



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Lawrence Koh Chee Kiang
NRIC S7610494H insured of vehicle SMF 7319 A against
your insured vehicle number XD65135 (Lonpac)
On the accident dated on 28/11/2018 (ddmmyyyy) along
Blk 339 Hougang Ave 7

Dated this 4 (day) of 12 (month) 20 18.



Volkswagen Group Singapore

1 Kampong Ampat

Singapore 368314

DID: 69223502

HP: 93867833

shushi.tang@vw.com.sg



VGS Singapore, 247, 159934 Singapore

LAWRENCE KOH CHEE KIANG
(LAWRENCE GAO ZHIQIANG)
339 HOUGANG AVENUE 7
#10-413
Singapore, 530339
Singapore

VGS Singapore
247
Alexandra Road
159934 Singapore

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

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

Service Quote

Customer No. CV042492
Quote No. SER/QUO/1802064
QuoteDate 04/12/18
Salesperson Johanna Lim
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Skoda Auto	Octavia 1.0 85kW Amb	16	STEVEN CHEE
License No.	VIN	Initial Registration	Sales Advisor
SMF7319A	TMBBP7NE2J0357912	22/11/18	Johanna Lim
Engine Code	Labor Type	Engine No.	Model Code
	1M	CHZ A51469	5E33BD

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P MACP LABOUR	LABOUR	4	UNIT		3,360.00
P B&P MACP PAINT	SPRAY PAINT	4	Labor		3,200.00
P B&P DIAG	PROGRAMMING & CALIBRATION	1	Time Un		480.00
P B&P MECH	CHECK WIRE HARNESS, ECU, S	1	Time Un		280.00
	Sum Labor				7,320.00
P 5E0807183A	GUIDE PROFILE LEFT	1	Pieces		31.59
P 5E0807221N	FRT BUMPER	1	Pieces		1,268.86
P 5E0809957L	FRONT LHS WHEEL HOUSING	1	Pieces		98.98
P 5E0821105C	FRONT LHS FENDER	1	Pieces		647.76
P 5E0821141A	FENDER BRACKET LH	1	Pieces		127.25
P 5E2941015C	HEADLAMP LH	1	Pieces		775.74
	Sum Item				2,950.18

	Sum Labor	7,320.00
	Sum Item	2,950.18

Total	SGD	10,270.18
7% GST	10,270.18	718.91
Total SGD Incl. GST		10,989.09

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

SINGAPORE ACCIDENT STATEMENT

AXA VS LONPAC
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 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	30/11/2018 08:34
Date Of Accident	28/11/2018 16:00
Exact Location Of Accident	BLK 339 HOUGANG AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7319A
Insured/Policyholder	
Name Of Registered Owner	LAWRENCE KOH CHEE KIANG
NRIC No	S7610494H
Email Address	CHEEKIANG.LAWRENCE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96640478
Alternative Phone No	OFFICE-96640478

Vehicle Particulars

Manufacturer	SKODA
Model	OCTAVIA 1.0 85KW AMB
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	CN023413
Cover Note Number	CN023413

Driver

Name of Driver	LAWRENCE KOH CHEE KIANG
NRIC No	S7610494H
Date Of Birth	12/04/1976
Occupation	INDOOR
Date Of Driving Pass	26/02/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96640478
Fax Number	
Contact Number	OFFICE-96640478
EMail Address	CHEEKIANG.LAWRENCE@GMAIL.COM

Address	339 HOUGANG AVENUE 7 #10-413
Postcode	530339
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	XD6513S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	MUTHUVAIRRU AMBALAM RAJA
NRIC/Passport Number	F7876330L
Contact Number	8754 3132
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.
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:

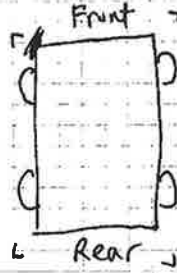
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON Wed, 28/11/18, I returned to my car parked at
HDB CarPark BLK 339, Hongang Ave 7. At around 4pm
Noticed a Name Card on wind screen to ask me to contact
a person for an incident.
Noted that my Front Left part of Car Body was
slightly dented.
Contacted the person on the Name Card Yubharaj and
he directed me to their logistic Manager Pat.
The other vehicle involved bears the car plate XD65135.

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

