



INSIG (WINNER) : 3/11/18

* SCENE VIDEO *

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer CHRISTOPHER ANG CHEE TIONG
NRIC _____ insured of vehicle SGX 87K against
your insured vehicle number SLK 144T (AIG)

On the accident dated on 7.10.18 (ddmmyyyy) along JIN LINGKARAN
DALAM TOWARDS SINGAPORE -

Dated this 10 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

CHRISTOPHER ANG CHEE TIONG
(HONG ZHIZHONG)
30 SEGAR ROAD
#13-10
Singapore, 677721
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV038066
Quote No. SER/QUO/1801690
QuoteDate 09/10/18
Salesperson Vincent Leow
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	GOLF A7 1.4 CL 92 (DSG) EQP	26,957	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
SGX87R	WVWZZZAUZHW123446	18/07/17	Vincent Leow
Engine Code	Labor Type	Engine No.	Model Code
	1T	CZC 162969	5G13HZ

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 DIAG	PROGRAMMING & CALIBRATION	1	Time Un		480.00
	COMPULSORY TO DO AFTER AC				
P B&P MECH	CHECK WIRE HARNESS, ECU, S	1	Time Un		280.00
	Nett				
	Sum Labor				5,680.00
P 5G0807305B	BUMPER REINFORCEMENT	1	Pieces		629.03
	Successor 5G0807305D				
P 5G0919491	SENSOR BRACKET	1	Pieces		15.47
P 5G0919491	SENSOR BRACKET	1	Pieces		15.49
P 5G0919491A	SENSOR BRACKET	1	Pieces		15.49
P 5G0919492A	SENSOR BRACKET	1	Pieces		15.49
P 5G0998492 GRU	SENSOR Bracket	1	Pieces		27.89
P 5G6807393	BUMPER BRACKET LH	1	Pieces		39.97
P 5G6807393A	BUMPER GUIDE LH	1	Pieces		39.97
P 5G6807394	BUMPER BRACKET RH	1	Pieces		39.97
P 5G6807394A	BUMPER GUIDE RH	1	Pieces		39.97
P 5G6807417APGRU	REAR BUMPER COVER	1	Pieces		996.45
	Predecessor 5G6807417ARGRU				
P 5G6807568D 9B9	REAR DIFFUSER	1	Pieces		322.45
	Use Predecessor 5G6807568D				
P 5G6807863C	STRIP	1	Pieces		91.68
P D 180KU2A1	2KADHESIVE	1	Pieces		89.84
P D 822150A1	BONDAGENT	1	Pieces		64.27
Sum carried forward					8,123.43

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

PDI TUAS

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CHRISTOPHER ANG CHEE TIONG
(HONG ZHIZHONG)
30 SEGAR ROAD
#13-10
Singapore, 677721
Singapore

Phone No.
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SGX87R	WVWZZZAUZHW123446
Engine Code	Labor Type
	1T

Mileage
26,957
Initial Registration
18/07/17
Engine No.
CZC 162969

Service Advisor
Kong Charmaine
Sales Advisor
Vincent Leow
Model Code
5G13HZ

Continued	8,123.43
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Sum Item	2,443.43
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Sum Labor	5,680.00
Sum Item	2,443.43

Total SGD	8,123.43
7% GST	568.64
Total SGD Incl. GST	8,692.07

Explanations

P = Proportionately Charged

Payment Terms	No Credit
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Payments to: - BBN: - Acc.-No.:

* SCENE VIDEO *

MSIG
WINNER
VS
? AIG
047

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 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. 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	08/10/2018 13:51
Date Of Accident	07/10/2018 16:20
Exact Location Of Accident	JLN LINGKARAN DALAM TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX87R
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHER ANG CHEE TIONG
NRIC No	S7709569A
Email Address	XRIS77@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90010180
Alternative Phone No	OTHERS-90010180

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF EQP 1.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

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	A 28994023 AVW

Cover Note Number

Driver

Name of Driver	CHRISTOPHER ANG CHEE TIONG
NRIC No	S7709569A
Date Of Birth	13/04/1977
Occupation	INDOOR
Date Of Driving Pass	25/11/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90010180
Fax Number	
Contact Number	OTHERS-90010180
Email Address	XRIS77@HOTMAIL.COM

Address	BLK 30 SEGAR ROAD #13-10
Postcode	677721
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	2
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: : YEO SIEW CHENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAWANGAN TRAFIK
Police Station Address	ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , POSTCODE: 81750 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK144T
Vehicle Make/Model/Colour	MITSUBISHI / GREY
Details Of Properties	FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD KHAIRUL BIN SALLIM
NRIC/Passport Number	S8800842A
Contact Number	87485548
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.
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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:

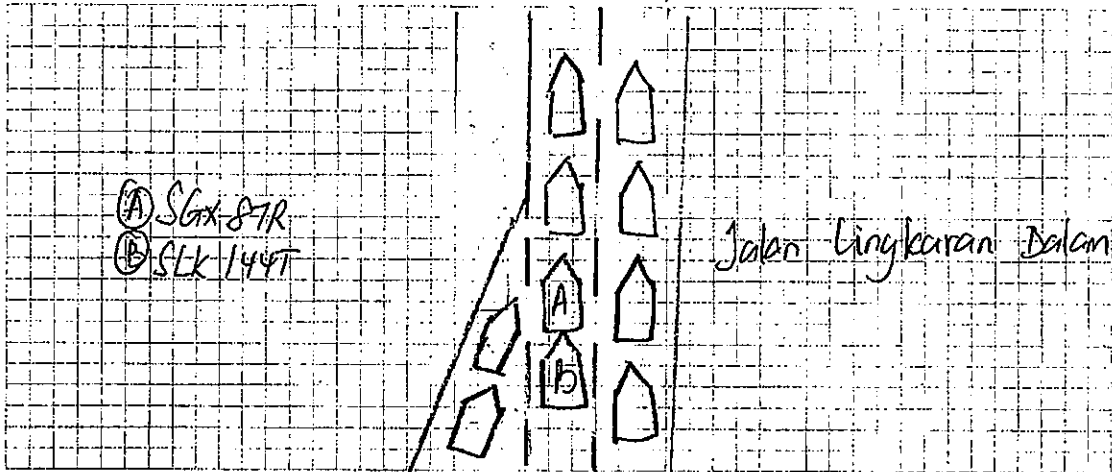
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 8/10/18

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12:20pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer to Police Report - TRAFIC JOMOR RAHBU(S)/024285/18.

On 7/10/2018 around 1620hrs, while I was driving my veh from town going back to Singapore. When I arrived at Jalan Lingkar Dalam, the road was congested and I stopped my vehicle. Suddenly I felt an impact. Vehicle SLK144T hit the rear of my vehicle. I am not injured. Damage to my rear bumper, rear panel and sensor. Other damages, I am uncertain. That is all.

DECLARATION

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

Policyholder's Signature

Date & Time: 8/10/18

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

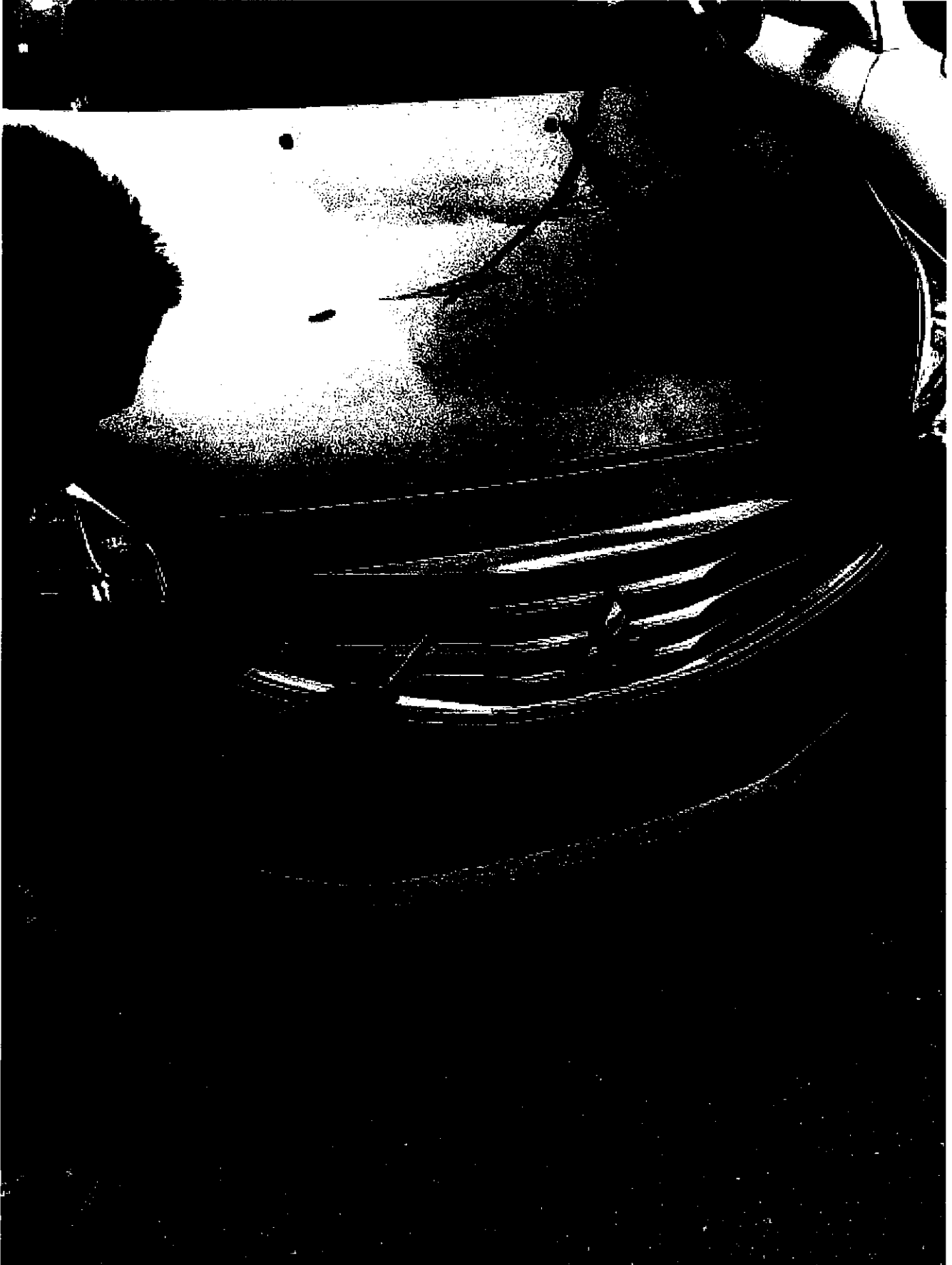
REPO T POLIS

TRAFFIC DAERAH, JOHOR BAHRU, JOHOR
DAERAH, JOHOR BAHRU, JOHOR

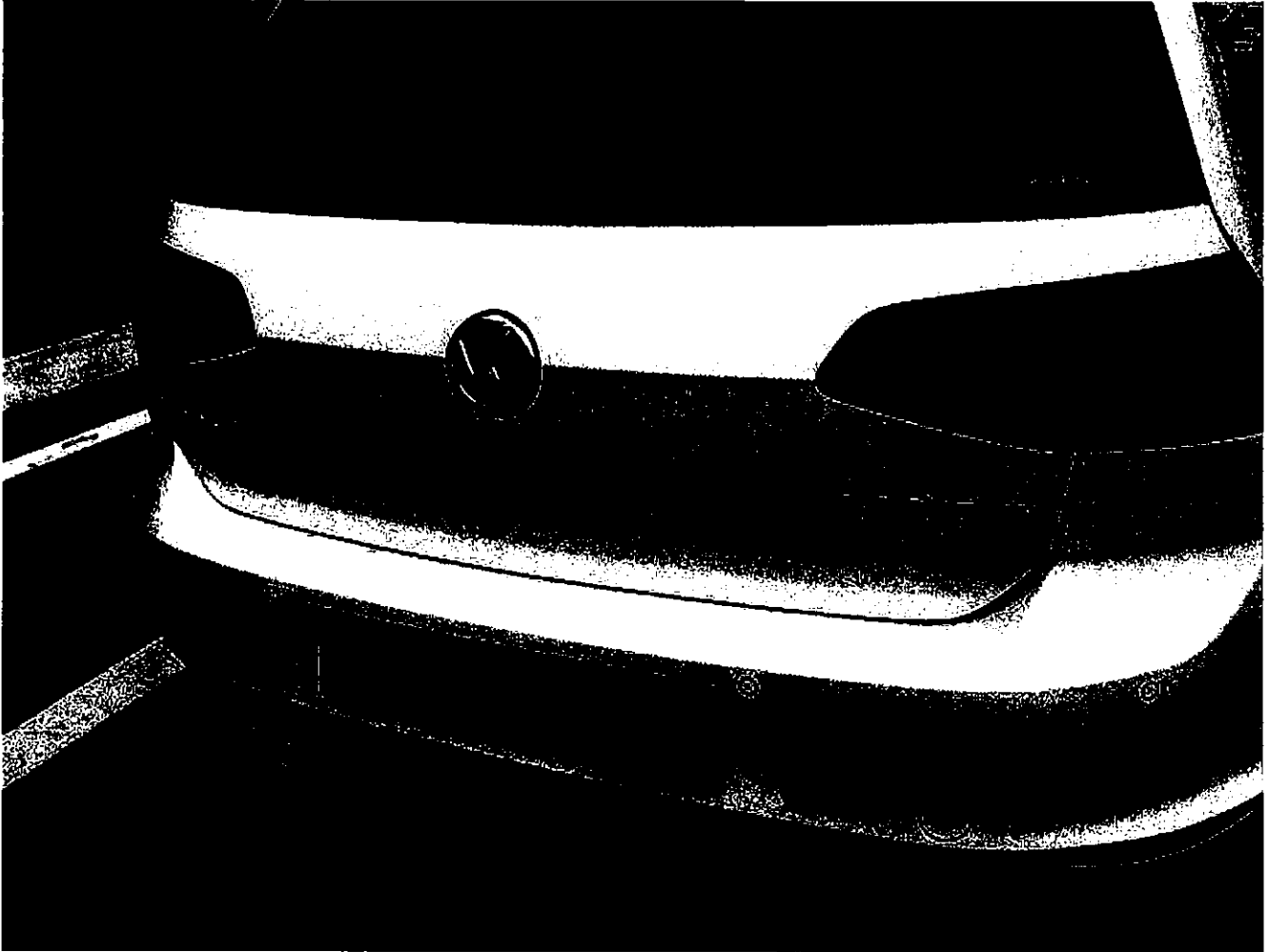
Accident Photo



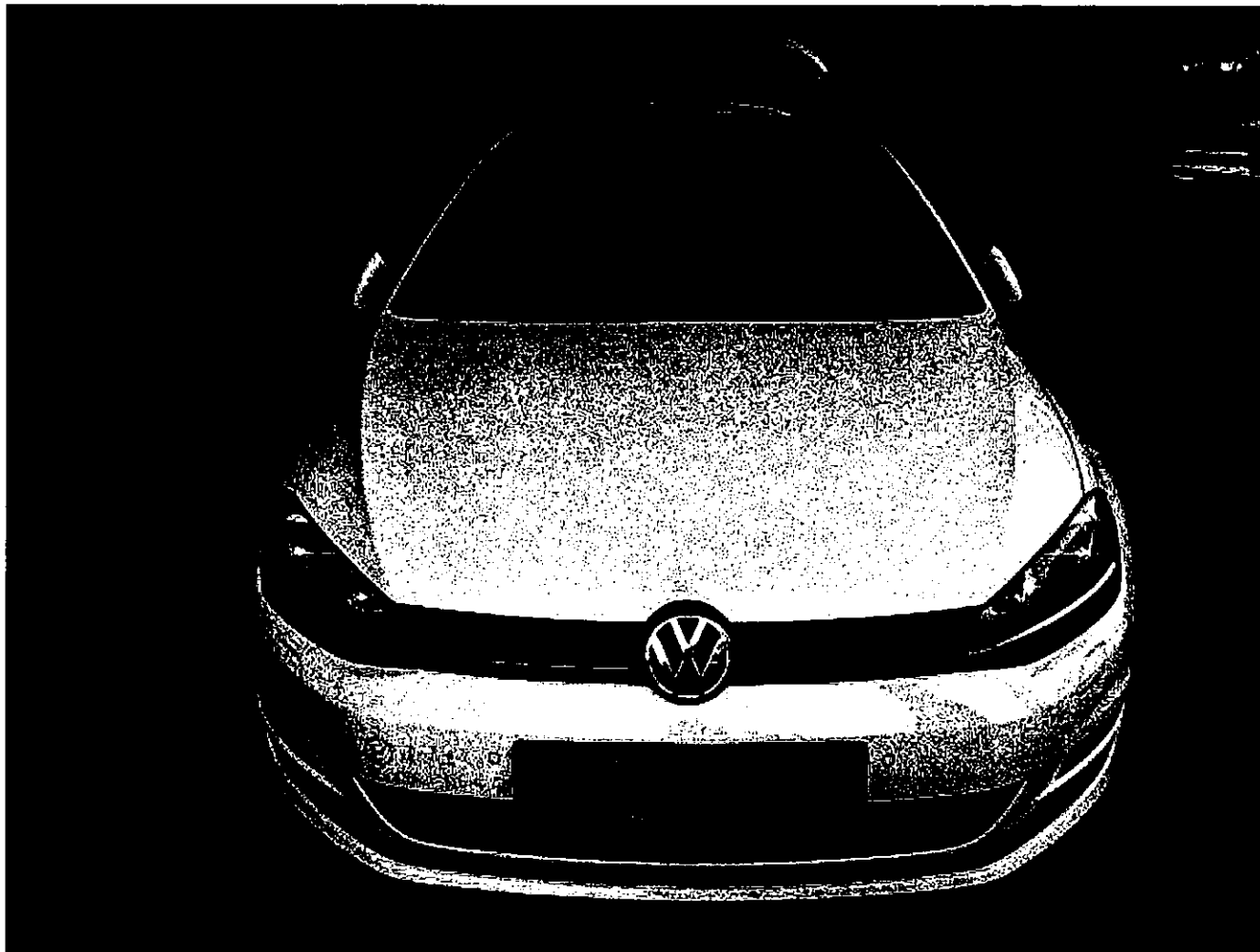
Accident Photo



Accident Photo



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Accident Photo



Accident Photo



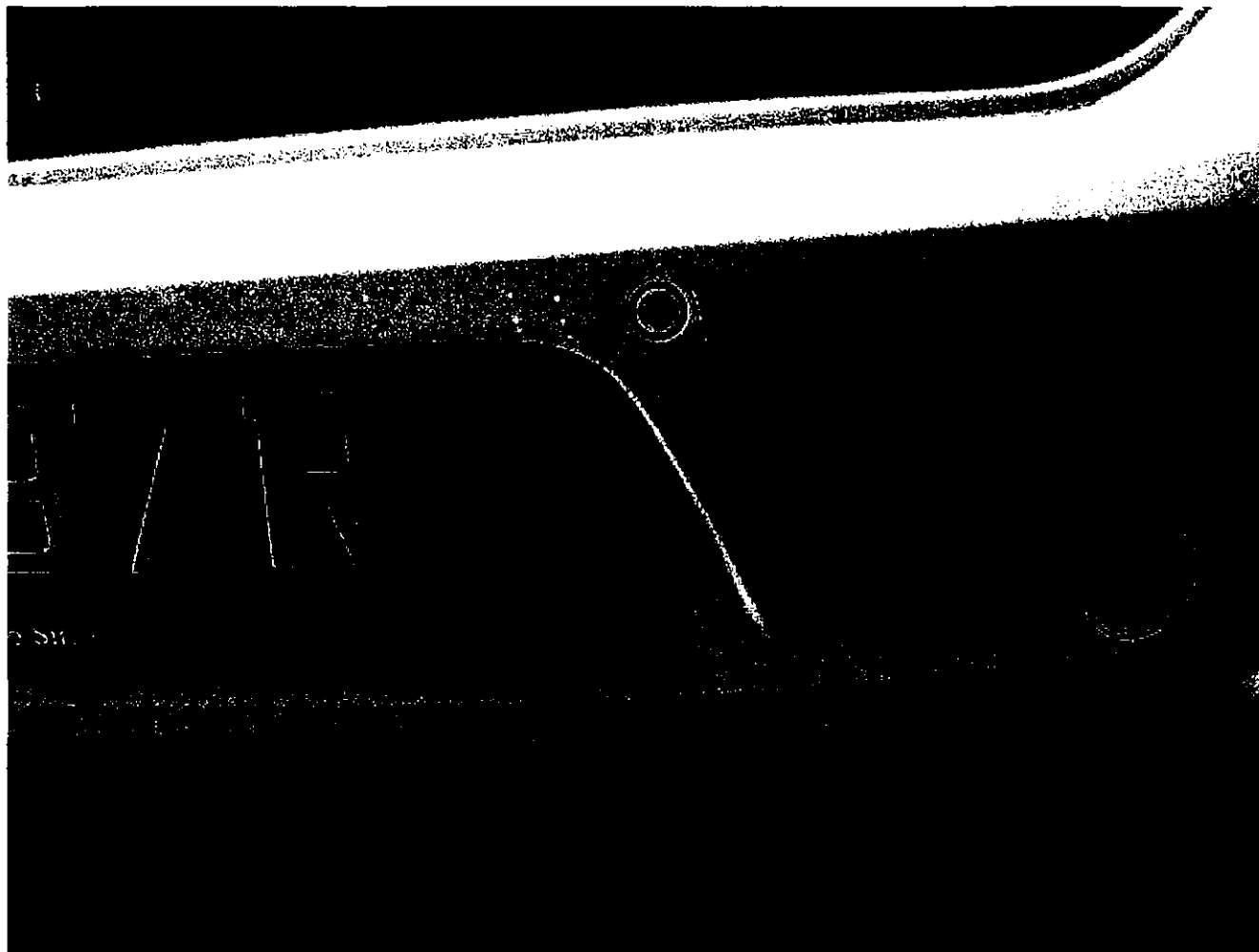
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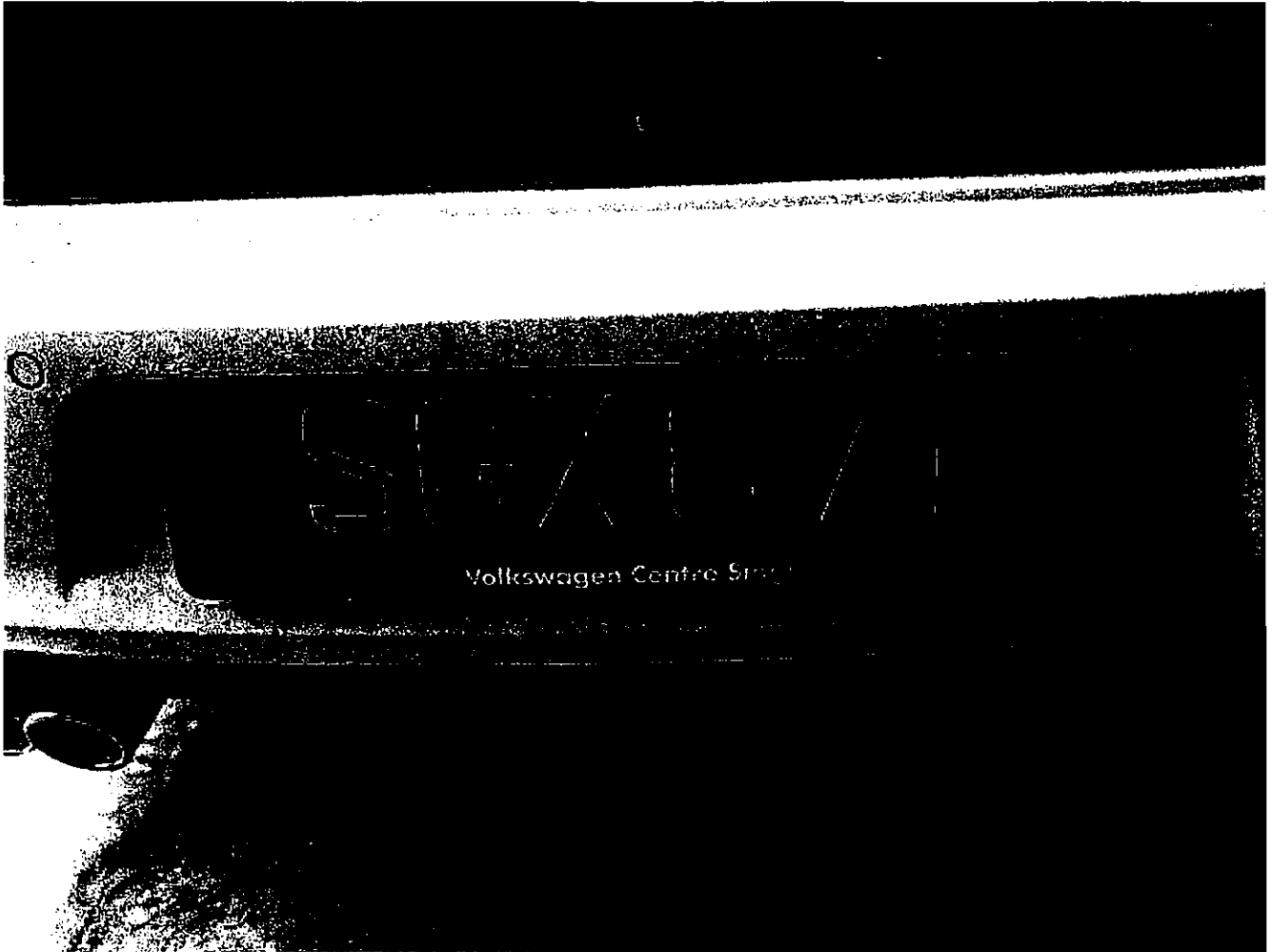
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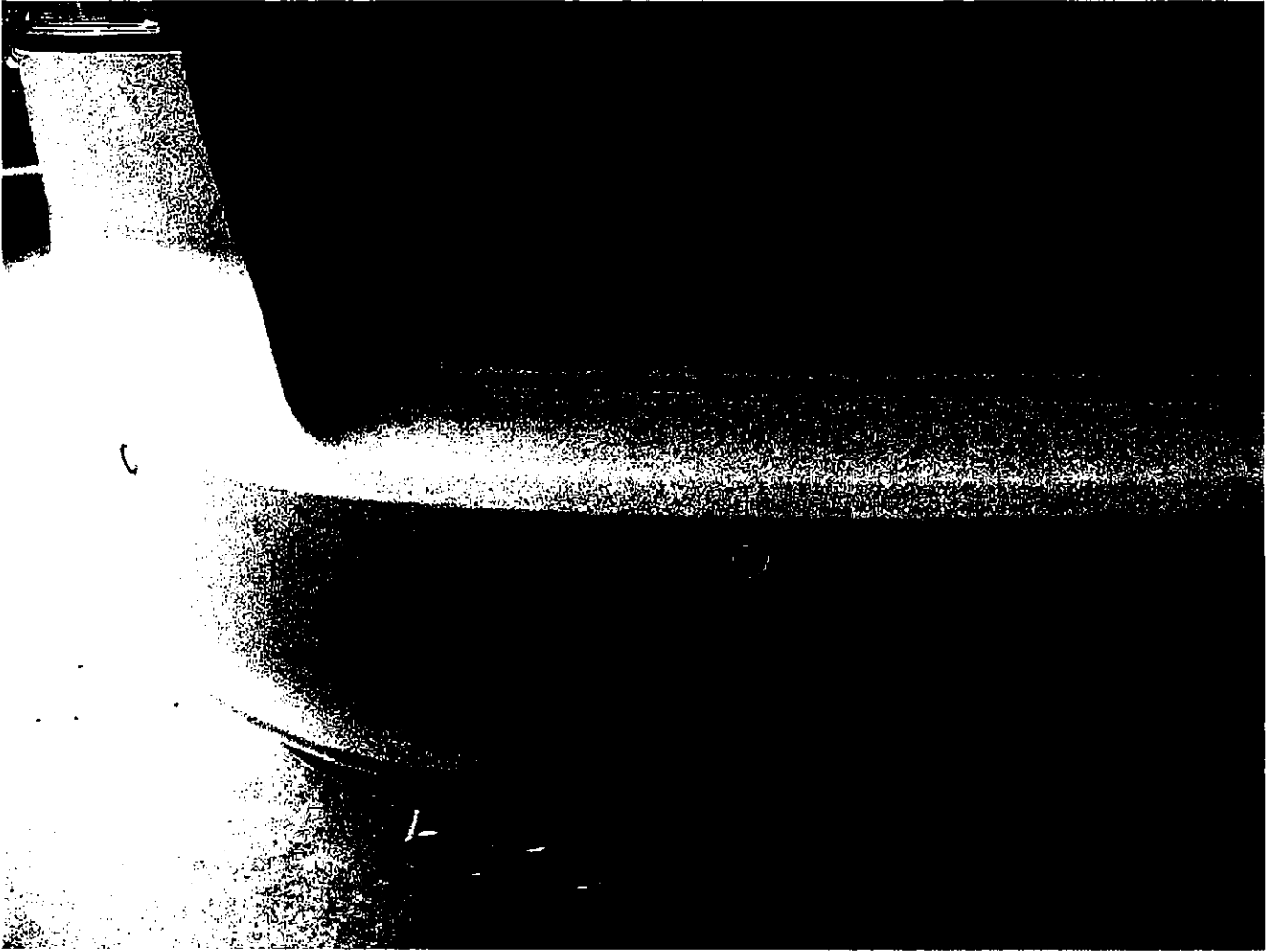
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