFFICE-90279878
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF VARIANT-1.4 R-LINE (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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA000035
Cover Note Number	
Driver	
Name of Driver	TONG HOR SENG KENNETH
NRIC No	S7426840D
Date Of Birth	15/08/1974
Occupation	INDOOR
Date Of Driving Pass	15/06/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90279878
Fax Number	
Contact Number	OFFICE-90279878
EEmail Address	KENNETH07@HOTMAIL.COM

Address 7 AMBER GARDENS
#10-17
Postcode 439974
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?
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) 3

Passenger 1 NAME: : TAN EVANGELINE IVY
GENDER: : FEMALE
Passenger 2 NAME: : GWENDOLYN ZELL TONG YIN QI
GENDER: : FEMALE

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 SLK7104M
Vehicle Make/Model/Colour
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)

Sketch Plan Pg. 1

SKETCH PLAN

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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

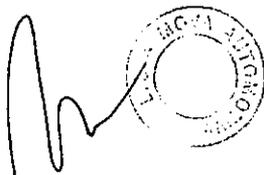
Date & Time:

21/08/18 12:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:



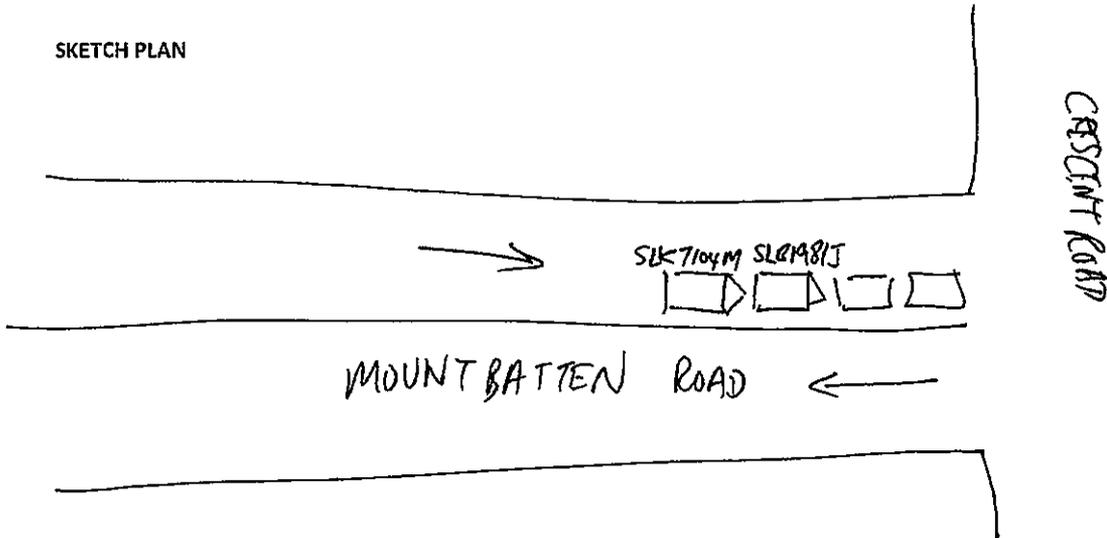
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLB 1981J	ACCIDENT DATE & TIME: 21/08/18 8:06 am
CONTACT NUMBER: 9027 9878.	E-MAIL ADDRESS: kenneth.07@hotmail.com.
LOCATION: Near junction of Mountbatten Road and Crescent Rd.	
My vehicle (SLB 1981J) was stationary at the traffic junction on Mountbatten Road and Crescent Road.	
The vehicle (SLK 7104M) collided with my vehicle while my vehicle was stationary. The rear of	
The impact of the collision resulted in a minor facial injury for one of the passengers in the rear seat (Evangeline Tan Ivy). Her upper lip was contused and bruised, and she had to see a doctor.	
Passenger details:	
Tan Evangeline Ivy (S824264H), wife of insured driver Gwendolyn Zeh Tong Yin Qi (F16101658), daughter of insured driver.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

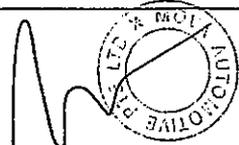
DECLARATION

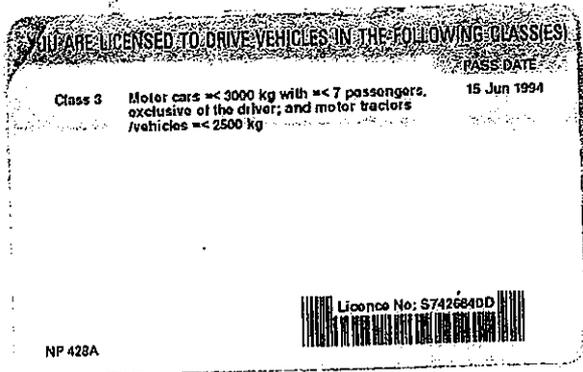
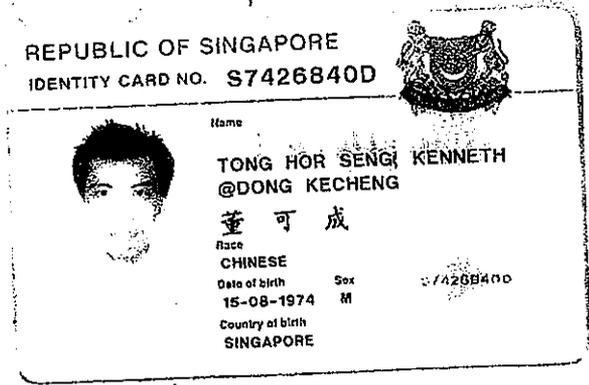
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 21/08/18 12:00

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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





eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : TONG HOE SENG KENNETH
 Policy No : MA 000035
 Vehicle No : SLB 1981J
 Place of Accident : Near junction of Mountbatten Road and Crescent Road
 Insured Driver's relationship with Insured : self.
 Drink Driving of Insured and/or Insured Driver : No.
 No of passenger(s) in Insured vehicle : 2
 Injury to Insured and/or Insured driver, please indicate which hospital:

Third Party Vehicle No (if any) : SLK 7104M
 No of passenger(s) in Third Party Vehicle : None
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Insured vehicle (SLB1981J) was hit on the rear by another vehicle (SLK7104M)
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]
 Driver (Name & Signature) / Date 21/08/18.
 I, affirmed the above information is given to my best knowledge

[Signature]
 Attended by (Name & Signature) / Date
 Workshop Name: _____

Etiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583
 T +65 63360477
 F +65 63392109
 www.etiqa.com.sg
 Company Reg. No. 201233041K

Member of Maybank Group

Accident Photo



Accident Photo



Accident Photo



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