# Volkswagen Centre Singapore



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

CHINA TAIPING : 21/9/18

4N. VIDEO & 9MM -

# Letter of Claims Request for direct settlement.

We are submitting a claim on l	pehalf of our customer_	MAHII	>1 96	69.085
NRIC	insured of vehicle	2JN 35159		against
your insured vehicle number _	sto 70055	(	AlG	)
On the accident dated on	9-1 g (ddmmyyyy	) along	HINDHEDE	RD
Dated this10 SEP 2018 (day	/) of(mon	 1th) 2018	8.	

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

HP: 92361399

#### **PDI TUAS**

**PDITUAS** 

**MAHIDI** 89 BUKIT DRIVE #01-22 THE RAINTREE Singapore, 587846 Singapore

Phone No. Fax No. E-Mail

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

# **Service Quote**

Customer No.

CV036945

Quote No. QuoteDate SER/QUO/1801487

Salesperson

10/09/18

Page

1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make

License No. SJW3515Y **Engine Code**  **Model Description** 

Volkswagen Passeng JETTA 1.4 TSI 7 SPEED DSG 90KW

WVWZZZ1KZAM075517 **Labor Type** 

М2

Mileage 84,052

Initial Registration 18/03/10

Engine No. CAX 408475 Service Advisor Cheong Pearlyn

Sales Advisor

**Model Code** 1K23G5

	No.	Description	Qty.	UoM (	Jnit Price	Amount
Р	B&P ALEX LABOUR	LABOUR	4	UNIT		3,360.00
Ρ	B&P ALEX PAINT	SPRAY PAINT	4	UNIT		3,200.00
Р	B&P NUMBER PLATE	B&P NUMBER PLATE -NETT	1	pcs		80.00
Ρ	B&P DIAG	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC	1	Time Un		480.00
Р	B&P MECH	CHECK WIRE HARNESS, ECU, S Nett	1	Time Un		280.00
		Sum Labor				7,400.00
Ρ	1K5807251A	FOAM	1	Pieces		74.91
Р	1K5807305A	REAR CROSS MEMBER	1	Pieces		492.62
Ρ	1K5807393	REAR BUMPER BRACKET LH	1	Pieces		48.93
Р	1K5807394	REAR BUMPER BRACKET RH	1	Pieces		48.93
Р	1K5807417H GRU	REAR BUMPER Use Predecessor 1K5807417E GR	1	Pieces		1,022.36
Р	1K5807521A 9B9	REAR LOWER SPOILER	1	Pieces		451.44
Р	1K5807863B	REAR CENTER GUIDE Use Predecessor 1K5807863A	1	Pieces		71.43
Ρ	1K5827025AN	REAR BOOT LID	1	Pieces		1,197.50
Р	1K5853630 ULM	REAR VW EMBLEM	1	Pieces		72.45
Р	1K5853687 739	JETTA EMBLEM	1	Pieces		53.07
				Sum carrie	d forward	10,933.64

#### **PDI TUAS**

PDI TUAS

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Phone No. Fax No. E-Mail

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

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Quote No. QuoteDate SER/QUO/1801487

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18/03/10

Engine No. CAX 408475 Service Advisor Cheong Pearlyn

Sales Advisor

**Model Code** 1K23G5

Continued

10,933.64

3,533.64

Sum Item

Sum Labor Sum Item

7,400.00 3,533.64

Total **7% GST Total SGD Incl. GST** 

**SGD** 

10.933.64

10,933.64 765.35 11,698.99

**Explanations** 

P = Proportionately Charged

**Payment Terms** 

No Credit

MVGS18116731 / Volkswagen Centre Singapore - HQ ENTRY DATE & TIME: 10/09/2018 10:46 SUBMITTED BY: Wong Yen Mei

SINGAPORE ACCIDENT STATEMENT

# Casua laying

#### 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	10/09/2018 10:46
Date Of Accident	10/09/2018 07:05
Exact Location Of Accident	AT HINDHEDE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

SJW3515Y Vehicle Registration Number

Insured/Policyholder

MAHIDI Name Of Registered Owner S7266679H NRIC No

HEDDY.MAHIDI@GMAIL.COM **Email Address** 

(LOCAL) +65-96690085 Mobile Phone No Alternative Phone No OFFICE-96690085

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model JETTA 1.4 TSI 7 SPEED DSG 90KW

Exact Purpose for which vehicle was being used at

time of accident

**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** 

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

**Policy Number** 

Cover Note Number

**Driver** 

Name of Driver MAHIDI S7266679H NRIC No 03/06/1972 Date Of Birth **INDOOR** Occupation Date Of Driving Pass 15/09/2005

12 YEARS AND 11 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-96690085 Mobile Number

Fax Number

OFFICE-96690085 Contact Number

**EMail Address** HEDDY.MAHIDI@GMAIL.COM Address 89 BUKIT DRIVE #01-22

Postcode 587846

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

erricle

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 2

Was any body injured in the Accident?

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) 3

Passenger 1 NAME: : MAIDA REIHANNY

GENDER: : FEMALE

Passenger 2 NAME: : MADIVA CAMILIA MAHIDI

NO

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

MORE DETAILS PELASE 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 SLQ7005J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SURINDER MALHOTRA

NRIC/Passport Number

Contact Number 96414240

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.
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- 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:

at 09.32 AM

10/09/2018

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

NRIC/FIN No.:

SKETCH PLAN			
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The accident o	ccurred when I was uoving) for the road	waiting (c	av un static
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and subseque	untry but the back sid	le of the ca	V
	<del></del>	4.0 - 3.00	
	hook place on Sept	10, 2018 at	07.05 AM
at Hindhede	MARKERD.		
	•		
3rd lark defails	: Mr. Surinder Mall Mobile: +65 964	otro	
	Mobile: +65 969	1 4240	
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DECLARATION			
I/We declare the foregoing particulars	are true in every respect.	₩.	esj.
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Person	onnel's Signature

NRIC/FIN No.:

Date & Time:

# **Driving License**

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. 87256579H





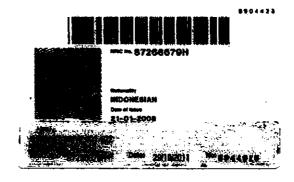
MAHIDI

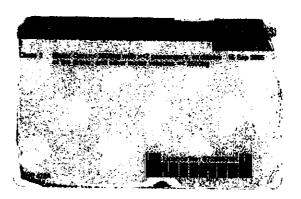
Rein INDONESIAN Cute of birth 03-06-1972



Mr. Mahidi 96690085 heddy. mahidi@gmail.com.

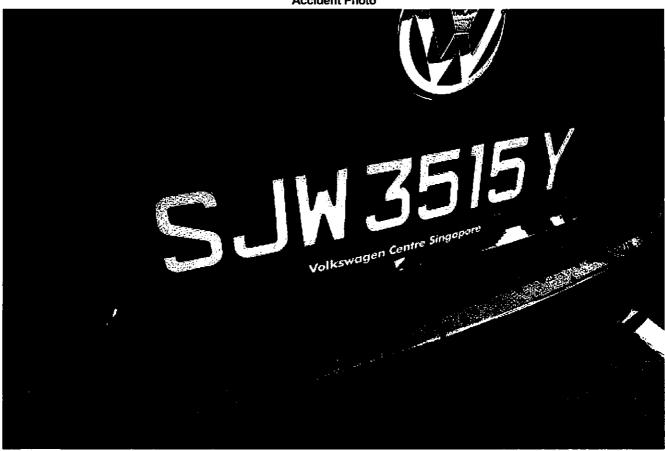
## **Identification Card**



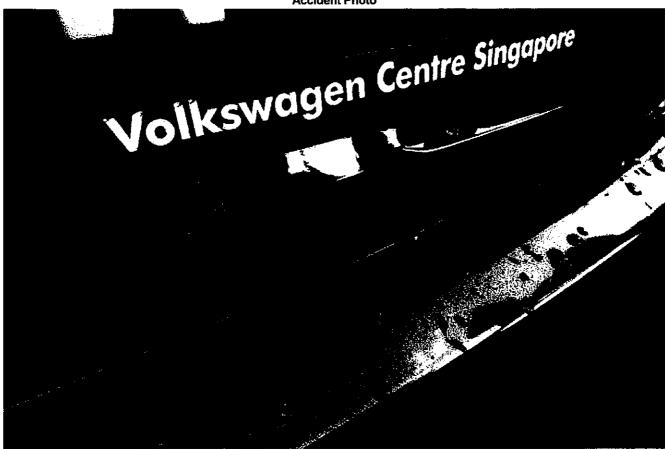




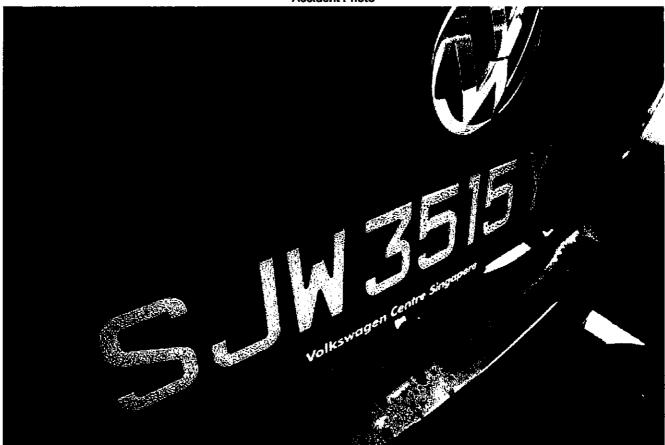


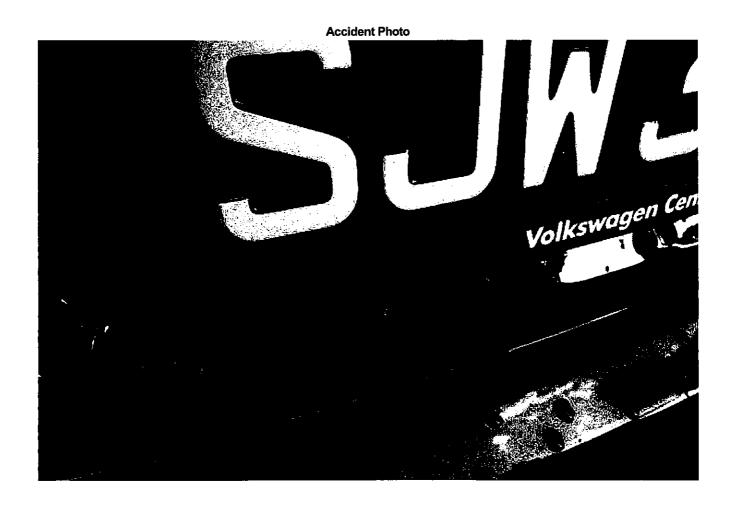


**Accident Photo** 

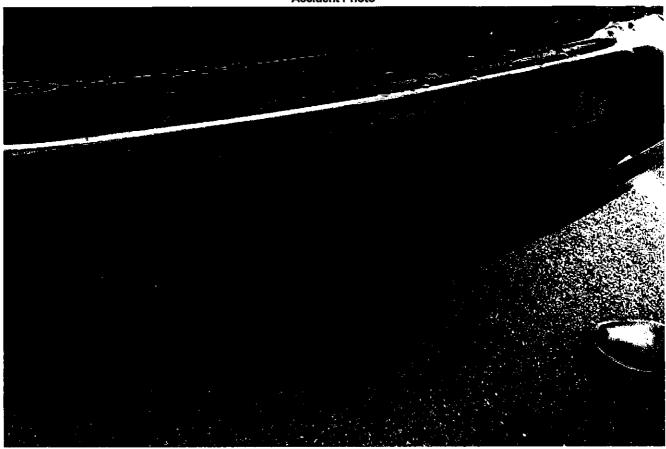


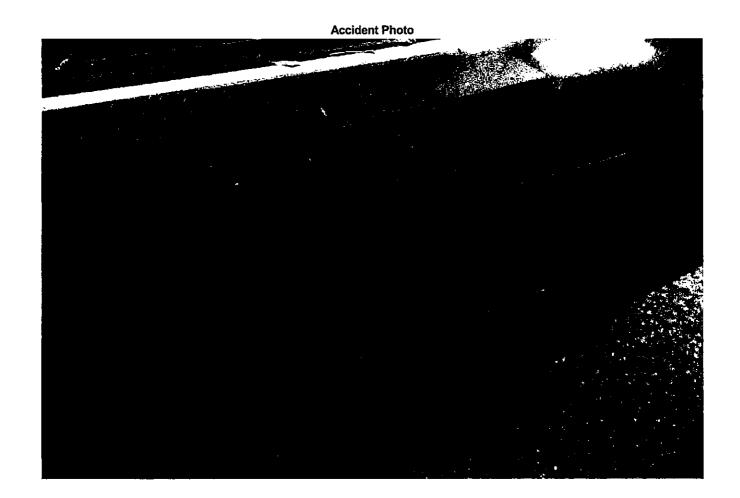


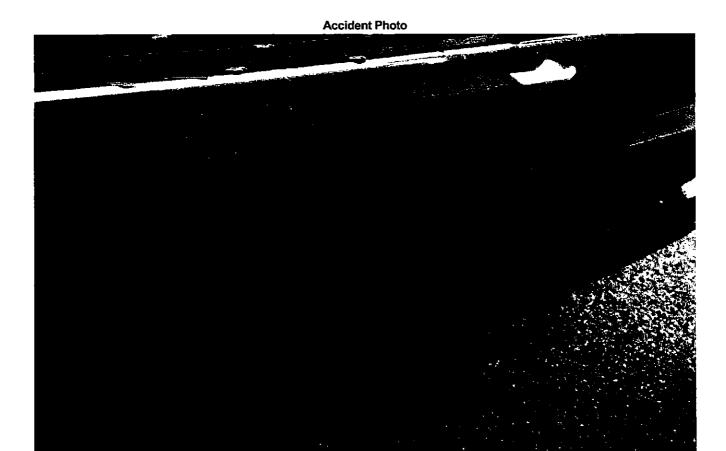




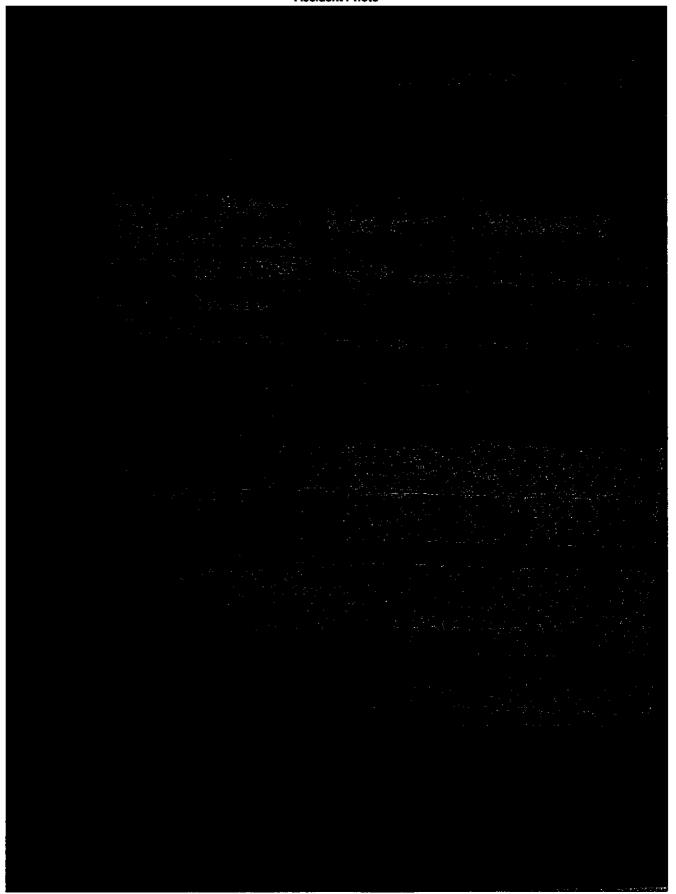
## **Accident Photo**





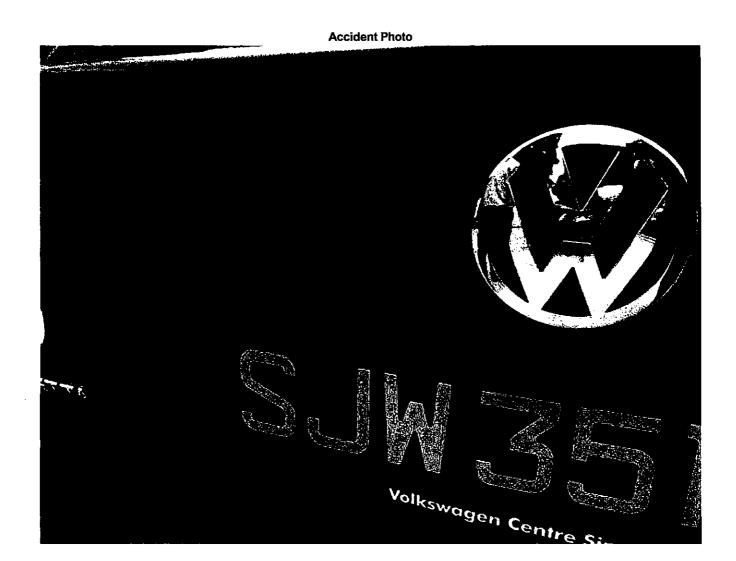


## **Accident Photo**











Volkswagen Centre Singapore