

EQ CLAIMS
Jaxi 6223 4190

Volkswagen Centre Singapore

Biz Reg. No. 53103069E
GST No. M20098505-2RECEIVED
30 NOV 2018
EQ INSURANCE CO. LTD.
AKA Due: 12/12/18
13/12/18

* NO VIDEO *

Letter of Claims
Request for direct settlement.

We are submitting a claim on behalf of our customer SKADING ANNE
NRIC _____ insured of vehicle EM1383 against
your insured vehicle number YN 9985D (EQ)
On the accident dated on 29.11.18 (ddmmyyyy) along MAXWELL ROAD

Dated this 30 NOV 2018 (day) of _____ (month) 2018 .

Charmaine Kong
Volkswagen Group Singapore
Accident Claims Dept.
charmaine.kong@vw.com.sg
DID : 63057176/ 63057299
HP: 92361399

VGS Singapore
247
Alexandra Road
159934 Singapore

Phone No. +65 6305 7299
Fax No. +65 6474 3643
E-Mail service@vw.com.sg

VGS Singapore, 247, 159934 Singapore

SKADING ANNE
10 ANSON ROAD
#49-08
Singapore, 079903
Singapore

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

Service Quote

Customer No. CV017634
Quote No. SER/QUO/1802025
QuoteDate 29/11/18
Salesperson Xiao Li Na Helena
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	GOLF A7 1.4 R-Line 110 (DSG)	26,734	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
EU138S	WVWZZZAUZGW081134	01/04/16	Xiao Li Na Helena
Engine Code	Labor Type	Engine No.	Model Code
	1T	CZD 345082	5G14NZ

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	R&R RIM & BALANCE	1	Labor		50.00
P B&P ALEX LABOUR	LABOUR	8	Labor		6,720.00
P B&P ALEX PAINT	SPRAY PAINT	5	Labor		4,000.00
P B&P TYRE SALES	TYRE	1	Pieces		680.00
	PURCHASE OF TIRE				
P B&P WHEEL ALIGNMENT	B&P WHEEL ALIGNMENT -NETT	1			380.00
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				12,570.00
P 311601361	RUBBER VALVE	1	Pieces		2.28
	Use Predecessor 281601361				
P 5G0073149A FZZ	ALLOY WHEELS 19" TWINSPOKE	1	Pieces		2,055.92
P 5G0810971D	WHEEL HOUSING LINER-REAR	1	Pieces		181.23
	Use Predecessor 5G0810971C				
P 5G0837205Q GRU	LHR DOOR HANDLE	1	Pieces		552.72
P 5G0919491	SENSOR BRACKET	1	Pieces		15.49
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 5G4809843	SECTION/LHR FENDER	1	Pieces		1,350.18
P 5G4833055AB	DOOR LHR	1	Pieces		1,650.63
	Use Predecessor 5G4833055AA				
P 5G6807393	BUMPER BRACKET LH	1	Pieces		39.97
	Sum carried forward				18,464.89

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

VGS Singapore
247
Alexandra Road
159934 Singapore

Phone No. +65 6305 7299
Fax No. +65 6474 3643
E-Mail service@vw.com.sg

VGS Singapore, 247, 159934 Singapore

SKADING ANNE
10 ANSON ROAD
#49-08
Singapore, 079903
Singapore

VAT Registration No. M20096505-2
Tax No. 199101494Z

Service Quote

Customer No. CV017634
Quote No. SER/QUO/1802025
QuoteDate 29/11/18
Salesperson Xiao Li Na Helena
Page 2

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	GOLF A7 1.4 R-Line 110 (DSG)	26,734	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
EU138S	WVWZZZAUZGW081134	01/04/18	Xiao Li Na Helena
Engine Code	Labor Type	Engine No.	Model Code
	1T	CZD 345082	5G14NZ

Continued				18,464.89
P	5G6807393A	BUMPER GUIDE LH	1 Pieces	39.97
P	5G6807417ASGRU	REAR BUMPER COVER	1 Pieces	889.74
P	5G6839699D	DOOR SEAL	1 Pieces	109.43
		Use Predecessor 5G6839699C		
P	D 007600A1	INOXSPRAY	1 Pieces	67.97
P	D 180003M2	2KADHESIV	1 Pieces	286.20
P	D 180KU2A1	2KADHESIVE	1 Pieces	89.84
P	D 378500A2	DOOR INSULATOR	1 Pieces	46.22
P	D 476KD1M2	SEALANT	1 Pieces	77.38
P	D 506KD1A3	2K FOAM	1 Pieces	157.96
P	D 822150A1	BONDAGENT	1 Pieces	64.27
		Sum Item		7,723.87

Sum Labor 12,570.00
Sum Item 7,723.87

Total SGD 20,293.87
7% GST 20,293.87 1,420.57
Total SGD Incl. GST 21,714.44

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

* NO VIDEO

MVGS18154820 / Volkswagen Centre Singapore - HQ
 ENTRY DATE & TIME: 29/11/2018 17:25
 SUBMITTED BY: Edmund Goh Jui Huang

SINGAPORE ACCIDENT STATEMENT

AXA
 VS
 EQ INSURANCE

OUT

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.
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 29/11/2018 17:25
 Date Of Accident 29/11/2018 09:15
 Exact Location Of Accident MAXWELL ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number EU138S
Insured/Policyholder
 Name Of Registered Owner SKADING ANNE
 NRIC No S1426735B
 Email Address MSGERIC@GMAIL.COM
 Mobile Phone No (LOCAL) +65-97945979
 Alternative Phone No OFFICE-97945979

Vehicle Particulars

Manufacturer VOLKSWAGEN
 Model GOLF A7 1.4 R-LINE 110 (DSG)

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 AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number GA173610/1

Cover Note Number

Driver

Name of Driver YEO KIAN SENG
 NRIC No S1287394H
 Date Of Birth 22/01/1958
 Occupation INDOOR
 Date Of Driving Pass 31/07/1976
 Driving Experience 42 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97945979
 Fax Number
 Contact Number
 Email Address MSGERIC@GMAIL.COM

Address 10 ANSON ROAD
#49-08
Postcode 079903
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident SIDE SWIPE
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: : SKADING ANNE
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name MARINA BAY N.P.C
Police Station Address ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN AND ATTACHMENT

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 YN9985D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category GOODS VEHICLE
Name of Driver CHINNARASU SIVAJI
NRIC/Passport Number G7153730M
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

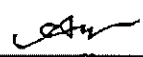
Sketch Plan Pg. 1


SKETCH PLANIMPORTANT 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. The 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 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/mailed 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 #2 Pg. 1

SKETCH PLAN

Please refer to attachment


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please refer to attachment

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 Pg. 1

At about 9.15am, I was driving my car with my wife sitting on the left. We were on the right lane of Chorn Guan St to turn onto Cecil St. Main Road clear with left signal on, I drove ~~on~~ ~~into~~ onto the 2nd left lane of Cecil St. This lane is a straight and turn left lane to turn into Maxwell Road. As I approach the traffic light junction, left signal on, I slowed down to observe whether anyone pedestrian is crossing although I saw the red man pedestrian crossing light is lighted. I took a wider turn to allow my ~~left~~ left vehicle to turn. Next thing I know, I felt a strong knock on my left side. I moved the car ~~to~~ to the left and stopped in front of the truck driven by an Indian that hit my car. I came out ^{of my car} to see the damage. I took the pictures of the truck that hit me and the damage done to my car. The Indian driver had driven his truck's right headlight and knocked into my left rear side door and the rear wheel mudguard/panel body. I asked for his particulars and after several times then he produced his driving licence. I took a picture. We told him to contact his employer and waited from 9.15am till the arrival of the Traffic Police Car at 10.15am. The Indian driver's employer still did not turn up. The Traffic Police Officer then took charge.

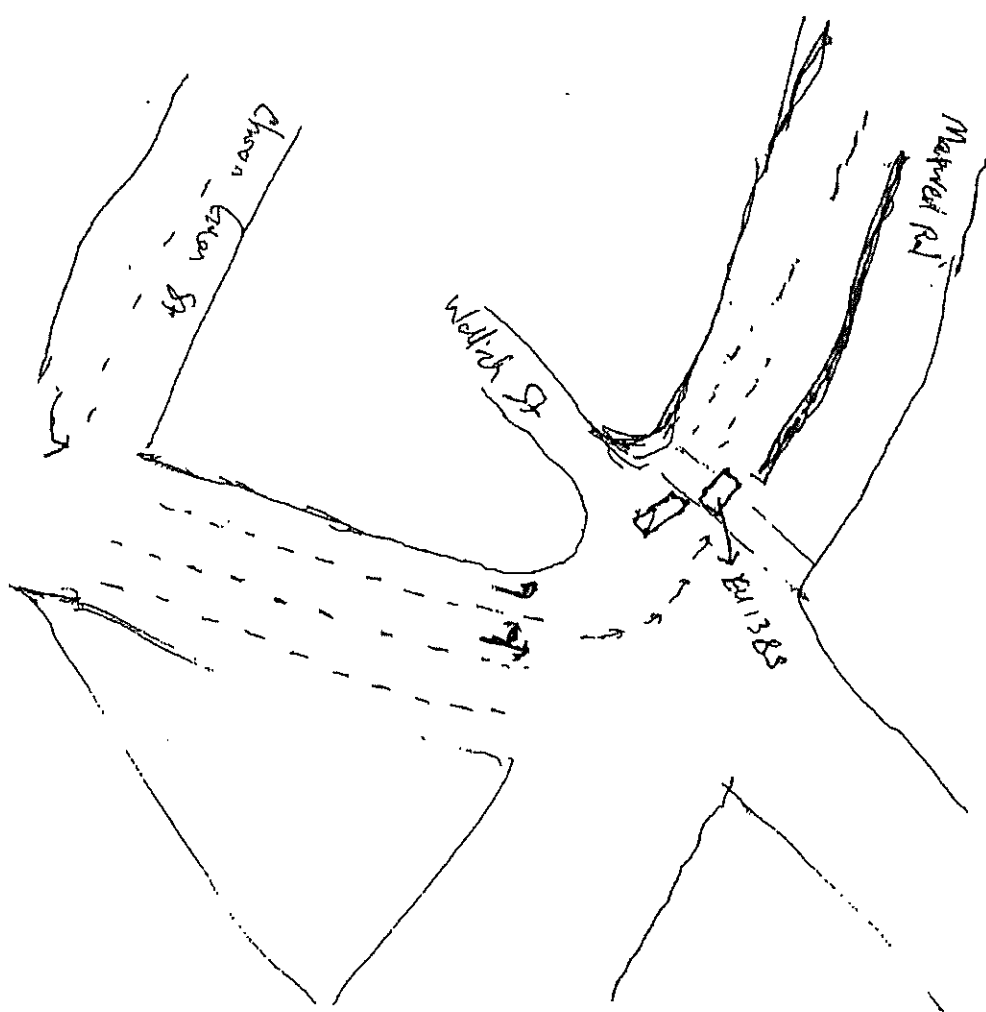
Incident No: A/2018/1129/065

Indian driver licence: G7153730M

Truck No: YN 9985D

Indian Name: Chinnaarasu Sivaji

Sketch Plan #4 Pg. 1



Sketch Plan #5 Pg. 1

Annex D

NOTICE OF REPORTING

This is to confirm that YEO KIAN SENG, NRIC/FIN S1287394H, has reported to the Police a non-injury traffic accident which occurred at Maxwell Road, on 29/11/2018 at 0915hrs am/pm involving the following vehicles:

1. Complainant's Particular: Yeo Kian Seng
NRIC: S1287394H
Vehicle: EU138S
2. Driver's Particular: Chinnarasu Sivaji
FIN: G7153730M
Vehicle: YN9985D

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (2) Joey Ng

Date: 29/11/2018 Time: 1424hrs

S/D Ref: 15

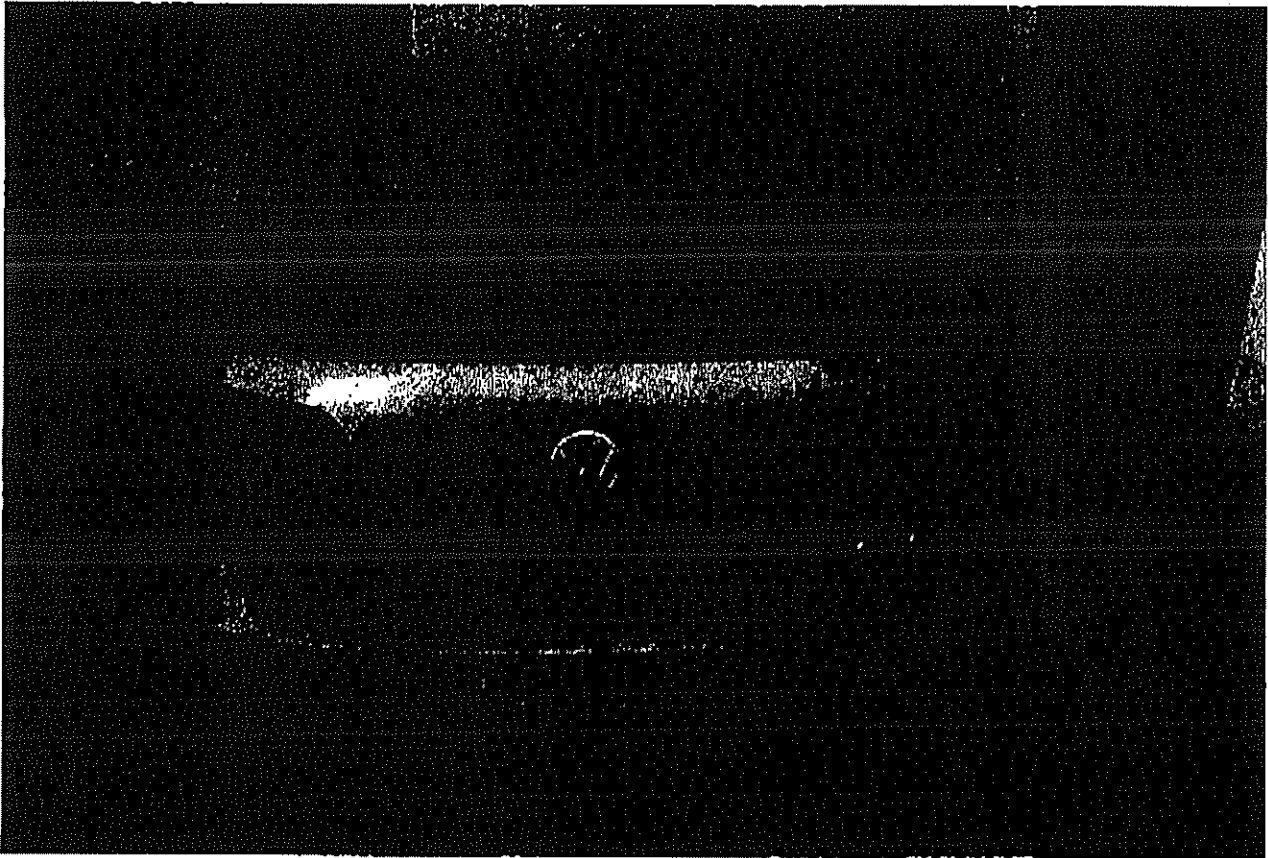
Police Post/Unit : Marina Bay Npc. Alpha



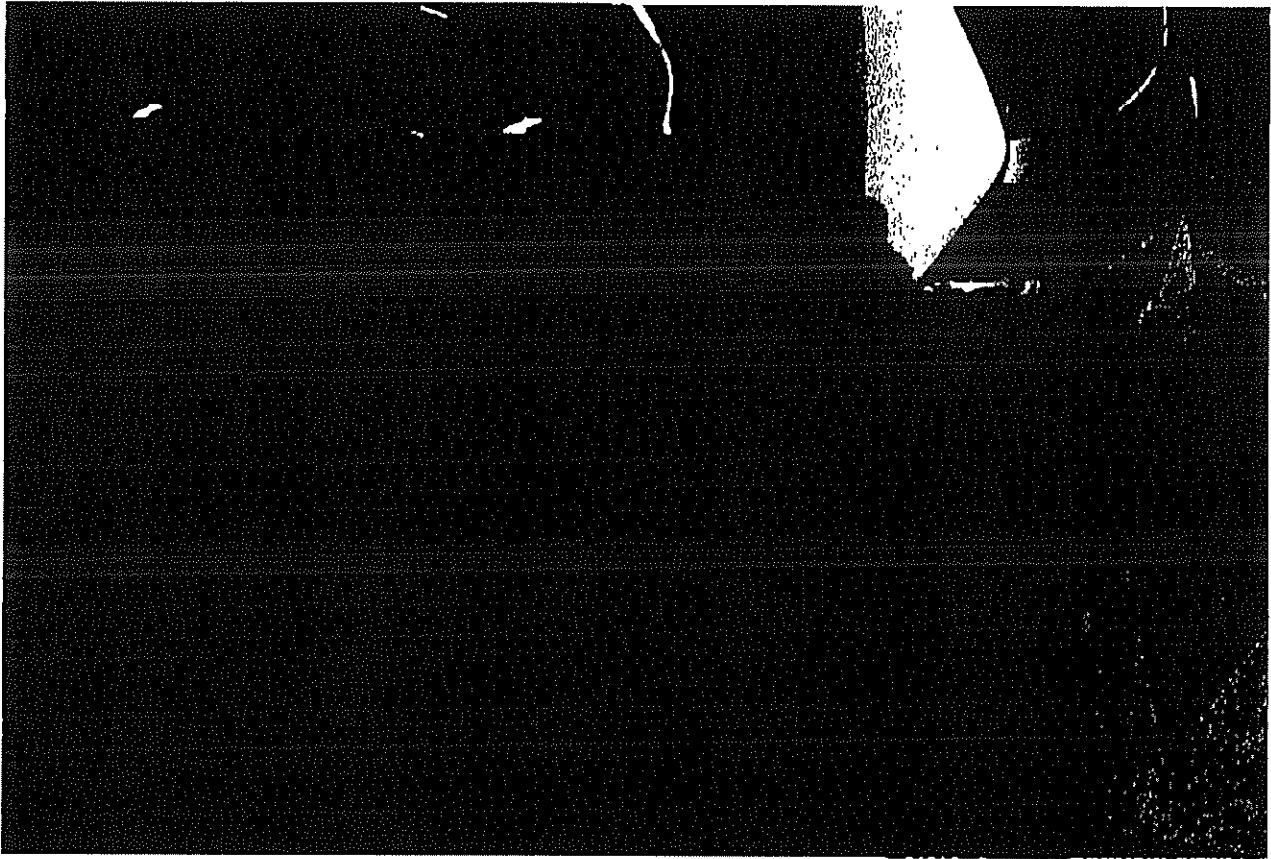
Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

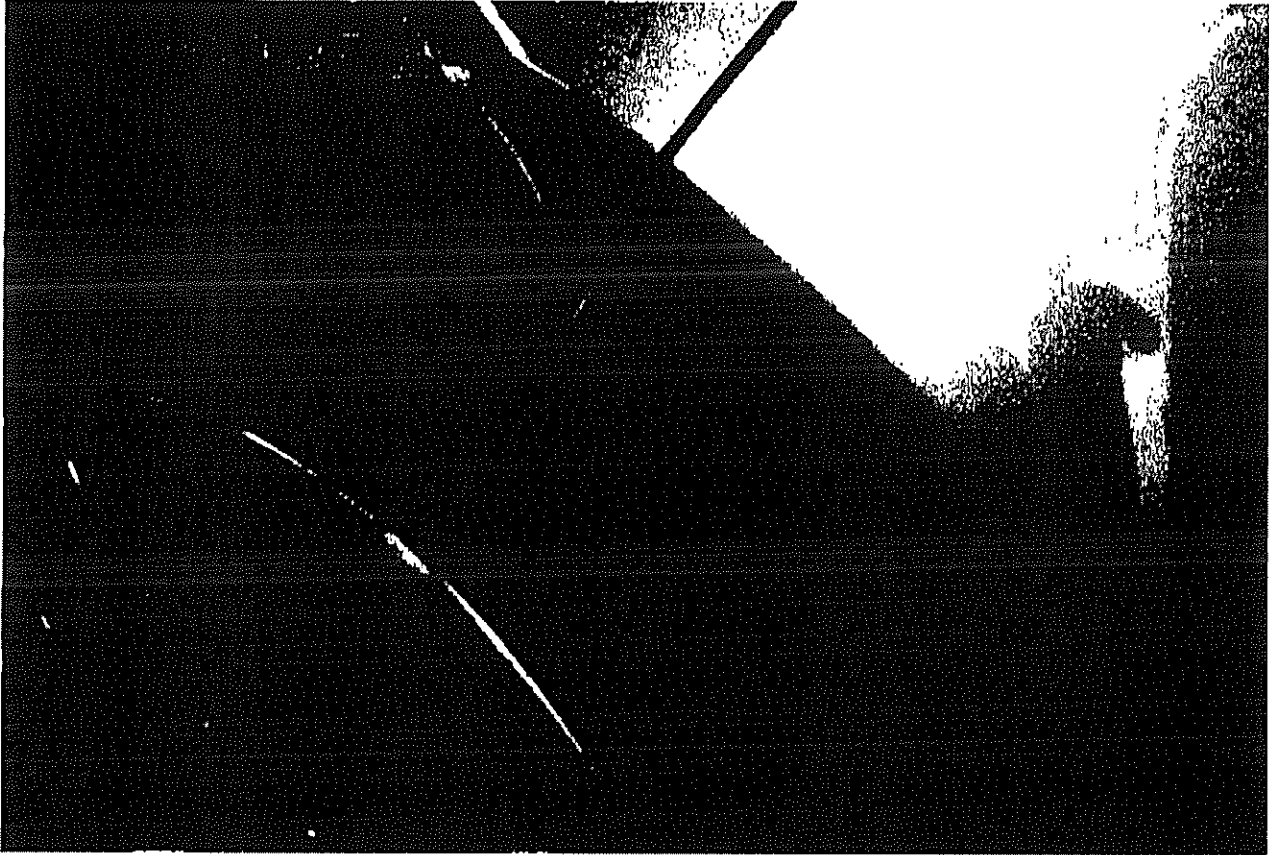
Accident Photo



Accident Photo



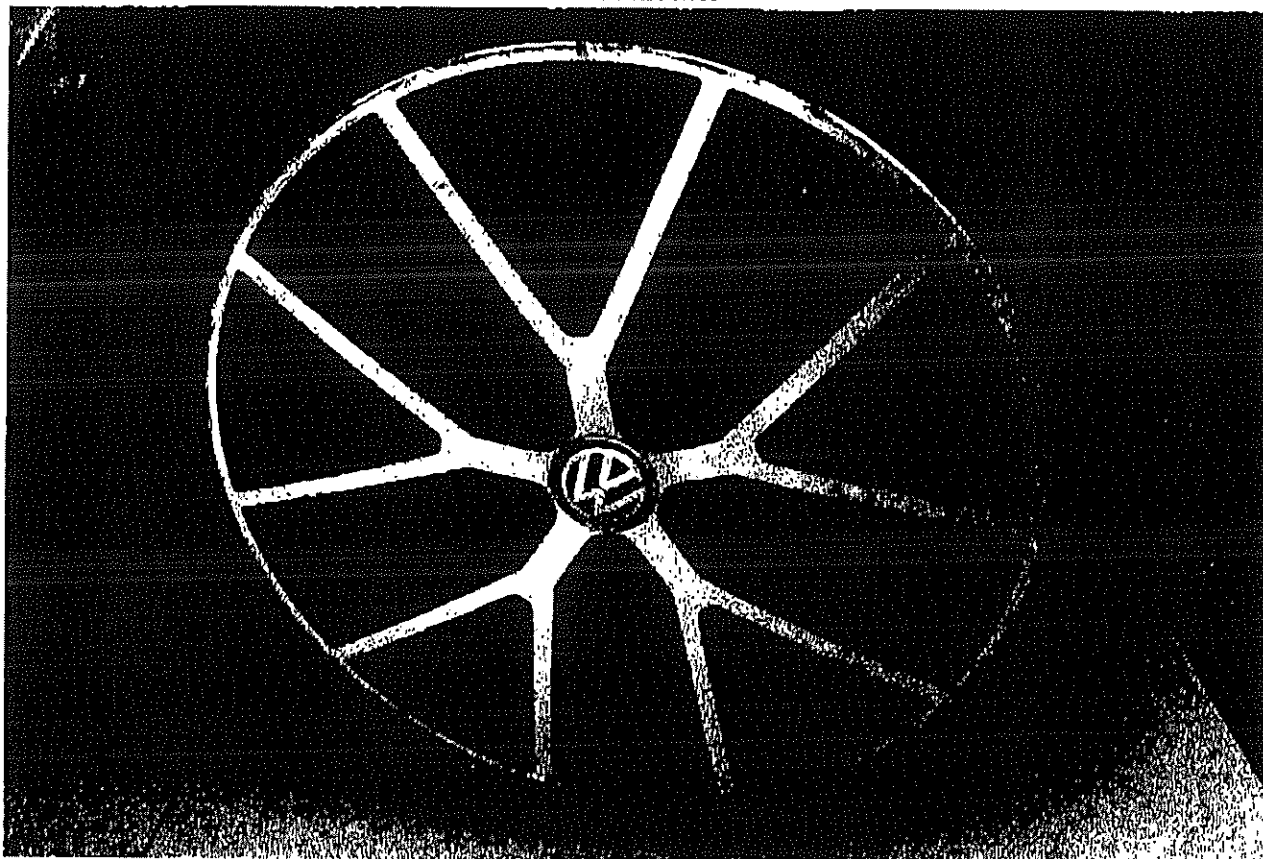
Accident Photo



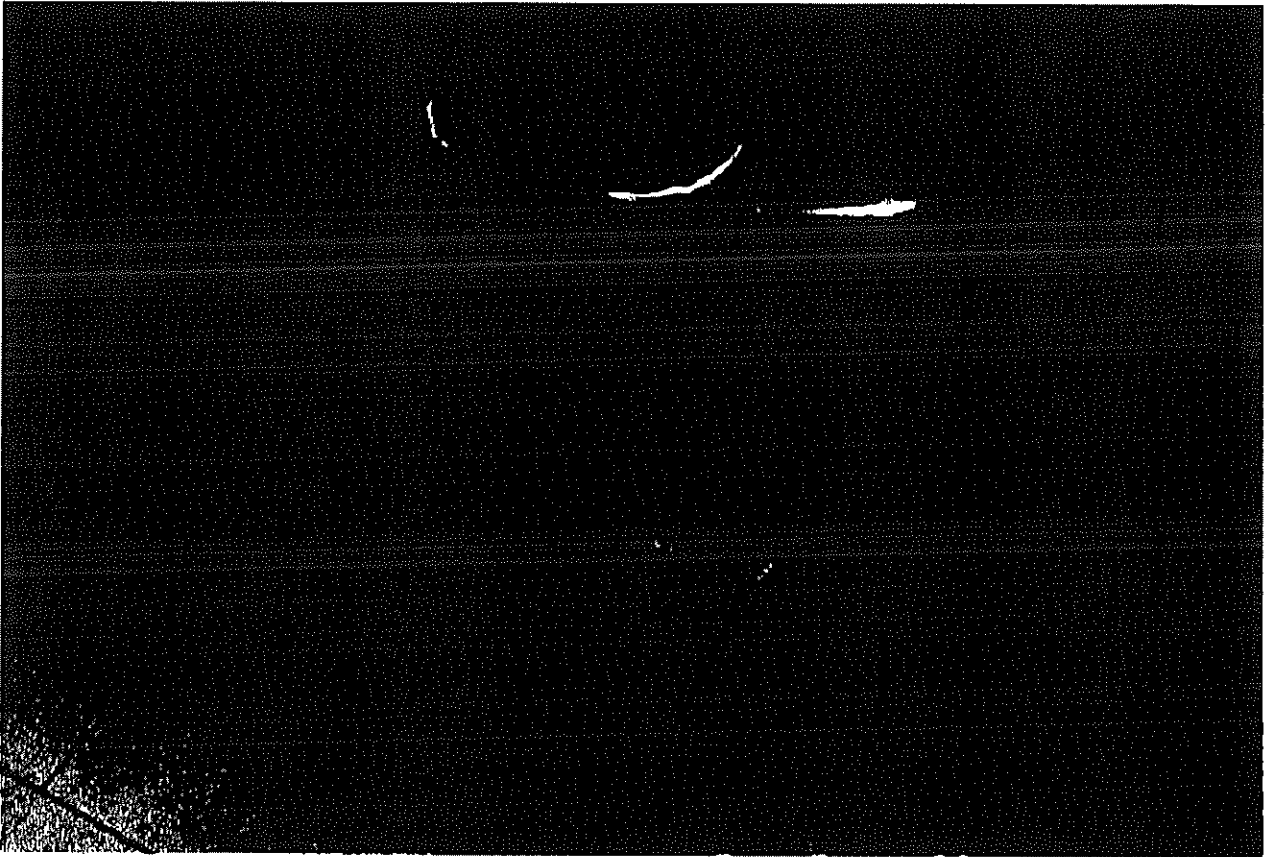
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

