



FALCON-AIR

FALCON-AIR AUTO SERVICES PTE LTD  
CO. REG. No.: 1995-01140-D

TP INSURER: Lonpac Insurance Bhd (HQ)  
JARED MENG JUN JIE

Singapore

#### PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	17/09/2018
Vehicle Reg. No.:	SKQ3937H	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	VOLKSWAGEN GOLF, 1.4 A7	Vehicle Reg. Date:	26/11/2014
	TSI AT BMT 5G14JZ SR HID (A)		
Vehicle Colour:	BLUE		
Engine No:	CXS217181	Chassis No:	WWWZZZAUZFW041392
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair 5 (day)			
Remarks:	VEHICLE NOT IN WORKSHOP, PLEASE ARRANGE FOR SURVEY WITH ANDY (67795665)		
Present Location:	FALCON-AIR AUTO SERVICES PTE LTD (PANDAN)		

#### COST OF CLAIMS

Parts	3,541.00
Miscellaneous Items	0.00
Labour	2,250.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	5,791.00
+ GST 7.00% (\$\$)	405.37
Nett Amount (\$\$)	6,196.37

This claim is handled by: GAIL NG

## REPAIR DETAILS

### Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 20 Sep 2018)

Parts: 144 VOLKSWAGEN GOLF 1.4 A7 TSI AT BMT 5G14JZ SR HID (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: Falcon-Air Auto Services Pte Ltd/SKQ3937H/20/09/2018 11:38

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

### Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*TAILGATE	0.00	0.00	*750.00 F
2	1		*TAILGATE LOCK	0.00	0.00	*150.00 F
3	1		*TAILGATE WEATHERSTRIP	0.00	0.00	*140.00 F
4	1		*SEALANT	0	0.00	*40.00 FS
5	2		*TAILGATE REFLECTOR	0.00	0.00	*220.00 F
6	1		*TAILGATE EMBLEM - GOLF	0.00	0.00	*45.00 F
7	1		*TAILGATE EMBLEM - TSI	0.00	0.00	*40.00 F
8	1		*TAILGATE EMBLEM - ACTIVMOTION	0.00	0.00	*40.00 F
9	1		*REAR BUMPER	0.00	0.00	*480.00 F
10	2		*REAR BUMPER SIDE RETAINER	0.00	0.00	*40.00 F
11	1		*REAR BUMPER TOW COVER	0.00	0.00	*15.00 F
12	1		*REAR BUMPER REINFORCEMENT	0.00	0.00	*240.00 F
13	1		*REAR BUMPER LOWER GARNISH	0.00	0.00	*165.00 F
14	10		*REAR BUMPER CLIPS	0	0.00	*30.00 FS
15	4		*REVERSE SENSOR HOLDER	0.00	0.00	*100.00 F
16	1		*REVERSE SENSOR (INNER)	0.00	0.00	*250.00 F
17	1		*TAILGATE INNER TRIM	0.00	0.00	*100.00 F
18	1		*REAR END PANEL GARNISH	0.00	0.00	*80.00 F
19	1		*REAR NUMBER PLATE	0	0.00	*45.00 FS

F=Franchise part. S=SpcNett.

Sub Total (S\$)	2,970.00
+ Margin on L,N Items 20.00% (S\$)	571.00
Total Parts (S\$)	3,541.00

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## Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	TO CHECK REAR WIRING	New	50.00
2	TO REMOVE/REFIX REAR WINDSCREEN	New	120.00
3	TO STRAIGHTEN REAR END PANEL, LH/RH REAR FENDER, INCLUDES REPLACEMENT OF PARTS	New	800.00
4	TO SPRAY PAINT TAILGATE, REAR BUMPER, REAR BUMPER REINFORCEMENT, REAR END PANEL, LH/RH REAR FENDER	New	1,100.00
5	TO APPLY BODY SEALANT ON CAR JOINTS	New	80.00
6	TO RUSTPROOF ACCIDENT DAMAGED AREAS	New	100.00
Gross Labour Cost (S\$)			2,250.00

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< END OF ESTIMATES >

### FALCON-AIR AUTO SERVICES PTE LTD

(a subsidiary of Falcon Air Holdings Ltd Ltd)

Head Office : Blk 170 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(675721) Tel: 6452-0880 / 6450-0880 Fax: 6454-7662

Branches : Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6769-7997 Fax: 6769-7997 • No 8 Pandan Loop S(128226) Tel: 6779-5665 Fax: 6779-1110  
Website: www.falconair.com.sg Email: email@falconair.com.sg

## 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	19/09/2018 12:11
Date Of Accident	17/09/2018 16:45
Exact Location Of Accident	CTE EXIT TO BUKIT TIMAH TWD CITY FROM PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3937H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JARED MENG JUN JIE
NRIC No	S8009971A
Email Address	PRISSCHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97309662
Alternative Phone No	OFFICE-82338474

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	509521107
Cover Note Number	

### Driver

Name of Driver	CHAN PRISCILLA
NRIC No	S8233106I
Date Of Birth	07/10/1982
Occupation	INDOOR
Date Of Driving Pass	29/04/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97309662
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 363 CLEMENTI AVENUE 2 #03-421
Postcode	120363
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	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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

#### 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 PLANS

#### 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	GW5533S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	PRISCILLA CHAN
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SKQ3937H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

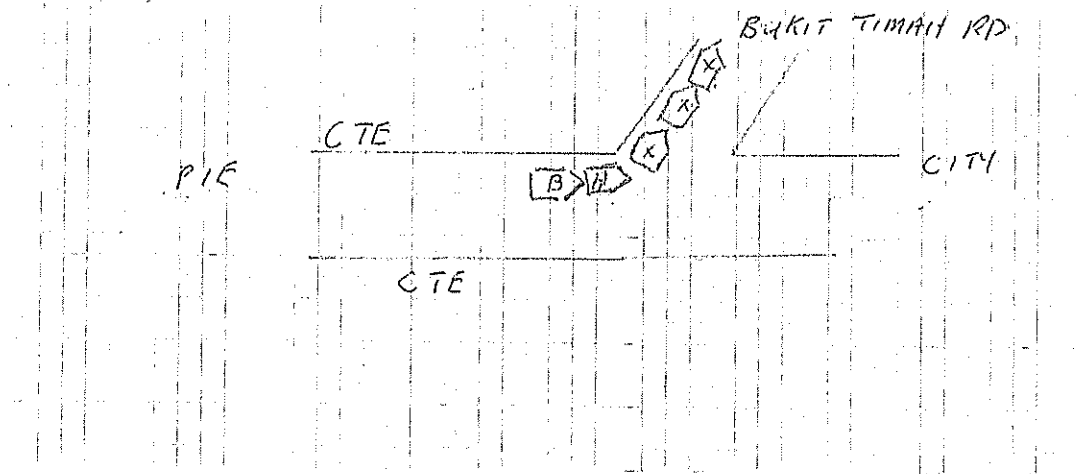
NO

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened along CTE exit to Bukit Timah Rd.
My vehicle was stationary, following the queue to exit
the slip road to Bukit Timah Rd when suddenly Veh.
No GW55335 collided on to the rear of my vehicle.
Traffic was very heavy then.
I felt some pain on my head/back after the
impact. I consulted a doctor at the Chong Family
Clinic Pte Ltd and given 2 days MC.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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



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

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.
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 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.
6. 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.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time: \_\_\_\_\_

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: B. K. Nj  
NRIC/FIN No.: \_\_\_\_\_







REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S82331061



Name  
CHAN PRISCILLA  
(ZENG BOSHAN)

曾栢珊

Race  
CHINESE

Date of birth  
07-10-1982 Sex  
F

Country/Place of birth  
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
29 Apr 2002

Licence No: S82331061

NP 428A

5250769



NRIC No. S82331061



Date of issue  
26-12-2013

APT BLK 363 CLEMENTI AVENUE 2 #03-421  
SINGAPORE 120363

NRIC No: S82331061

Date: 13/09/2016

Accident Photo



Accident Photo





Accident Photo



Accident Photo

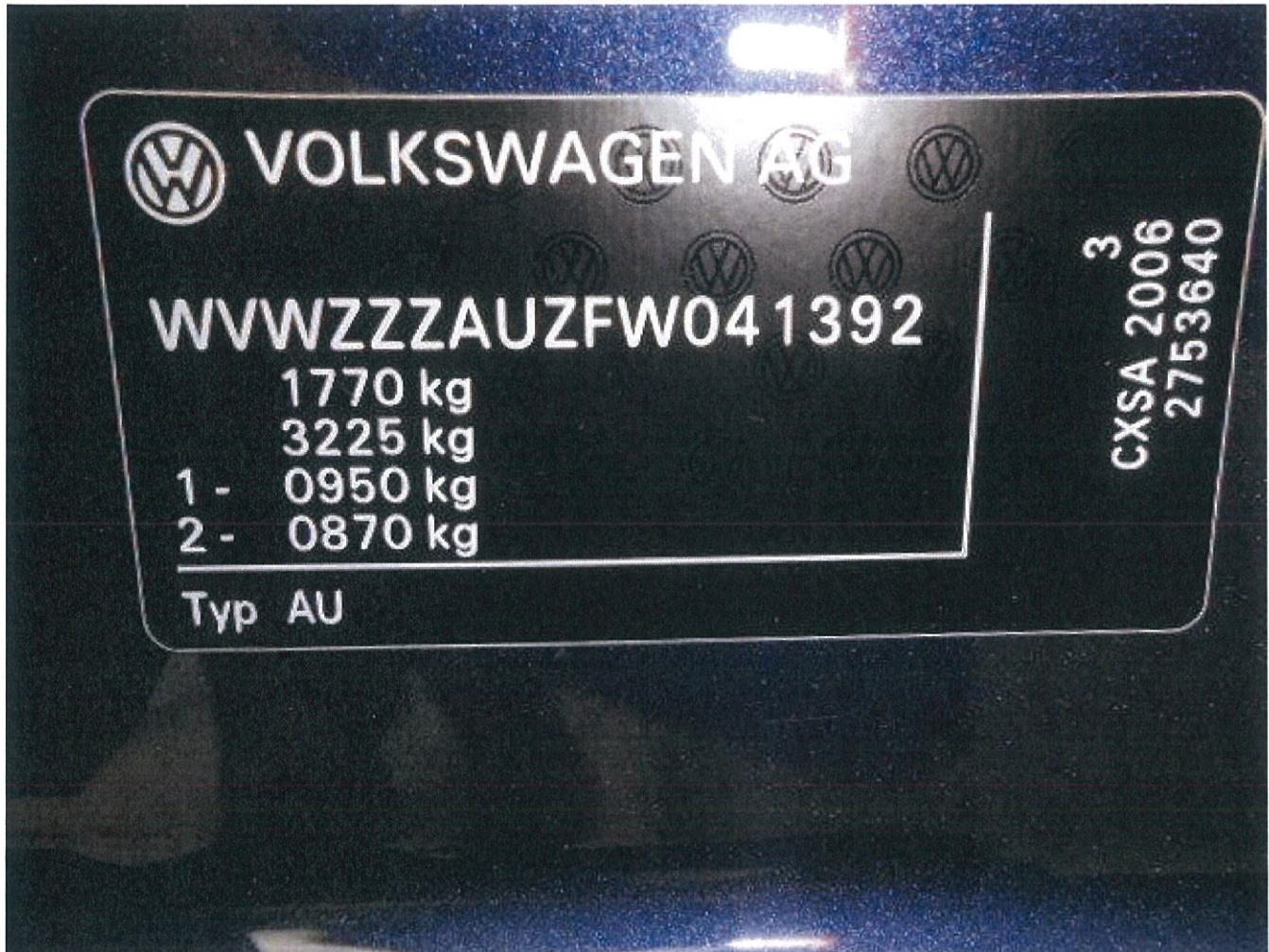




Accident Photo



Accident Photo





Accident Photo

