



**LETTER OF DEMAND**

Your Ref: SH06523C

Our Ref: SKW5779C

To: India Int.

Dear Sirs,

ACCIDENT INVOLVING SKW5779C & SHD6523C ON 19.10.18

We are claiming on behalf of our client Vijayakumar Parameswaran

owner of vehicle number SKW5779C involved in accident on 19.10.18

with vehicle SHD6523C along/at TPE Near Lajang

Description of claims:

Cost of Repairs \$ 4,028.95 (incl 7% GST)

Loss of Use/Rental \$ 60 x 3 Days = \$ 180 (incl 7% GST)

Search Fee \$ 7.45 (incl 7% GST)

<sup>Medical</sup>  
Miscellaneous Fee \$ 120.90 + \$58.85 = \$179.75 (incl 7% GST)

TOTAL \$ 4,396.15 (incl 7% GST)

We are claiming in full and final settlement of \$ 4,396.15  
payable to Volkswagen Group Singapore Pte Ltd.

Kindly send us a written acknowledgement within 14 days from receipt of this document.  
Please note that finalization/settlement offer of this claim should be within 8 weeks from the  
date of this document. Please email all settlement offers to [shushi.tang@vw.com.sg](mailto:shushi.tang@vw.com.sg)



Dated this 3/12/18

# Volkswagen Centre Singapore



Service Tax Invoice No. SV18P52209

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

SERVICE ORDER NO: 18IP2872

SERVICE CUSTOMER NO.: CV000179

SERVICE CUSTOMER NAME.: INDIA INTERNATIONAL INSURANCE

TELEPHONE NO.:

ADDRESS: 64 CECIL STREET  
#04-05 IOB BUILDING  
Singapore

Post Code: 049711

VEH NO.: SKW5779C

DATE: 22/11/18

Pickup:

VIN NO.: WVGZZZ5NZGW032497

KM : 111,915

GEARBOX CODE:

Engine No.:

MODEL: TiguanGP 1.4 TSI 118 DSG6 RECY

SA : STEVEN CHEE

Next Appointment Date :

Next Appointment Mileage : 0

No.	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT
<b>INDIA INT DIRECT SETTLEMENT</b>					
<b>DOA : 19/10/2018</b>					
<b>T/P VECH : SHD6523C</b>					
<b>SURVEY BY RASUL (LKK)</b>					
<b>NO OF REPAIR WORKING DAY: 3 WORKING DAY.</b>					
Labor					
1	LABOUR	1.00	UNIT	840.00	840.00
2	SPRAY PAINT	1.00	UNIT	800.00	800.00
3	Tow SVC- Quality Recovery Services	1.00	UNIT		
4	Tow SVC- Quality Recovery Services	1.00	UNIT		
5	PROGRAMMING & CALIBRATION- NETT	1.00	TU	480.00	480.00
6	CHECK WIRE HARNESS, ECU, SENSOR, SOCKET	1.00	TU	280.00	280.00
Item					
7	SENSOR	1.00	PCS	175.10	175.10
8	PARKING SENSOR O RING	1.00	PCS	0.65	0.65
9	REAR BUMPER ( CENTRE )	1.00	PCS	595.45	595.45
10	REAR BUMPER ( LOWER )	1.00	PCS	558.91	558.91
11	SENSOR BRACKET OUTER	1.00	PCS	17.63	17.63
12	SENSOR BRACKET INNER	1.00	PCS	17.63	17.63

# Volkswagen Centre Singapore



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GST (7%) AMOUNT: 263.58

TOTAL AMOUNT: 4,028.95

For Volkswagen Group Singapore Pte Ltd

Customer



## NOTICE

1. 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



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Oct 2018 / 10:21:21  
Receipt Date/Time : 22 Oct 2018 / 10:21:21

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-181022-000506

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Result of Insurance Enquiry - SHD6523C  
As at 19 Oct 2018/08:15:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHD6523C  
Enquiry Fee  
20181022102026876921

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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7.00	0.49	7.49
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**Sub-Total**

7.00	0.49	7.49
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**Total Before Rounding**

7.00	0.49	7.49
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**Rounding Difference**

**Total Amount Payable**

0.04

7.45

**Paid By**

20181022102040727 Direct Debit: eNETS Debit  
(Internet Banking)

7.45

**Total**

**Cash Change**

7.45

**Tendered Amount**

0.00

**Excess Refundable Amount**

7.45

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

**TAX INVOICE**

GST REGN NO. : M9-0000467-N  
VISIT NO. : G04318035916  
VISIT DATE/TIME : 19-OCT-2018 09:52AM  
INVOICE NO. : PG04318035916-1  
PAGE : 1 of 1  
BILL TYPE : PATIVNOUT  
BILL DATE : 19-OCT-2018  
PATIENT NAME : VIJAYAKUMAR  
PARAMESWARAN  
PATIENT ID NO. : S2693997F  
POLICY NO. :  
PAY BY : SELF  
PAYER NAME : VIJAYAKUMAR  
PARAMESWARAN  
ADDRESS : 780 PASIR RIS STREET 71 #07-576 SINGAPORE 510780

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			26.00
PRACTICE COST			
PRACTICE COST	1.0	15.00	
			15.00
RADIOLOGY			
CERVICAL SPINE XRAY (2 VIEWS)	1.0	72.00	
			72.00
SUB-TOTAL			113.00
TOTAL CHARGES BEFORE GST			113.00
GST @ 7%			7.91
TOTAL CHARGES AFTER GST			120.91
LESS ROUNDING ADJUSTMENT			(0.01)
TOTAL AMOUNT PAID			(120.90)
REG1801342983 - 19/10/2018 - AMEX		120.90	
TOTAL BALANCE DUE			0.00

**RafflesMedical**

65 Airport Boulevard  
#B2-01 Singapore 819663  
Tel: (65) 6241 8818 Fax: (65) 6241 3498

65 AIRPORT BOULEVARD, S'PORE CHANGI #B2-01 AIRPORT PASSENGER TERMINAL BUILDING 3  
SINGAPORE 819663 T:62418818

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

TAX INVOICE

GST REGN NO. : M9-0000467-N PAGE : 1 of 1  
 VISIT NO. : G04318035917 BILL TYPE : PATIVNOUT  
 VISIT DATE/TIME : 19-OCT-2018 09:53AM BILL DATE : 19-OCT-2018  
 INVOICE NO. : PG04318035917-1 PATIENT NAME : HAMIMAH BTE ABDUL HALIM  
 PAY BY : SELF PATIENT ID NO. : S7108515E  
 PAYER NAME : HAMIMAH BTE ABDUL HALIM POLICY NO. :  
 ADDRESS : 780 PASIR RIS STREET 71 #07-576 SINGAPORE 510780

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			0.00
RADIOLOGY			
CERVICAL SPINE XRAY (2 VIEWS)	1.0	55.00	
SUB-TOTAL			55.00
TOTAL CHARGES BEFORE GST			55.00
GST @ 7%			3.85
TOTAL CHARGES AFTER GST			58.85
TOTAL AMOUNT PAID			(58.85)
REG1801342977 - 19/10/2018 - AMEX		58.85	
TOTAL BALANCE DUE			0.00

**RafflesMedical**

65 Airport Boulevard  
 #B2-01 Singapore 819663  
 Tel: (65) 6241 8818 Fax: (65) 6241 3498

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 SINGAPORE 819663 T:62418818

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## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT18100613  
Claimant Ref: SKW 5779C

We/I, VOLKSWAGEN CENTRE SINGAPORE ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 4,028.95 (repair cost), S\$ 180.00 (loss of use/rental), S\$ 128.35 (Medical fee and search fee), vehicle no. SKW 5779C that was damaged pursuant to the accident which occurred on 19/10/2018 (date) at TPE NEAR LOYANG (location) involving vehicle no. SHC 8855L (insured vehicle). This is pursuant to the inspection conducted on 24/10/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner VIJAYAKUMAR PARAMESWARAN ("the third party claimant") of vehicle no. SKW 5779C to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SKW 5779C (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 4,337.30 to VOLKSWAGEN CENTRE SINGAPORE.

Dated this 11 day of April 2019.

#### CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

Nationality:

Occupation:



#### WITNESS:

Signature:

MRB

Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK

#02-25 SINGAPORE 408933

Nationality:

Occupation:



**DISCHARGE VOUCHER**  
**III-Direct Settlement (PODS)**

We/I, VOLKSWAGEN CENTRE SINGAPORE ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 58.85 (medical fee) (repair cost), S\$ (loss of contents), S\$ (search fee), vehicle no. SKW 5779C that was damaged pursuant to the accident which occurred on 19/10/2018 (date) at TPE NEAR LOYANG (location) involving vehicle no. SHD 6523C (insured vehicle). This is pursuant to the inspection conducted on 24/10/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner HAMIMAH BTE ABDUL HALIM ("the third party claimant") of vehicle no. SKW5779C to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SKW 5779C (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 58.85 to VOLKSWAGEN CENTRE SINGAPORE

Dated this 11 day of April 20 19

**VOLKSWAGEN  
GROUP  
SINGAPORE**



**81030002**

Occupation:

#02-25 SINGAPORE 408933



# Volkswagen Centre Singapore



## LETTER OF AUTHORITY

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

ACCIDENT INVOLVING SKW5779C and SHD 6523C on 19/10/2018  
along TPE near Loyang  
Own vehicle's number Other vehicle's number Date of accident  
Accident location

BY THE LETTER OF AUTHORITY, I/we, Vijayakumar Parameswaran  
of S2693997F  
Name of Policy Holder & IC / Passport number  
Number SKW5779C Own vehicle's number hereby irrevocable appoint **Volkswagen Centre Singapore**

(hereinafter refer to VGS), a company incorporated in Singapore and having its registered office at **247 Alexandra Road, Singapore 159934**, its agents or any person authorized by VGS to be \*my / our Attorney and in \*my / our name(s) on \*my / our behalf to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which \*I/we may have against the other \*party/parties to the Accident and under the insurance \*policy/policies taken up by such \*party/parties or **alternatively** under Insurance Policy number \_\_\_\_\_ taken up by \*me/us and pay the **compulsory excess** in respect of the cost repairs suffered by \*me/us arising from the Accident (loss and damage)/.
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favour of **Volkswagen Centre Singapore** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling 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 the acceptance by VGS of the settlement amount in respect of such constitute the full discharge of \*my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, \*I/we have hereunto to set \*my/our hand and sign this 3 of the month

12 Year 18

Signed & Delivered By:

[Signature]  
Policy Holder

Witness By:

[Signature]

