



ALG (LMSR DID ONLINE GIN HIMSELF)
DATE 1/1/19 DUE: 21/1/19
(14th DAY)

CHAIN COLLISION

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer RING JOYLE PANG SAM MIN
NRIC 57905127F insured of vehicle SJZ 4360T against
your insured vehicle number SKR 4728 H (ALG)
On the accident dated on 7.1.19 (ddmmyyyy) along DUNDARN RD
AFTER ENG NEO.

Dated this 15 JAN 2019 (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

JOYCE PANG SHU MIN
(PENG SHUMIN)
12 West Coast Crescent
#03-16
Singapore, 128042
Singapore

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

Service Quote

Customer No. CV012658
Quote No. SER/QUO/1900075
QuoteDate 14/01/19
Salesperson Nicholas Chua
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	SCIROCCO 1.4 TSI+R2Z../RKZ	101,907	Kong Charmaine
License No.	VIN	Initial Registration	Sales Advisor
SJZ4560T	WVWZZZ13ZBV014146	26/11/10	Nicholas Chua
Engine Code	Labor Type	Engine No.	Model Code
	1J	CAV 231307	1372Q5

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR FRT	2	Labor		1,680.00
P B&P ALEX LABOUR	LABOUR REAR	4	Labor		3,360.00
P B&P ALEX PAINT	SPRAY PAINT FRT	2	Labor		1,600.00
P B&P ALEX PAINT	SPRAY PAINT REAR	4	Labor		3,200.00
P B&P NUMBER PLATE	FRT B&P NUMBER PLATE -NETT	1	pcs		80.00
P B&P NUMBER PLATE	REAR B&P NUMBER PLATE -NET	1	pcs		80.00
P B&P SENSOR	SUPPLY & INSTALL REVERSE SE	1	Pieces		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				11,160.00
P 1K0807305C	REAR REINFORCEMENT	1	Pieces		527.13
	Use Predecessor 1K0807305B				
P 1K8807109	CROSS MEMBER FRONT	1	Pieces		544.03
	Successor 1K8807109C				
P 1K8807183B	FRT BUMPER GUIDE LH	1	Pieces		28.66
	Use Predecessor 1K8807183A				
P 1K8807184B	FRT BUMPER GUIDE RH	1	Pieces		28.66
	Use Predecessor 1K8807184A				
P 1K8807217M GRU	FRONT BUMPER	1	Pieces		1,429.63
P 1K8807248E	FRT BUMPER FOAM INSERT	1	Pieces		122.31
	Use Predecessor 1K8807248C				
P 1K8807393C	REAR BUMPER BRACKET LH	1	Pieces		43.81
P 1K8807394C	REAR BUMPER BRACKET RH	1	Pieces		43.81
	Sum carried forward				13,928.04

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

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Continued 13,928.04

P 1K8807417H GRU	REAR BUMPER	1 Pieces	1,307.64
P 1K8807863A	REAR BUMPER CENTER BRACK	1 Pieces	76.03
P 1K8853630B 739	VW SIGN	1 Pieces	78.57
	Use Predecessor 1K8853630A 739		
P 1K8853653A 9B9	FRT RADIATOR GRILLE	1 Pieces	324.94
P 1K8853666C 9B9	RHS FOG LAMP GRILLE	1 Pieces	142.90
P 1K8853677 9B9	FRONT CENTER GRILLE	1 Pieces	273.54
P 1K8853687A 739	NAME PLATE SCIROCCO	1 Pieces	83.94
	Use Predecessor 1K8853687 739		
P 1K8853761A 041	FRT DECORATIVE FRAME	1 Pieces	317.12
P 3AA853675C GQF	NAME PLATE TSI	1 Pieces	58.47
	Sum Item		5,431.19

Sum Labor 11,160.00
Sum Item 5,431.19

Total SGD 16,591.19
7% GST 1,161.38
Total SGD Incl. GST 17,752.57

Explanations

P = Proportionately Charged

Payment Terms No Credit

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

SINGAPORE ACCIDENT STATEMENT

AIG vs AIG
JUST DO ONLINE
SUBMISSION OF
GIA HIMSELF

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	07/01/2019 16:16
Date Of Accident	07/01/2019 08:50
Exact Location Of Accident	DUNEARN RD JUST PASS ENG NEO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ4560T
Insured/Policyholder	
Name Of Registered Owner	RING JOYCE PANG SHU MIN (PENG SHUMIN)
NRIC No	S7905127F
Email Address	HUGH.C.COON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81687617
Alternative Phone No	OFFICE-81687617
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4 TSI
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

THIRD PARTY

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

2100279987-07

Cover Note Number

Driver

Name of Driver

HUGH CHRISTOPHER COON

NRIC No

G3162648Q

Date Of Birth

14/10/1982

Occupation

INDOOR

Date Of Driving Pass

14/04/2016

Driving Experience

2 YEARS AND 8 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90075351

Fax Number

Contact Number

Email Address

HUGH.C.COON@GMAIL.COM

Address	962 DUNEARN ROAD, GARDENVISTA
Postcode	589487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3

Passenger 1	NAME: : LEAH COON
	GENDER: : FEMALE
Passenger 2	NAME: : EMILIA COON
	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

#chaincollision Chain Collision. This image is for illustration purpose only. In the description of the accident scenario please list down the vehicle no. of all vehicles involved in the exact sequence. Vehicle 1 - SGY9955X Vehicle 2 - SJZ4560T Vehicle 3 - SKR4728H. Vehicle 1 stopped abruptly. I stopped in vehicle 2 due to vehicle 1 without collision. Vehicle 3 did not stop and ran into the rear of vehicle 2 pushing it into vehicle 1.

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



Accident Photo



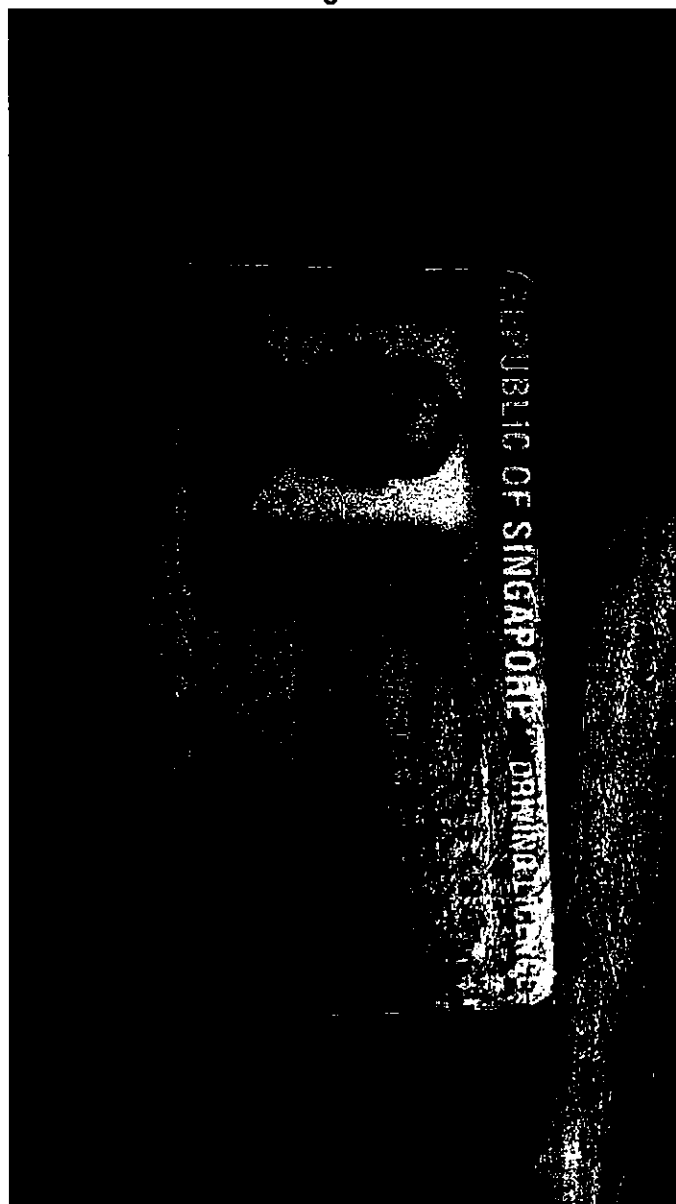
Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card



Driving License



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAHA19002816 Vehicle Registration No: SJZ4560T
Name (as shown in NRIC) : Hugh C Coon NRIC/FIN/Passport No : G3162648Q
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 962 Dunearn Rd Gardenista 01-30 Singapore 589488
Contact (Tel) : _____ Mobile No.: 90075351
Email Address : Hugh.C.Coon@gmail.com
Date of Accident : 07/01/2019 Time of Accident : 8:50 AM
Place of Accident : Dunearn Rd
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to change from Reporting only
to file for third party claim.

Hugh C Coon
Policyholder / Driver's Signature
Date: _____

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