



AVIVA DUE: 4/10/18
5/10/18

* SCENE VIDEO *

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer WANG SHYIA JEAN
NRIC S8531977I insured of vehicle skw 6365G against
your insured vehicle number SGJ 7032 B (AXA)
On the accident dated on 21-9-18 (ddmmyyy) along AYE EXIT
PIONEER AT THE ROUNDABOUT

Dated this 24 SEP 2018 (day) of _____ (month) 2018 .

Charmaine Kong
Volkswagen Group Singapore
Accident Claims Dept.
charmaine.kong@vw.com.sg
DID : 63057176/ 63057299
HP: 92361399

Phone No.
Fax No.
E-Mail

WANG SHIYA, JEAN
331 CHO A CHU KANG AVENUE 3
#02-01
Singapore, 689869
Singapore

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

Customer No. CV037586
Quote No. SER/QUO/1801592
QuoteDate 24/09/18
Salesperson Jimmy Lee
Page 1

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Touran 7 1.6 TDI CL 85kW EQP	45,914	Cheong Pearlyn
License No.	VIN	Initial Registration	Sales Advisor
SKW6365G	WVGZZZ1TZW044246	30/05/17	Jimmy Lee
Engine Code	Labor Type	Engine No.	Model Code
	1N	DGD 023782	5T132Z

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

COPIED
JUL 20

AVIVA
VS
ASA

ONT

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	22/09/2018 19:01
Date Of Accident	21/09/2018 19:10
Exact Location Of Accident	AYE EXIT PIONEER AT THE ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6365G
Insured/Policyholder	
Name Of Registered Owner	WANG SHIYA JEAN
NRIC No	S8531977I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90281104
Alternative Phone No	OFFICE-90281104

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN CL
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

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10836693
Cover Note Number	

Driver

Name of Driver	OOI CHEE KEONG
NRIC No	S8384630E
Date Of Birth	16/04/1983
Occupation	INDOOR
Date Of Driving Pass	30/11/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90281104
Fax Number	
Contact Number	
E-Mail Address	OCKANDJEAN@GMAIL.COM

Address	331 CHOA CHU KANG AVENUE 3 #02-01
Postcode	689869
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?	NO
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)	5
Passenger 1	NAME: : JEAN WANG GENDER: : FEMALE
Passenger 2	NAME: : CHARISS OOI GENDER: : FEMALE
Passenger 3	NAME: : CALEB OOI GENDER: : MALE
Passenger 4	NAME: : JESELYN 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

My car was stationary at the round about when suddenly veh b hit against my rear. My rear was damages and no injury involved.

Attachment(s)

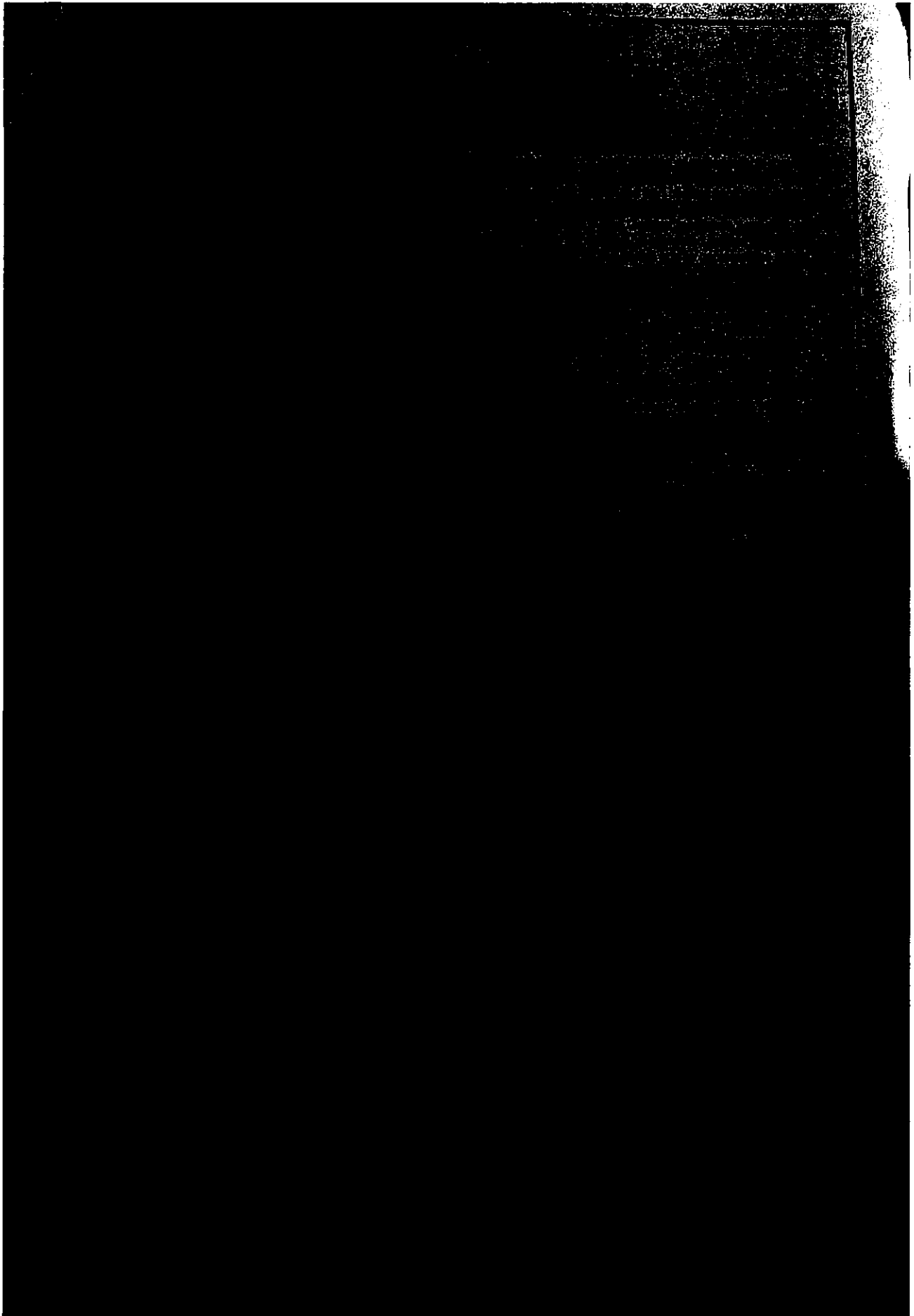
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO UPLOADED INTO FILE ZILLA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ7032B
Vehicle Make/Model/Colour	HONDA/CIVIC 1.8L A/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TADIPARTHI
NRIC/Passport Number	S7667302J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My car was stationary at the round about when suddenly veh b hit against my rear. My rear was damages and no injury involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 September 2018 at 6:39 PM

Date/Time:

22 September 2018 at 6:39 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



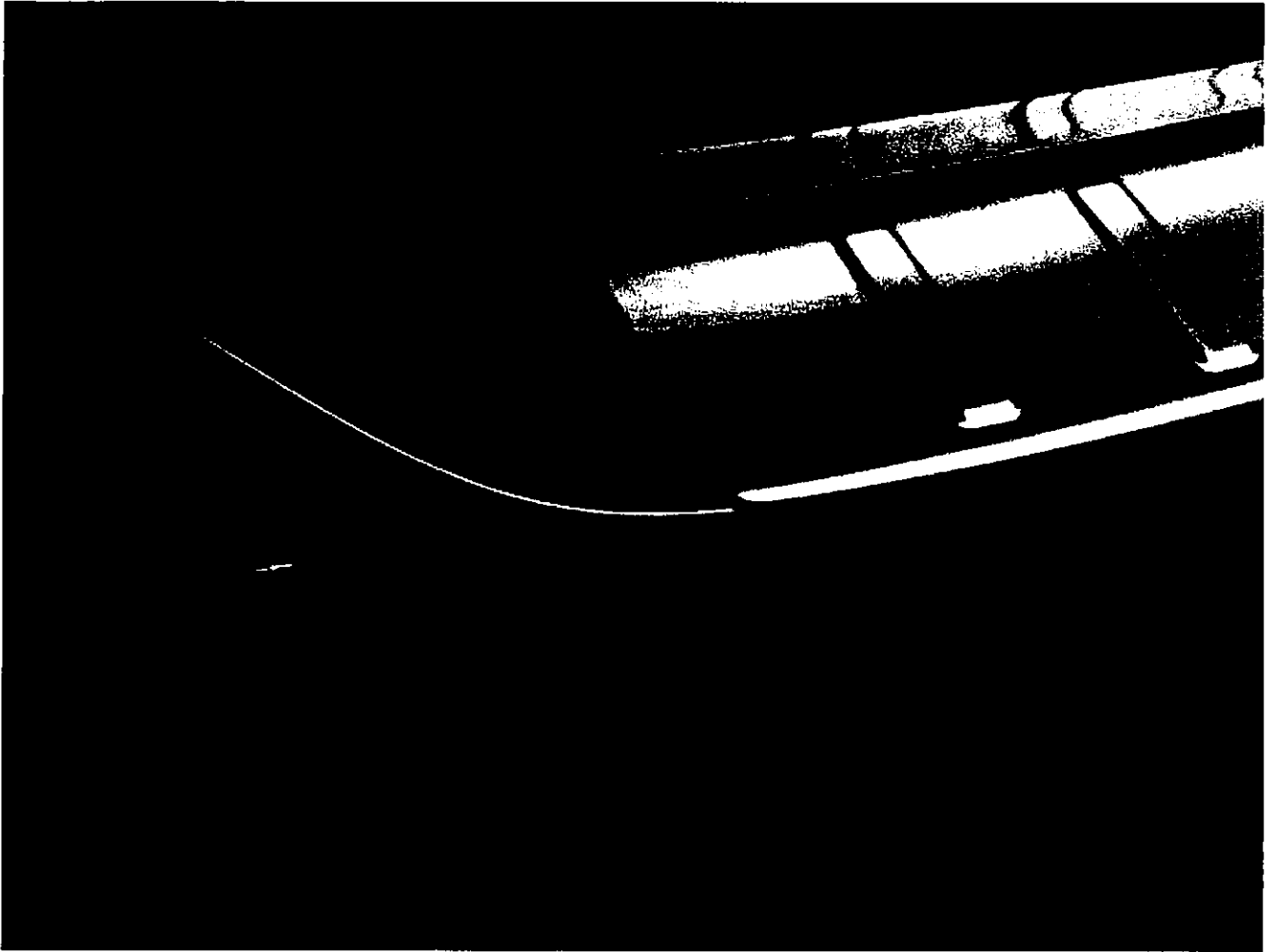
Accident Photo



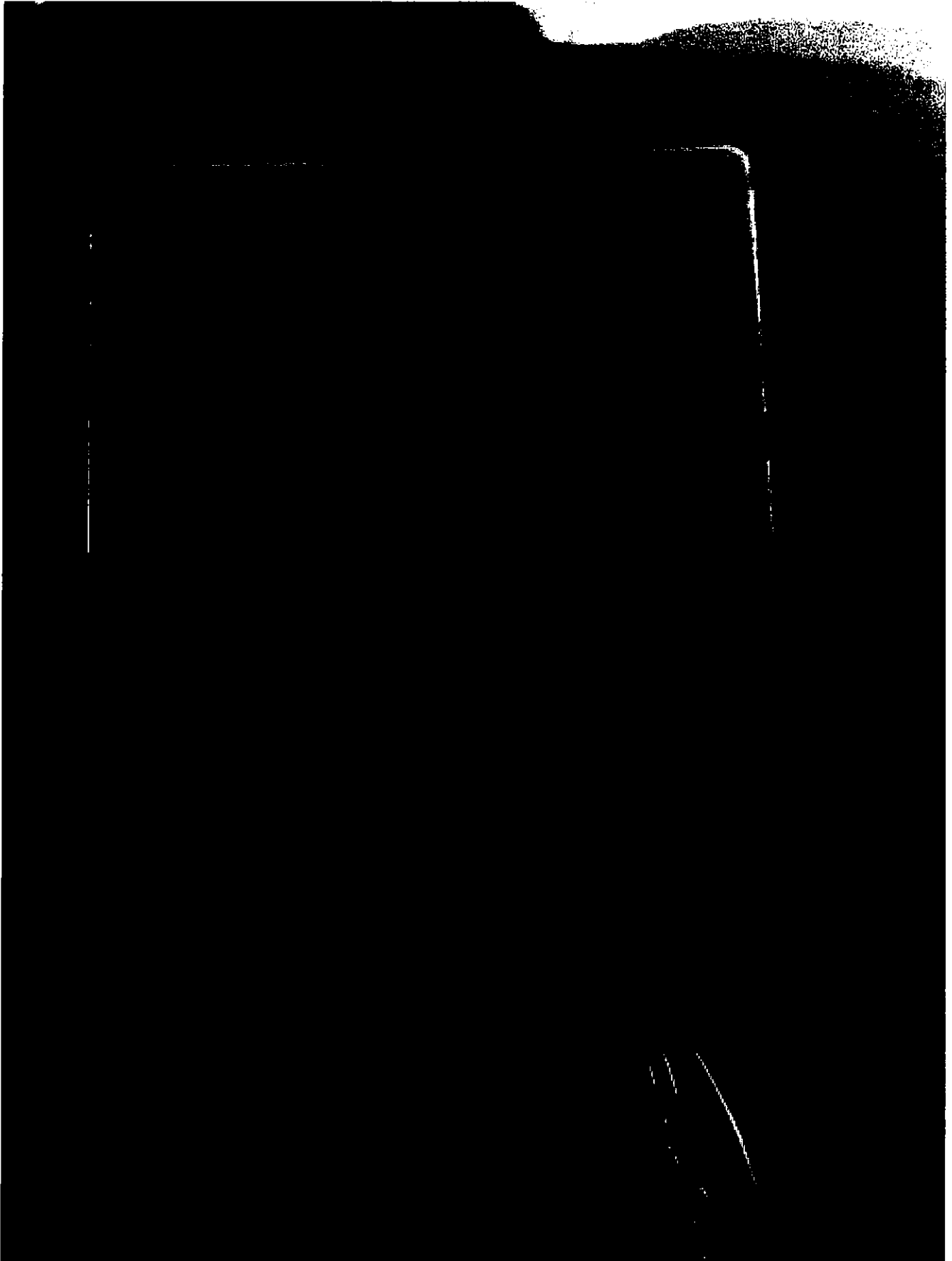
Accident Photo



Accident Photo



Identification Card



Identification Card

