



**Letter of Claims**  
**Request of direct settlement.**

We are submitting a claim on behalf of our customer Tan Wan Lin  
NRIC S 8903080C insured of vehicle SLG9339K against  
your insured vehicle number ED988U. ( AIG )  
On the accident dated on 25/2/2019 (ddmmyyyy) along  
OSCP @ HeartLand Mall.

Dated this 1 (day) of 3 (month) 20 19.



Volkswagen Group Singapore

1 Kampong Ampat

Singapore 368314

DID: 69223502 /69223511

HP: 93867833

[shushi.tang@vw.com.sg](mailto:shushi.tang@vw.com.sg)

[steven.chee@vw.com.sg](mailto:steven.chee@vw.com.sg)



VGS Singapore, 247, 159934 Singapore

TAN WAN LIN  
(CHEN WANLIN)  
14 HIGHLAND WALK  
Singapore, 549051  
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. CV034658  
Quote No. SER/QUO/1900422  
QuoteDate 26/02/19  
Salesperson Trever Koh  
Page 1

**THIS IS NOT AN OFFICIAL TAX INVOICE**

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	GOLF A7 1.2 TL 81 (DSG)	46,403	STEVEN CHEE
License No.	VIN	Initial Registration	Sales Advisor
SLG9339K	WVWZZZAUZGW242550	30/09/16	Trever Koh
Engine Code	Labor Type	Engine No.	Model Code
	1T	CYV 114403	5G12BZ

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 NUMBER PLATE	B&P NUMBER PLATE -NETT	1	pcs		80.00
P B&P DIAG	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC	1	Time Un		480.00
P B&P MECH	CHECK WIRE HARNESS, ECU, S Nett	1	Time Un		280.00
P B&P MECH	R&R RIMS & BALANCE Nett	1	Time Un		50.00
P B&P WHEEL ALIGNMENT	B&P WHEEL ALIGNMENT NETT	1	Time Un		360.00
	<b>Sum Labor</b>				<b>7,810.00</b>
P 311601361	RUBBER VALVE Use Predecessor 281601361	1	Pieces		2.40
P 5G0073146 8Z8	ALLOY WHEEL 16" ASPEN	1	Pieces		904.67
P 5G0807305D	REINFORCEMENT Use Predecessor 5G0807305B	1	Pieces		680.69
P 5G6807393	LHR SIDE BRACKET	1	Pieces		42.10
P 5G6807394	RHR SIDE BRACKET	1	Pieces		42.10
P 5G6807394A	RHR TAILLIGHT BRACKET	1	Pieces		41.97
P 5G6807417APGRU	REAR BUMPER Predecessor 5G6807417ARGRU	1	Pieces		1,046.27
P 5G6807568B 9B9	SPOILER	1	Pieces		338.57
P 5G6807863C	REAR CNTR BRACKET	1	Pieces		96.27
	<b>Sum carried forward</b>				<b>11,005.04</b>

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



VGS Singapore, 247, 159934 Singapore

TAN WAN LIN  
(CHEN WANLIN)  
14 HIGHLAND WALK  
Singapore, 549051  
Singapore

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247  
Alexandra Road  
159934 Singapore

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

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Volkswagen Passeng	GOLF A7 1.2 TL 81 (DSG)
<b>License No.</b>	<b>VIN</b>
SLG9339K	WVWZZZAUZGW242550
<b>Engine Code</b>	<b>Labor Type</b>
	1T

<b>Mileage</b>
46,403
<b>Initial Registration</b>
30/09/16
<b>Engine No.</b>
CYV 114403

<b>Service Advisor</b>
STEVEN CHEE
<b>Sales Advisor</b>
Trever Koh
<b>Model Code</b>
5G12BZ

<b>Continued</b>	<b>11,005.04</b>
<b>Sum Item</b>	<b>3,195.04</b>

<b>Sum Labor</b>	<b>7,810.00</b>
<b>Sum Item</b>	<b>3,195.04</b>

<b>Total SGD</b>	<b>11,005.04</b>
7% GST	11,005.04 770.35
<b>Total SGD Incl. GST</b>	<b>11,775.39</b>

### Explanations

P = Proportionately Charged

**Payment Terms** No Credit

## 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	26/02/2019 17:00
Date Of Accident	25/02/2019 15:50
Exact Location Of Accident	OSCP @ HEARTLAND MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9339K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN WAN LIN
NRIC No	S8903080C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96979380
Alternative Phone No	OTHERS-96979380

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.2 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00011294
Cover Note Number	30/09/2018 - 29/09/2019

### Driver

Name of Driver	SEAH BEE SUAN
NRIC No	S1328361C
Date Of Birth	10/06/1958
Occupation	INDOOR
Date Of Driving Pass	19/01/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96979380
Fax Number	
Contact Number	OTHERS-96979380
Email Address	WENDYSBS@GMAIL.COM

Address	14 HIGHLAND WALK
Postcode	549051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 (including own vehicle) involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 142 POTONG PASIR AVENUE 3 , <b>POSTCODE:</b> 350142 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2829999 - <b>FAX NO:</b> 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

#### 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	ED988U
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 Pg. 1

### SKETCH PLAN

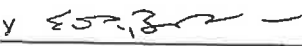
#### IMPORTANT NOTICE


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.
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.
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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.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

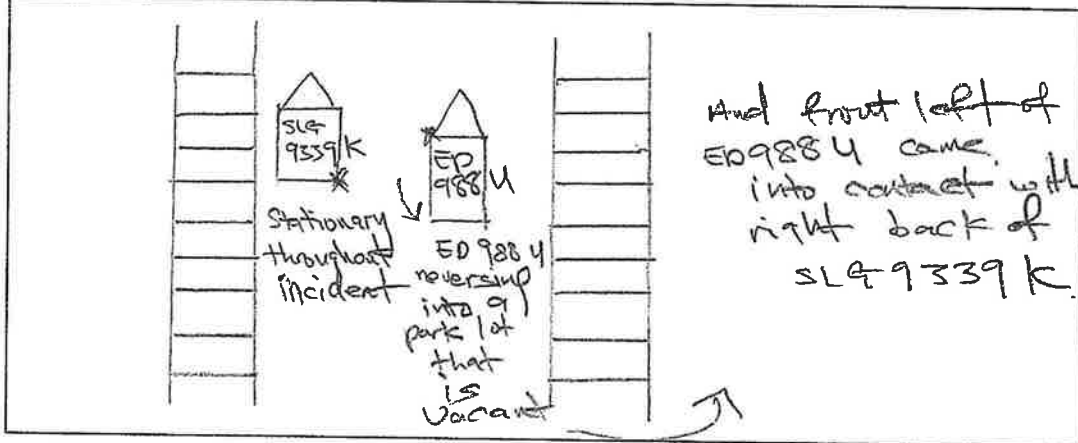
y   
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Sketch Plan Pg. 2

Date of accident: 25/2/2019 Time: 3-50 pm Location: The open-space carpark located at heartland Mall.  
 My Vehicle A: SLG 9339 K Vehicle B: ED 988 4 Vehicle C: —  
 SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car stationary on the left waiting for parking lots and he also came waiting for right side parking lots then his side the car came out first so while doing reversing of his car front left wheel side hit my car back right wheel side.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address : wendysbs@gmail.com

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

### 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 Officer's Signature  
Name:  
NRIC/FIN No.:



AH LIM MOTOR COMPANY



Annex D

**NOTICE OF REPORTING**

This is to confirm that Seah Bee Suan, NRIC/FIN  
S1328361C, has reported to the Police a non-injury traffic accident which  
occurred at The open-spaced carpark located at Heartland Mall.

on 25/02/2019 at 1550 ~~hrs~~ am/pm involving the following vehicles:

SLG9339K (Complainant)  
ED988U (Defendant)

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 T150393 Marcus Teo

Date: 26/02/2019 Time: 1332hrs

S/D Ref: 19

Police Post/Unit : Potong Pasir NPP

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

POTONG PASIR NEAR JALAN KODRONG  
Blk 142, Potong Pasir Ave 3, #01-240  
Singapore 350142  
Tel: 1800 282 9999

55.3 --  
S1328361C  
26/2/2019  
1335hrs  
SGT Marcus



### CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.  
All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2018-00011294 (Comprehensive - Classic Plan)**

Car plate number: SLG9339K

Your name (As the policyholder): TAN WAN LIN

Coverage start date: 30/09/2018

Coverage end date: 29/09/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 27/08/2018

Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-9888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

Sketch Plan Pg. 5

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1328361C



Name

SEAH BEE SUAN

谢美璇

Race  
CHINESE

Date of birth  
10-06-1958

Sex  
F

S1328361C

Country/Place of birth  
SINGAPORE



owner - Daughter  
S 09030 80L

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1328361C

Name  
SEAH BEE SUAN

Birth Date 10 Jun 1958

Issue Date 10 Apr 2004



969A930.

plc

Notary.

No video.

lpax

5949109



NRIC No. S1328361C



Date of issue  
31-05-2018

Address

14 HIGHLAND WALK  
SINGAPORE 549051

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 19 Jan 1977

NP 428A

