

Volkswagen Centre Singapore



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

mslg (customer) : 26/10/18

VIDEO in CUSTOMER

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer LEE QHANG LONG
NRIC _____ insured of vehicle SJZ 6566 P against
your insured vehicle number SKE 4044 R (AXA)
On the accident dated on 30-9-18 (ddmmyyy) along BLK 177
TAN PAYOH CENTRAL CARPARK

Dated this 01 OCT 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

LEE QUANG LOONG
23 JALAN RAJA UDANG
#19-09
Singapore, 329216
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV002216
Quote No. SER/QUO/1801629
QuoteDate 01/10/18
Salesperson Shawn Lim
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Passat 2.0 TSI Excline 9S8	10	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
SJZ6566P	WVWZZZ3CZHE053331	28/06/18	Shawn Lim
Engine Code	Labor Type	Engine No.	Model Code
	1P	CHH 164508	3G24MY

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		2,400.00
P B&P NUMBER PLATE	B&P NUMBER PLATE -NETT	1	pcs		80.00
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				5,760.00
P 3G0807049	BUMPER BRACKET LH	1	Pieces		46.54
P 3G0807050	BUMPER BRACKET RH	1	Pieces		45.91
P 3G0807109F	BUMPER REINFORCEMENT	1	Pieces		565.69
P 3G0807177	BUMPER GUIDE LH	1	Pieces		79.69
P 3G0807178	BUMPER GUIDE RH	1	Pieces		79.69
P 3G0807217K GRU	FRT BUMPER COVER	1	Pieces		1,445.73
P 3G0807251	FOAM INSERT	1	Pieces		132.32
P 3G0807287 9B9	NUMBER PLATE BASE BRACKET	1	Pieces		116.49
P 3G0807651B	MEMBER	1	Pieces		152.95
P 3G0807889	BUMPER CENTER BRACKET	1	Pieces		101.43
	Sum Item				2,766.44

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

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#19-09
Singapore, 329216
Singapore

Phone No.
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Make	Model Description
Volkswagen Passeng	Passat 2.0 TSI Excline 9S8
License No.	VIN
SJZ6566P	WVWZZZ3CZHE053331
Engine Code	Labor Type
	1P

Mileage	Service Advisor
10	Kong Charmaine
Initial Registration	Sales Advisor
28/06/18	Shawn Lim
Engine No.	Model Code
CHH 164508	3G24MY

Sum Labor	5,760.00
Sum Item	2,766.44
Total SGD	8,526.44
7% GST	8,526.44 596.85
Total SGD Incl. GST	9,123.29

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

MS16
 WINNER
 VS
 AAD

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	01/10/2018 12:16
Date Of Accident	30/09/2018 11:05
Exact Location Of Accident	BLOCK 177 TOA PAYOH CENTRAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6566P
Insured/Policyholder	
Name Of Registered Owner	LEE QUANG LOONG
NRIC No	S7678848J
Email Address	LEEQUANGLOONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96589157
Alternative Phone No	OFFICE-96589157

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT 2.0 TSI EXCLINE 9S8

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Policy Number

Cover Note Number 50507192

Driver

Name of Driver	LEE QUANG LOONG
NRIC No	S7678848J
Date Of Birth	26/10/1976
Occupation	INDOOR
Date Of Driving Pass	08/10/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96589157
Fax Number	
Contact Number	OFFICE-96589157
EEmail Address	LEEQUANGLOONG@HOTMAIL.COM

Address	23 JALAN RAJA UDANG #19-09
Postcode	329216
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?	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)	2
Passenger 1	NAME: : TAN MING PENG 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?	YES
Remarks/ Reasons:	CUSTOMER NO WIFI UNBALE TO SEND, HAVE VIDEO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE4044R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO WAI KHEONG MERCURY
NRIC/Passport Number	S1748830I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.



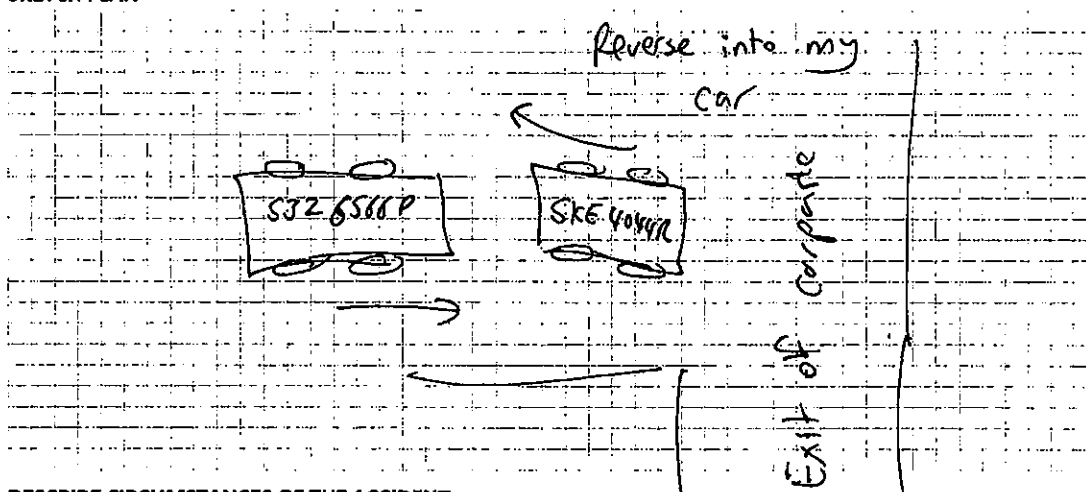
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 11.03 am on 30/9/2018, I was driving out from multi storey car park at B/k 177 (behind Tan Payoh Central) when car in front of me stopped. I also stopped my car. Car in front of me reversed into my car. Damage to number plate, front bumper.

My car (SJZ 6588P)

Car which reversed into me (SKE 4044R)

Driver of this car - Choo Wai Kheong Mercury
S1748830 I

DECLARATION

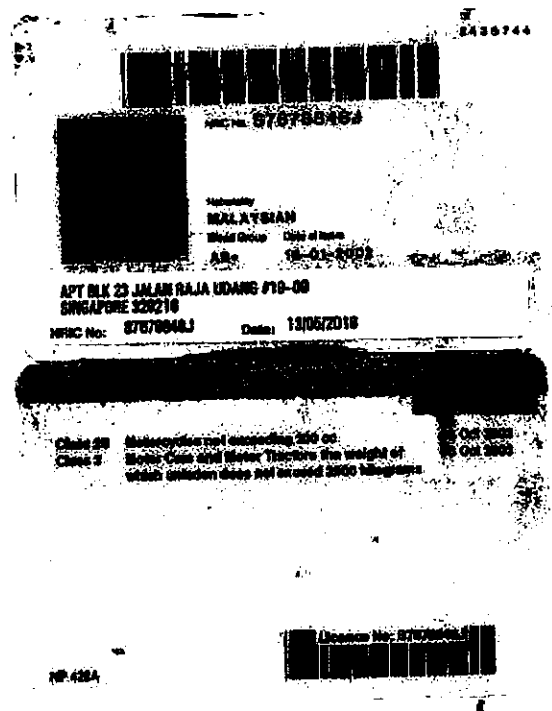
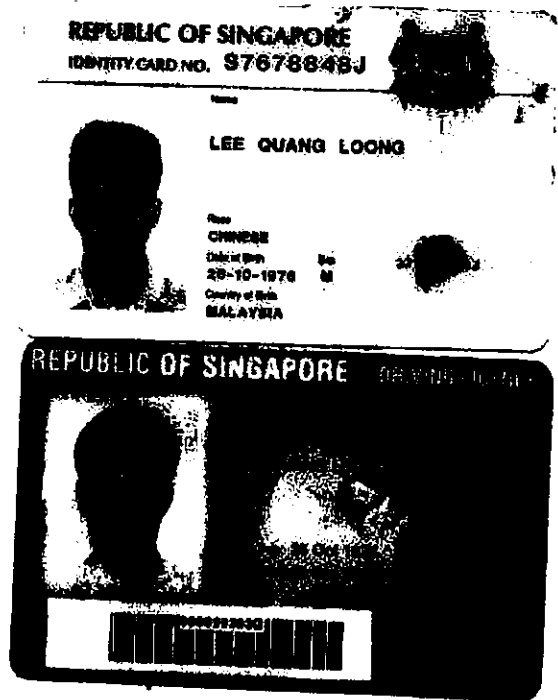
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #3



Accident Photo



Accident Photo



Accident Photo

