



DIRGETASIA DUE: 5/11/18
14th May 27/11/18

* No VIDEO *

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer KHOO SWEE YIN
NRIC 57917494G insured of vehicle SKK 7977Y against
your insured vehicle number SLB 2062E (AIG)
On the accident dated on 24.10.18 (ddmmyyyy) along J/N BTW THE
OCTAGON & 80 ROBINSON RD BUILDING

Dated this 26 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

KHOO SWEE YIN
(QIU RUIYIN)
124B BUKIT MERAH VIEW
#06-394
Singapore, 152124
Singapore

Phone No.
Fax No.
E-Mail

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

Service Quote

Customer No. CV036746
Quote No. SER/QUO/1801793
QuoteDate 26/10/18
Salesperson Ian Yeo
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Beetle NF 1.2 (A) SR HID	9,822	Cheong Pearlyn
License No.	VIN	Initial Registration	Sales Advisor
SKK7977Y	WVWZZZ16ZGM608799	30/05/17	Ian Yeo
Engine Code	Labor Type	Engine No.	Model Code
	M5	CBZ K15341	5C13D7

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR	8	UNIT		6,720.00
P B&P ALEX LABOUR	RE+REINSTALLED UPHOLDSTR	1	UNIT		840.00
P B&P ALEX PAINT	SPRAY PAINTING	8	UNIT		6,400.00
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				
P B&P WHEEL ALIGNMENT	B&P WHEEL ALIGNMENT NETT	1	Time Un		360.00
	Sum Labor				15,080.00
P 311601361	RUBBER VALVE	1	Pieces		2.28
	Use Predecessor 281601361				
P 5C0601025AKAX1	18" 'TWISTER' RIM ONLY	1	Pieces		1,905.95
	BLACK GLOSSY				
P 5C5807393F	BUMPER BRACKET LHS	1	Pieces		171.75
	Predecessor 5C5807393D				
P 5C5807417ADGRU	REAR BUMPER	1	Pieces		1,689.63
	Use Predecessor 5C5807417AEG				
P 5C5809843	LHR FENDER	1	Pieces		991.70
P 5C5810969D	WHEEL HOUSING LINNING LHS	1	Pieces		310.57
	Predecessor 5C5810969C				
P 5C5821305C	FENDER LHS	1	Pieces		972.24
	Predecessor 5C5821305B				
P 5C5837379	LHS CHROME MOLDING	1	Pieces		176.47
P 5C5839379	LHR MOLDING	1	Pieces		176.47
P 5C5854931R GRU	STRIP LHR	1	Pieces		163.56
	Use Predecessor 5C5854931P GR				

Sum carried forward 21,640.62

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

PDI TUAS

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KHOO SWEE YIN
(QIU RUIYIN)
124B BUKIT MERAH VIEW
#06-394
Singapore, 152124
Singapore

Phone No.
Fax No.
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	M5	CBZ K15341	5C13D7

Continued			21,640.62
P 5C5854939P GRU	LHS STRIP	1 Pieces	285.48
	Use Predecessor 5C5854939L GR		
P D 007600A1	INOXSPRAY	1 Pieces	67.97
P D 180003M2	2KADHESIV	1 Pieces	286.20
P D 476KD1M2	SEALANT	1 Pieces	77.38
P D 506KD1A3	2K FOAM	1 Pieces	157.96
	Sum Item		7,435.61
Sum Labor			15,080.00
Sum Item			7,435.61
Total SGD			22,515.61
7% GST			22,515.61 1,576.09
Total SGD Incl. GST			24,091.70

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

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	25/10/2018 11:30
Date Of Accident	24/10/2018 16:00
Exact Location Of Accident	JUNCTION BTW THE OCTAGON & 80 ROBINSON RD BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK7977Y
Insured/Policyholder	
Name Of Registered Owner	KHOO SWEE YIN
NRIC No	S7917494G
Email Address	RINN_17@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97915787
Alternative Phone No	OFFICE-97915787
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	BEETLE-1.2 TSI (A)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00471761
Cover Note Number	
Driver	
Name of Driver	KHOO SWEE YIN
NRIC No	S7917494G
Date Of Birth	17/06/1979
Occupation	INDOOR
Date Of Driving Pass	16/04/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97915787
Fax Number	
Contact Number	OFFICE-97915787
Email Address	RINN_17@HOTMAIL.COM

Address	BLK 124B BUKIT MERAH VIEW#06-394
Postcode	152124
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 - MAJOR/MINOR RD
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: : CHONG SHI YA, CHRISTINA
	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB2062E
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YU HUIMIN
NRIC/Passport Number	S9408893C
Contact Number	98392162
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SKK 7977 Y
ACCIDENT DATE: 24/10/18

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.
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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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time:

25/10/18, 10.15AM.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

CHARN'S CUSTOMCRAFT

Bukit Merah Lane 3

Reporting Centre Personnel's Signature

Singapore 159724

Name: Tel: 62717054/62733304

NRIC/PIN No.:

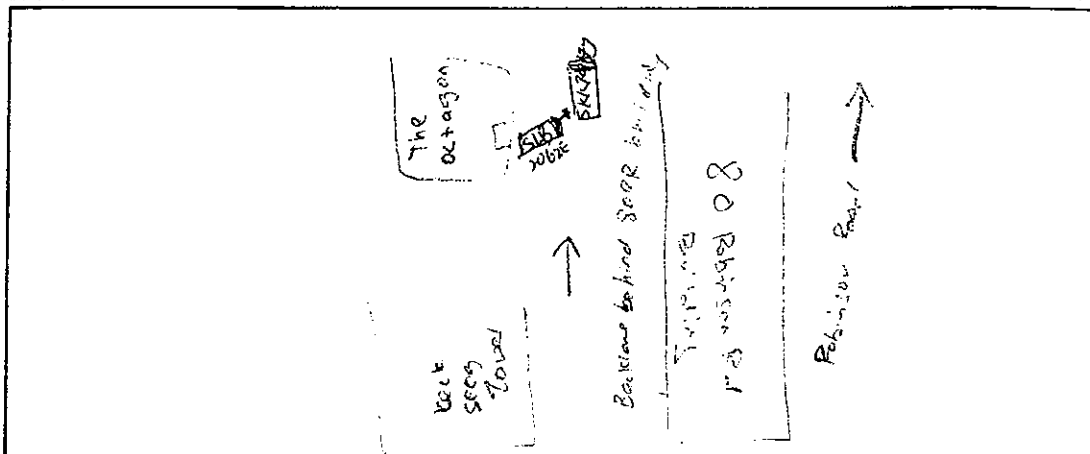
Fax: 62736676

Email: charns@singnet.com.sg

Sketch Plan #2 Pg. 1

SKK 7977Y
24/10/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\$ SKK 7977Y (my car) was travelling straight behind the back lane of building of 80 Robinson Road, the back lane, the SLB 2062E was exiting from the Octagon building and knock against my car.

OWN DAMAGE () 3RD PARTY CLAIM (X) REPORTING ONLY () OWN WORKSHOP (X)

DECLARATION

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

Policyholder's Signature

Date & Time:

25/10/18,
10.30AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

Block 1010 #01-105

CHARN'S CUSTOMCRAFT

Reporting Centre Person's Signature

Name: Singapore 359724

Tel: 62717054/62733304

NRIC: N62736676

Email: charns@singnet.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

