

Letter of Claims Request of direct settlement.

We are submitting a claim on	behalf of our customer_lee	Chun kiat Jeffrey
NRIC S7 \ NISG	insured of vehicle _ S B	SN 6776H against
your insured vehicle number	SLT 38485	(AIG)
On the accident dated on	(ddmmyyyy	y) along
HDB Dive way of fe	mone Lan mit el	t yosa.

Dated this $\frac{1}{2}$ (day) of $\frac{1}{2}$ (month) 20 $\frac{1}{2}$.



Volkswagen Group Singapore

1 Kampong Ampat

Singapore 368314

DID: 69223502

HP: 93867833

shushi.tang@vw.com.sg

VGS Singapore

247

Alexandra Road 159934 Singapore

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

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

Service Quote

Customer No. CV041268

Quote No. SER/QUO/1900271

QuoteDate 07/02/19 Salesperson Elaine Ong

Page

Sum carried forward

24,233.90

THIS IS NOT AN OFFICIAL TAX INVOICE

Make

Model Description

Skoda Auto License No. Kodiaq 1.4 110kW Amb Plus

VIN

VGS Singapore, 247, 159934 Singapore

LEE CHUN KIAT

Singapore

JEFFREY (LI JUNJIE)

122 JALAN KELICHAP Singapore, 534323

SBN6776H **Engine Code** TMBKC7NS9J8094465

Labor Type

Mileage

Initial Registration

31/07/18 Engine No. CZE 808419 Service Advisor Tang Shu Shi

Sales Advisor Elaine Ong **Model Code** NS73LC

	No.	Description	Qty.	UoM	Unit Price	Amount
	PAR MACRI ARCHE	LABOUR	_			= 0.40 0.5
Р	200 110101 2120011	LABOUR	_	UNIT		5,040.00
Р	B&P MACP LABOUR	TRANSFER DOOR MECHANISM	_	UNIT		1,680.00
Р	B&P MACP PAINT	SPRAY PAINT	6	Labor		4,800.00
Р	B&P DIAG	PROGRAMMING & CALIBRATION	1	Time Un		480.00
P	B&P MECH	CHECK WIRE HARNESS, ECU, S	1	Time Un		280.00
Ρ	B&P MECH	R&R REAR U/CARRIAGE	3			2,520.00
Р	B&P MECH	R&R RIM & BALANCE	1	Time Un		50.00
Р	B&P WHEEL ALIGNMENT	B&P WHEEL ALIGNMENT (INCLU	1	Time Un		360.00
		Sum Labor				15,210.00
Ρ	565000101	STICKER (CHASSIS NO)	1	Pieces		8.52
Р	565831056	RHS FRT DOOR	1	Pieces		2,897.17
Ρ	565833056	RHS REAR DOOR	•	Pieces		2,897.17
Ρ	839601361	TIRE VALVE	1	Pieces		2.17
Ρ	1K0010833P	STICKER (TYRE PRESSURE)	1	Pieces		13.54
Ρ	3C0853586	GROMMET	10	Pieces		21.20
Р	3C0853586	GROMMET	9	Pieces		19.08
Ρ	3Q0505311E	CONTR ARM LOWER RH	1	Pieces		307.36
Ρ	565601025D 8Z8	RIM	1	Pieces		1,124.21
Р	565807521 9B9	REAR BUMPER-BOTTOM	1	Pieces		582.50
Ρ	565837702 5AP	DOOR SEAL	1	Pieces		110.55
Ρ	565837702 5AP	DOOR SEAL	1	Pieces		110.55
Ρ	565854820 9B9	RHS RR FENDER PROTECTIVE P	1	Pieces		191.52
Р	565854940 9B9	RHS FRT DOOR PROTECTIVE PA	1	Pieces		399.20
Ρ	565854950 9B9	RHS RR DOOR PROTECTIVE PA	1	Pieces		317.40
Ρ	565919491B	SENSOR BRACKET	1	Pieces		21.76

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Kodiaq 1.4 110kW Amb Plus

VIN

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		Continued	24,233.90
P 565919491C	SENSOR BRACKET	1 Pieces	21.76
P 565919492B	SENSOR BRACKET	1 Pieces	21.76
P 565919492C	SENSOR BRACKET	1 Pieces	21.76
P 565919493A 9B9	SENSOR BRACKET	1 Pieces	21.76
P 565919494A 9B9	SENSOR BRACKET	1 Pieces	21.76
P 5E0837732A	CLIP	2 Pieces	1.06
P 5Q0501529E	TIE ROD	1 Pieces	133.77
P 5Q0505323D	CONTR ARM UPPER RH	1 Pieces	384.66
P 5Q0505553A	RUBB MOUNT	1 Pieces	35.54
P 5QF505224C	TRAILING ARM	1 Pieces	490.29
P 5QF505436F	WHEEL BEARING HOUSING	1 Pieces	824.28
P 8V0598625C	WHEEL BEARING REAR	1 Pieces	875.82
P D 180KU2A1	2KADHESIVE	1 Pieces	94.34
P D 378500A2	DOOR INSULATOR	1 Pieces	48.54
P D 378500A2	DOOR INSULATOR	1 Pieces	48.54
P D 822150A1	BONDAGENT	1 Pieces	67.49
P N 10640301	BOLT	1 Pieces	9.49
	Use Predecessor N 10141801		
P N 10640501	BOLT	1 Pieces	10.46
P N 90093502	NUT	4 Pieces	2.28
P N 91201301	BOLT	1 Pieces	17.48
P WHT000227	SCREW	1 Pieces	21.29
P WHT001761	SCREW	1 Pieces	21.79

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Tang Shu Shi

Sales Advisor

Elaine Ong **Model Code**

NS73LC

Continued

27,429.82

Sum Item

12,219.82

Sum Labor Sum Item

12,219.82

Total **7% GST**

SGD

27,429.82

27,429.82

15,210.00

Total SGD Incl. GST

1,920.09 29,349.91

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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/02/2019 13:02
Date Of Accident	06/02/2019 11:10
Exact Location Of Accident	HDB DRIVE WAY @ FERNVALE LANE INFRT OF BLK 405A
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SBN6776H
Insured/Policyholder	
Name Of Registered Owner	LEE CHUN KIAT JEFFREY
NRIC No	S7621156F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93656776
Alternative Phone No	OFFICE-93656776
Vehicle Particulars	
Manufacturer	SKODA
Model	KODIAQ 1.4 110KW AMB PLUS
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN005846
O N I N I	

Driver

Cover Note Number

Name of Driver LEE CHUN KIAT JEFFREY

NRIC No S7621156F
Date Of Birth 06/07/1976
Occupation INDOOR
Date Of Driving Pass 23/08/1994

Driving Experience 24 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93656776

Fax Number

Contact Number OFFICE-93656776

EMail Address NOEMAIL

Address 122 JALAN KELICHAP

Postcode 534323 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 - CHANGE/CROSS LANE

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 5

Passenger 1

NAME:

PHYLLIS KOH

GENDER: FEMALE

Passenger 2

NAME:

JOVILYN DINGLE

GENDER: FEMALE

Passenger 3

NAME:

JARRETT LEE

GENDER: MALE

Passenger 4

NAME:

JARREH LEE

GENDER: MALE

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 YES

Was there any video captured by Car Camera?
Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLT3843S

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)

LIM SWEE ENG \$7243230D 98520640

Sketch Plan Pg. 1

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.
- 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.
- 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 partles.
- 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:
 - 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.

Policyholde Signature
Date & Time:

Driver's Signature (If driver is not the policyholder)

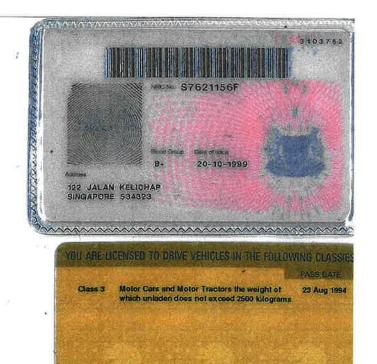
Date & Time:

VOLKSWAGEN GROUP SINGAPORE

Reporting Centre Resonnel's

Name: NRIC 8NINQ:3 0 0 0 2





NP 428A