

247 Alexandra Road Singapore 159934 Fax: 64743643 Tel: 63057299

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

### **LETTER OF DEMAND**

Your Ref: CCH   Ash 1801 - Our Ref: SJZ 6566 P	18.81 293
Our Ref: SIZ 65CCP	
To: AKA	
Dear Sirs,	
ACCIDENT INVOLVING	0762666 8 CHE H-44K ON 30-9-18
We are claiming on behalf of ou	ar client LEE QUANG LOONS owner of
vehicle number C) Z (5LL	involved in accident on
here 크게 로 elsines this	involved in accident on 30-9-18  along/at BLE 177 TPS CENTRAL CAR PARK-
Description of claims:	
Cost of Repairs	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Loss of Use/Rental	X = 2 Days = $3$
Medical Fee	\$ ( Incl 7% GST )
Search Fee	\$(Incl 7% GST)
TOTAL	s_4837- 02
We are claiming in full and fir Volkswagen Centre Singapore	payable to
Please note that finalization/se	owledgement within 14 days from receipt of this document. ettlement offer of this claim should be within 8 weeks from the email all settlement offers to meiy.wong@vw.com.sg
Dated this _	of 15 NOV 2018



#### Service Tax Invoice No. SV18P48504

QTY

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

SERVICE ORDER NO: 18IP2706

SERVICE CUSTOMER NO.: CV000066

SERVICE CUSTOMER NAME.: AXA Insurance Pte Ltd

TELEPHONE NO .:

ADDRESS:

8 SHENTON WAY

#27-01 AXA TOWER

Singapore

Post Code:

<u>No.</u>

068811

VEH NO.:

SJZ6566P

DATE: VIN NO.: 31/10/18

Pickup:

WVWZZZ3CZHE053331

KM:

ţ

**AMOUNT** 

GEARBOX CODE:

Engine No.:

5.279

MODEL:

Passat 2.0 TSI Excline 9\$8

SA:

MOU

Kong Charmaine

Next Appointment Date:

**UNIT PRICE** 

Next Appointment Mileage: 0

DIRECT SETTLEMENT WITH AXA INSURANCE

DATE OF ACCIDENT: 30/09/2018 SURVEYED BY :TAUFKH LKK 3RD PARTY VEHICLE: SKE4044R

DESCRIPTION

NO OF REPAIR WORKING DAY: 3 DAYS

	Leboi				
1	LABOUR	1.00	UNIT	840.00	840.00
2	SPRAY PAINT	1.00	UNIT	800.00	800.00
3	B&P NUMBER PLATE -NETT	1.00	ST	80.00	80,00
4	Tow SVC- Quality Recovery Services	1.00	UNIT		
5	Tow SVC- Quality Recovery Services	1.00	UNIT		
6	PROGRAMMING & CALIBRATION- NETT	1.00	TU	480.00	480.00
7	CHECK WIRE HARNESS, ECU, SENSOR, SOCKET	1.00	TU	280.00	280.00
	Item				
8	FRT BUMPER COVER	1.00	PCS	1,445.73	1,445.73
9	NUMBER PLATE BASE BRACKET	1.00	PCS	116.49	116.49
10	SENSOR BRACKET	1.00	PCS	70.02	70.02
11	SENSOR BRACKET	1.00	PCS	70.02	70.02

GST (7%) AMOUNT: 292.76 TOTAL AMOUNT: 4,475.02

For Volley Gen Sour Coppere Pte Ltd

8 140tto Os Qi Gighatory

Customer

NOTICE

Phone : Fax :

<sup>1.</sup> All fund transfer payments should be made payable to Volkswagen Group Singapore Pte Ltd Bank Account: 2528214002 Swift Code: DEUTSGSG Please indicate Customer Name and Invoice Number in the payment



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

#### Third Party Insurer Enquiry

Our Ref No:

GR-18-150974

Date of Request:

01/10/2018

Your Ref No:

Online Purchase

Volkswagen Centre Singapore 247 Alexandra Road Singapore 159934

Dear Sir/Madam,

**Enquiry Date** 

01/10/2018

Enquiry By

Edmund Goh Hui Huang

TP Vehicle No.

SKE4044R

Accident Date

30/09/2018

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
- · · - · · · · ·	AXA Insurance Pte Ltd	l '	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

1 of 2 1/10/2018, 1:11



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6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

#### TAX INVOICE

Our Ref No:

GR-18-150974

Date of Request:

01/10/2018

Your Ref No:

Online Purchase

Volkswagen Centre Singapore 247 Alexandra Road Singapore 159934

Dear Sir/Madam,

**Enquiry Date** 

01/10/2018

Enquiry By

Edmund Goh Hui Huang

TP Vehicle No.

SKE4044R

Accident Date

30/09/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



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

#### **LETTER OF AUTHORITY**

	ACCIDENT INVOLVING	S25 6269 b	_ andS	KE4045	IR	on 30/69/	roy	
	along	Own vehicle's number	77 TOA	Other vehicle	's number CENTRAL	Date of accid	lent	
	<u> </u>		Accident location	n				
	BY THE LETTER OF AUTHORITY, I/we,							
	of	5767}}4757	Nam		lolder & IC / Pa		cle Registration	
	Number S32.656	hereby irre	vocable app	oint <b>Volk</b>	swagen C	entre Singapo	ore	
	(hereinafter refer to VGS Alexandra Road, Singa in * my / our name(s) on	S), a company incorpora apore 159934, its agen	ts of any per	son auth	orized by \	registered offi /GS to be *my	ce at <b>247</b> / our Attorney and	
1.	To submit, resolve and rehave against the other * *party/parties or alternation pay the compulsory ex damage)/.	party/parties to the Acc tively under Insurance	ident and ur Policy numb	ider the ii ber	nsurance *	policy/policies take	taken up by such n up by *me/us and	
2.	To collect payment(s) do way of Cheque in favour	ue in respect of any suc of <b>Volkswagen Centr</b>	h claim(s) fo e Singapor	or the lose e and giv	s and dama e a valid re	age, such payn eceipt and discl	nent to be made by narge therefore.	
3.	For any of the purpose a	aforesaid, to execute, si	gn and deliv	er all doo	cuments wi	hatsoever in re	lation thereto.	
4.	Generally do all such ac	ts as it shall deem nece	essary for th	e purpos	e of settling	g such claim.		
	*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our behalf by the Attorney, its agents or any person authorized by VGS in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.							
	*I/We hereby further declare that the letter of authority hereby conferred shall remain irrevocable.							
	*I/We further confirm that discharge of *my/our cla				amount in r	espect of such	constitute the full	
	IN WITNESS WHEREO	F, *I/we have hereunto	to set *my/o	ur hand a	and sign th	is 81	_ of the month	
	YOU Y	ear 2017						
	Signed & Delivered By:  Policy Moider  Witness By:							



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

#### **DISCHARGE VOUCHER**

I / We	LEE	Quanh	LOONS	(	Passport	No.		26788483	) the
owner of v	ehicle	number	225	6 366 P	hereb	oy a	ссер	t from	
			(I	nsurance	Compan	ıy) t	the s	um of	
	(to	tal repa	ir cost) i	in full an	d final se	ettle	men	t for the cos	t of repairs
arising fro	m the	loss dam	age of p	roperty a	s a result	t of	the a	eccident inv	olving
2256266	<u> </u>	SEE4	रंप्स र	alor	g Ro	ck.	(77	TOA PAYOH	CENTRAL
	५ १२ग४		_•				fork.		
Please pay	to <u>Voll</u>	kswagen	Group S	Singapor	e Pte Ltd	wh	o is a	authorized (	to receive
only on the	total c	ost of re	pair on	my/our b	ehalf.				
The lost of	use (tr	ansport	allowand	ce/renta	l receipts	s) to	be p	ayable to	
					<u>.</u> •				
	Da	ted this (	on	01/11/20	4	( <b>D</b> )	D/M	M/YYYY)	
2	)	)	>		<b>L</b>				
(Signature	of own	er / Con	pany sta	amp)					
Name g:	Le	e a	luang	Coo	19				
NRIC No. <sub>4</sub> :	,	5 76 7	78848	8 3					
Date $\lambda$ :		1/11	1/2	2018					