Volkswagen Centre Singapore



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



Letter of Claims
Request for direct settlement.

* SCENE VIDEO &

We are submitting a claim on b	ehalf of our customer	AZI LAH	BINCE	Asu che	94504346
	_ insured of vehicle _	را حرسان		against	
your insured vehicle number	stm \$43 T	(Alg)	
On the accident dated on	8-12 (ddmmyy	yy) along _	BLK 11	MARCILING	
DR. CARPARK.					
Dated this 27 AUG 2018 (day) of(m	onth) 2018	•		

Charmaine Kong Volkswagen Group Singapore Accident Claims Dept. <u>charmaine.kong@vw.com.sg</u> DID: 63057176/ 63057299

HP: 92361399

PDI TUAS

PDI TUAS

AZILAH BINTE ABU CHE 10 Marsiling Drive 730010 SINGAPORE

Phone No. Fax No. E-Mail

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

Service Quote

Customer No.

CV023739

Quote No.

SER/QUO/1801398

QuoteDate

Page

27/08/18

Salesperson

THIS IS NOT AN OFFICIAL TAX INVOICE

Make Volkswagen Passeng

License No.

SKB4357D **Engine Code**

Model Description Polo A05 1.4A+6E1 9P3

VIN

1A

WVWZZZ6RZAU063972

Labor Type

Mileage 156,084 Initial Registration

27/05/11 Engine No.

CGG 337897

Service Advisor Cheong Pearlyn Sales Advisor

Model Code 6R13E7

	No.	Description	Qty.	UoM	Unit Price	Amount
Р	B&P ALEX LABOUR	LABOUR	6	UNIT		5,040.00
Ρ	B&P ALEX LABOUR	TRANSFER DOOR PARTS	1	UNIT		840.00
Ρ	B&P ALEX PAINT	SPRAY PAINTING	6	UNIT		4,800.00
Р	B&P DIAG	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC	1	Time Un		2.53
Ρ	B&P MECH	CHECK WIRE HARNESS, ECU, S Nett	1	Time Un		480.00
P	B&P PARTS	RIM VALVE KEY IN PARTS NUMBER	1	Time Un		1,780.00
Ρ	B&P WHEEL ALIGNMENT	B&P WHEEL ALIGHNMENT NETT Sum Labor	1	Time Un		280.00 1 3,222.53
Р	6R4833055J	DOOR LHR Use Predecessor 6R4833055H	1	Pieces		1,586.26
Ρ	6R6839697A 5AP	DOOR SEAL LHR	1	Pieces		104.67
Ρ	D 378500A2	DOOR INSULATOR	1	Pieces		53.34
		Sum Item				1,744.27

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27/05/11

Engine No. CGG 337897 Service Advisor Cheong Pearlyn Sales Advisor

Model Code 6R13E7

Sum Labor 13,222.53 Sum Item 1,744.27

Total SGD 14,966.80 **7% GST** 14,966.80 1,047.68 Total SGD Incl. GST 16,014.48

Explanations

P = Proportionately Charged

Payment Terms

No Credit

GULARO

MVGS18110410 / Volkswagen Centre Singapore - HQ ENTRY DATE & TIME: 27/08/2018 10:14 SUBMITTED BY: Wong Yen Mei

SINGAPORE ACCIDENT STATEMENT

out

MS.G(not Introver)

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	27/08/2018 10:14
Date Of Accident	25/08/2018 12:30
Exact Location Of Accident	ALG BLK 11 MARSILING DRIVE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB4357D
Insured/Policyholder	
Name Of Registered Owner	AZILAH BINTE ABU CHE
NRIC No	S7905100D
Email Address	AZILAH@MAIL.COM
Mobile Phone No	(LOCAL) +65-94504346
Alternative Phone No	OFFICE-94504346
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO A05 1.4A+6E1 9P3
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 29078580 SMF
Cover Note Number	

Driver

Name of Driver FARUZI BIN AD RAHMAN

 NRIC No
 \$8515978Z

 Date Of Birth
 20/05/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 20/09/2011

Driving Experience 6 YEARS AND 11 MONTHS

Gender MALE

 Mobile Number
 (LOCAL) +65-94504346

 Fax Number
 (LOCAL) +65-94504346

Contact Number

EMail Address AZILAH@MAIL.COM

Address APT BLK 261 BOON LAY DRIVE #03-545

Postcode 640261

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 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?

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) 2

Passenger 1 NAME: : AZILAH BINTE ABU CHE

GENDER: : FEMALE

NO

NO

NO

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?

If Yes, against whom?

Circumstances of Accident

MORE DETAILS PLEASE REFER TO SKECTHC PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO UNABLE TO UPLOADED

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW543L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MDM CHNG MUI CHAN

NRIC/Passport Number S0126560A Contact Number 96372610

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 (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:
 - 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.

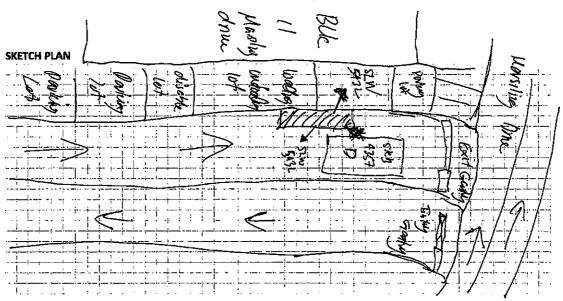
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 Aug 2018, I was driving along Blk 11 Marsiling Brive Carpark at about 1228hr, on the nay out to the Carpark gentry I was about to pass by a vehicle plate number 52W 543L and the vehicle was at a stationary position upon passing by. After I have passed by the vehicle with my right of way without knowing the intention of the driver as she did not signal her vehicle, suddenly I felt something hit my vehicle from the left side of the vehicle. The driver stepped out of her vehicle and admitted that she did not notice there was another vehicle (my vehicle) close by before she drove out foff. She admitted she did not check her right blind spot side before moving off she admitted it was her mistake the accident happened. Accident was recorded on the rehicle dashcam.

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Septeture (If driver is not the policyholder) Date & Time: men

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



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 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.

ULTIMATE CAR PROTECTOR-PREMIER

Comprehensive

Individual Ownership

Certificate No. S 29078580 SMF

Excess: SGD500

ŧ

- 1. Index Mark and Registration Number of Vehicle SKB4357D
- 2. Name of Policyholder

Azilah binte Abu Che

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 27/05/2018
- 4. Date of Expiry of Insurance

26/05/2019

5. Persons or Classes of Persons entitled to drive*

Azilah binte Abu Che

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.
- 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 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 (Malaysla), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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-Party Risks and Compensation) Act (Cap. 189).

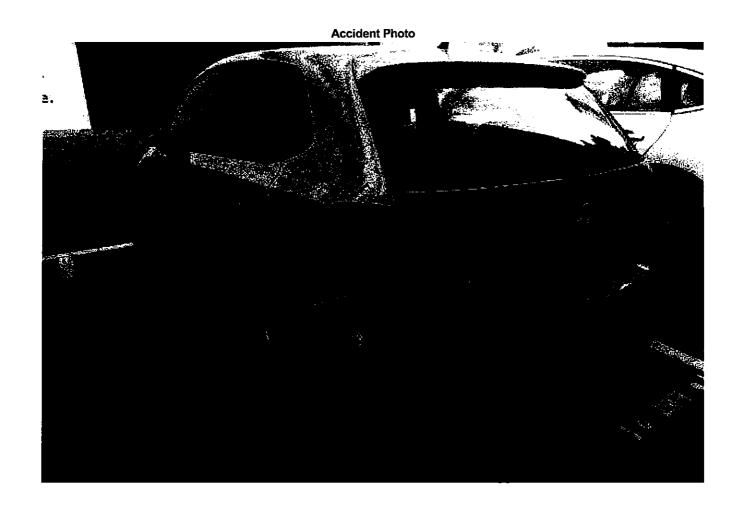
IME HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

for Chief Executive Officer

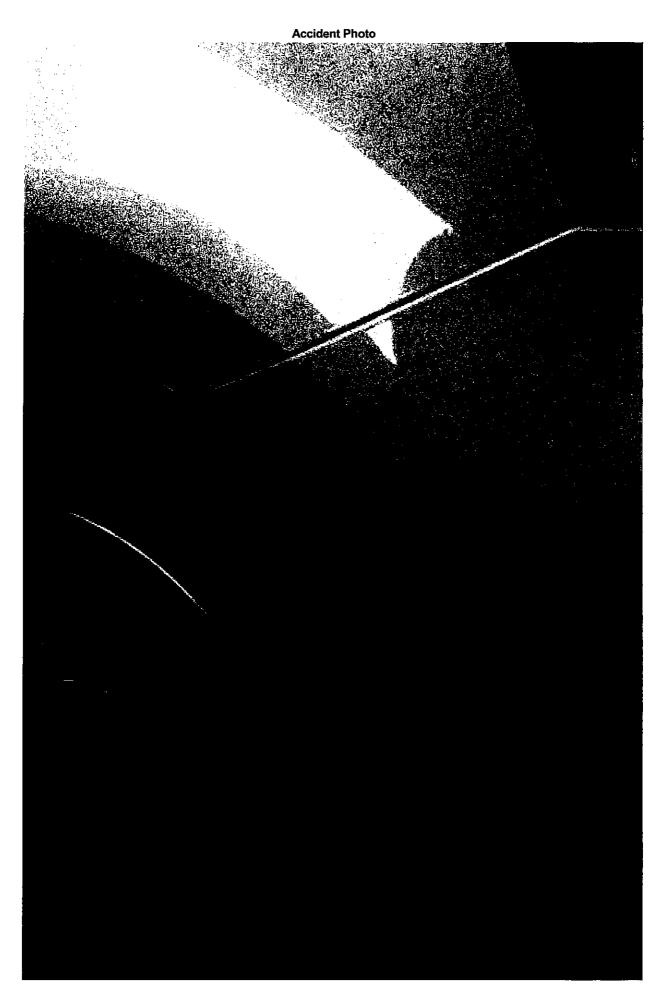
FCYZ201804131425

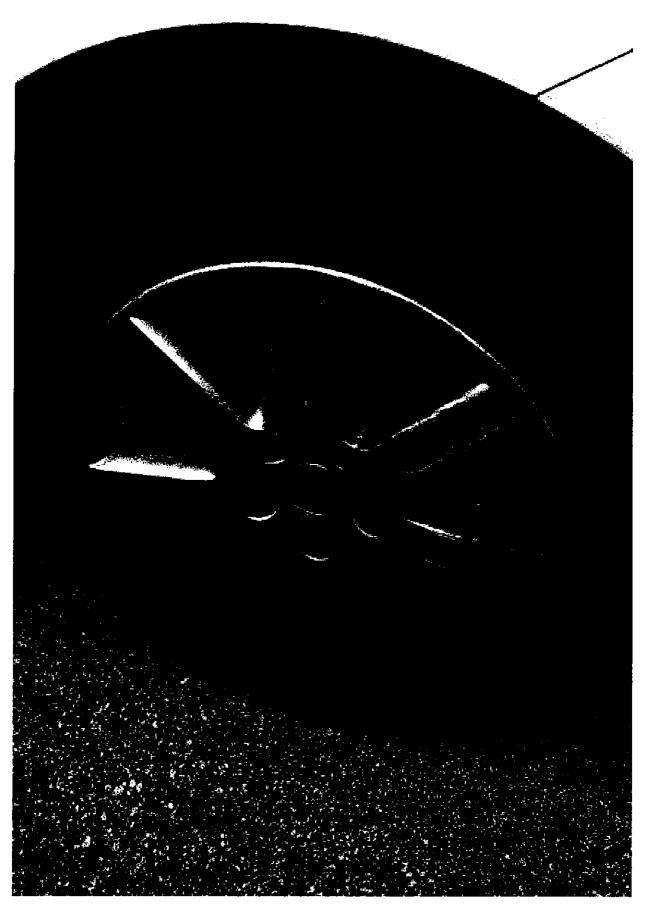
Date:
Dear Sir or Madam:
To whom it may concern,
RE: Authorization to act on behalf
Vehicle No.: Stb 4357D
I, Ainh borte Bbn CUL, bearing NRIC Number 579 051000
would like to authorize Favuzi 5m Ao kannas, bearing NRIC
Number 5 45 1597, to act on my behalf for all documents
and repair for the above said vehicle.
Thank You.
Yours Sincerely,
Signature

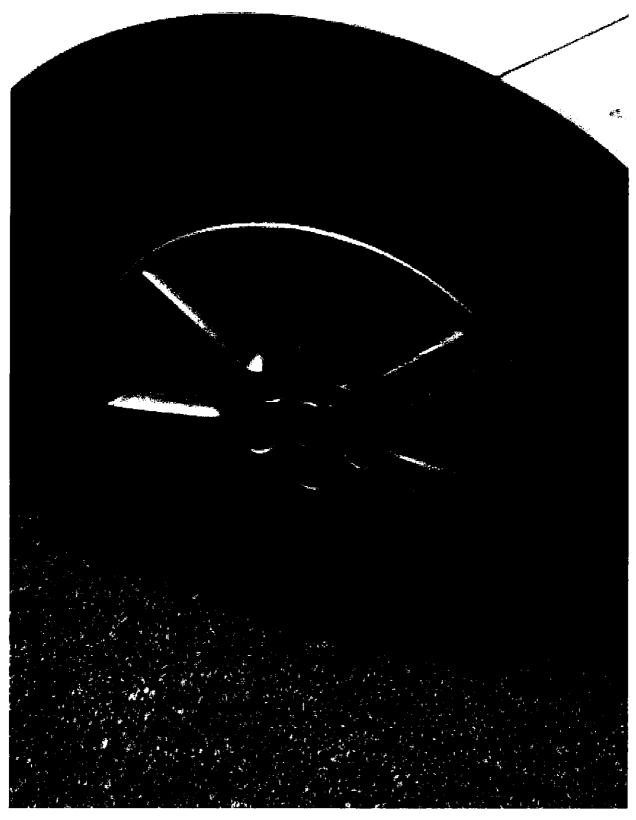


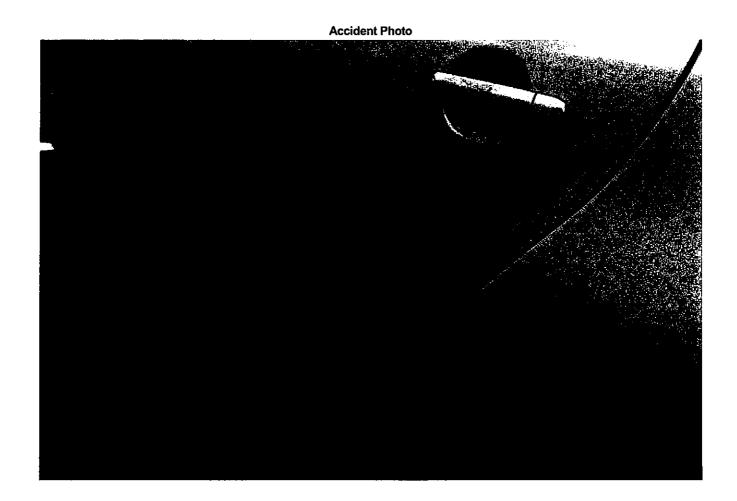
Accident Photo





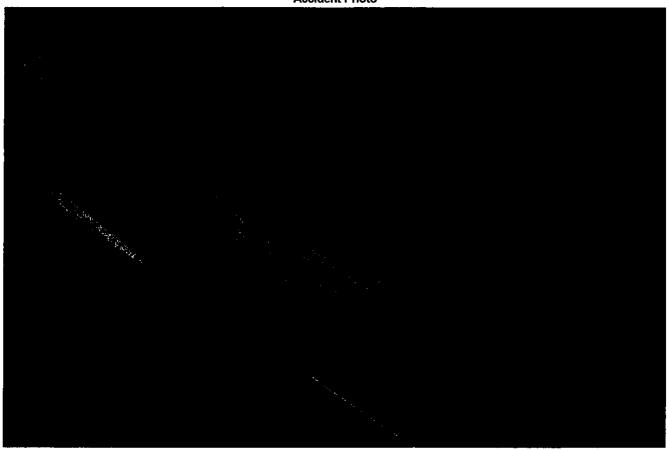


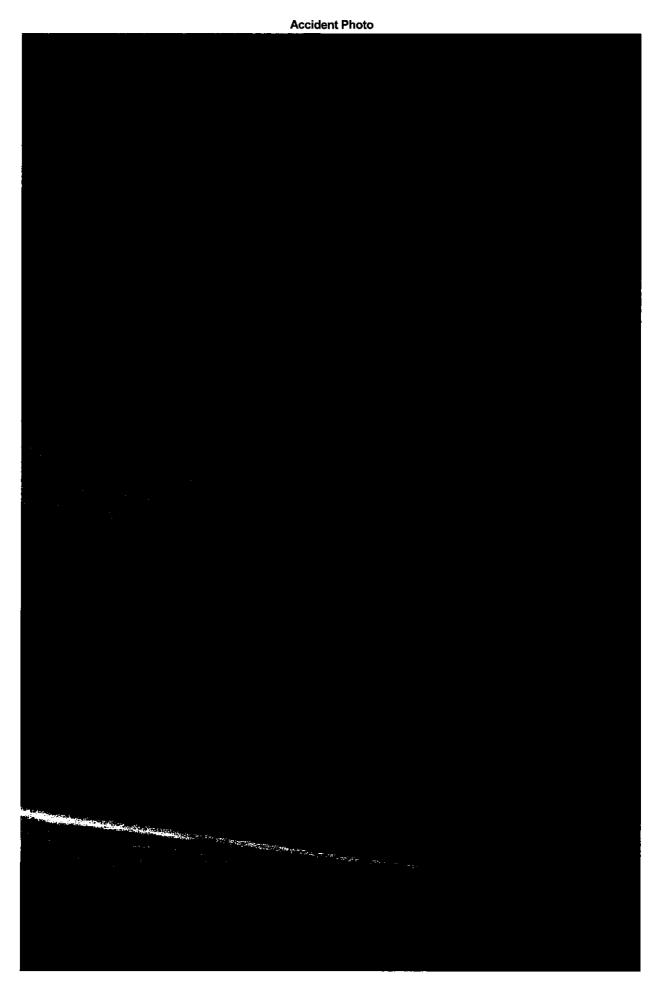


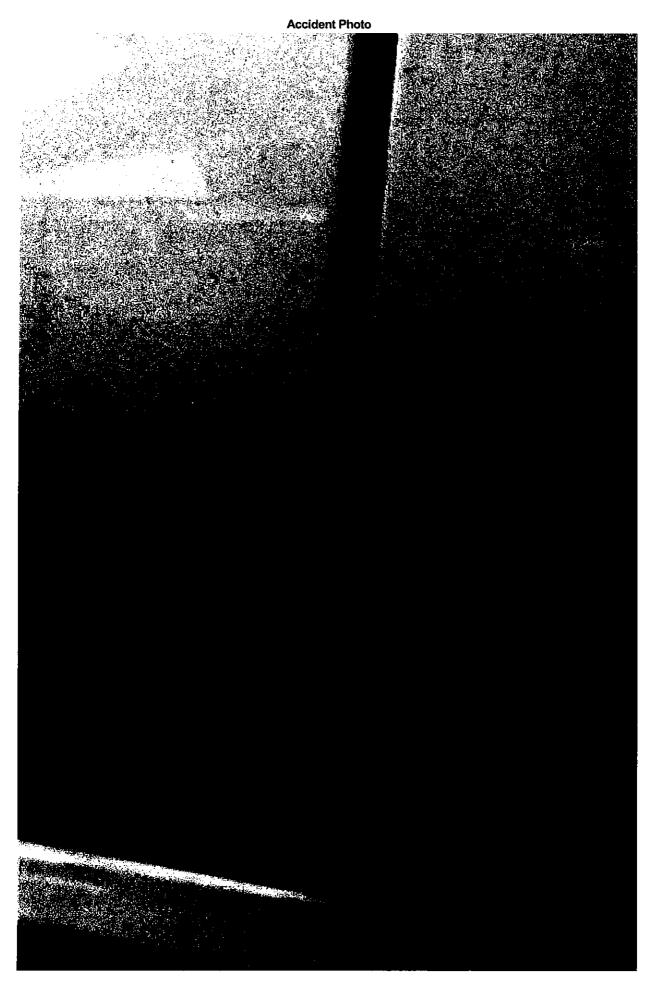


Accident Photo

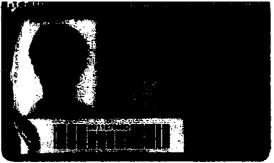
Accident Photo

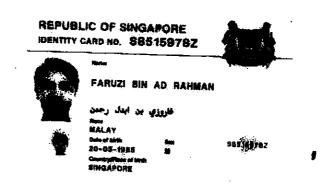












azilah @ mail.com

Identification Card

