



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Liew Khoong Kin Alvin
NRIC S7480859Z insured of vehicle SLS9684A against
your insured vehicle number FBP767M. (AXA)
On the accident dated on 24/4/2019 (ddmmyyyy) along
ECP > MLE > AVE TUAS

Dated this 25 (day) of 4 (month) 20 19.



Volkswagen Group Singapore
1 Kampong Ampat
Singapore 368314
DID: 69223502 /69223511
HP: 93867833
shushi.tang@vw.com.sg
steven.chee@vw.com.sg

VOLKSWAGEN CENTRE SINGAPORE

9 Tuas Avenue
Singapore 639176
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation Non binding - Preview

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Company
AXA Insurance Pte Ltd
8 SHENTON WAY
#27-01 AXA TOWER
Singapore 068811

Customer Details:
Mr
ALVIN
LIEW KHOONG KIN
253 PASIR RIS STREET 21
#05-227
Singapore 510253

Document no.
Document date 25-04-2019
Customer no. 5211000859
Customer GST-ID 196900406D
Dealer 39999
Job order number 2019000360/ 1
Job order date 25-04-2019
Service Advisor TIOU CHUAN CHEE

License plate SLS9684A	Model code 3G24JZ	First registration 12-10-2017	VIN WVWZZZ3CZHE054224	Model PASSAT Sed. HLBMT 132 D7F	Mileage 28,953
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Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
	B&P MECH	1	pcs.	200.00	#1	200.00	214.00
	LABOUR	3	pcs.	580.00	#1	1,740.00	1,861.80
	SPRAY PAINT	3	pcs.	500.00	#1	1,500.00	1,605.00
	B&P DIAG	1	pcs.	360.00	#1	360.00	385.20
3G5807417 GRU	Cover Primed	1	pcs.	1,530.46	#1	1,530.46	1,637.59
	REAR BUMPER						
3G0807521B GRU	Spoiler Primed	1	pcs.	217.41	#1	217.41	232.63
	SPOILER						
3G0998491	1 Set Sensor Brackets	1	pcs.	39.84	#1	39.84	42.63
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	74.29	#1	74.29	79.49
D 822150A1	Bonding Agent For Plastic	1	pcs.	56.90	#1	56.90	60.88
000863890A	Insulation	1	pcs.	36.22	#1	36.22	38.76
3G0853841 2ZZ	Decorative Moulding Brigh	1	pcs.	150.53	#1	150.53	161.07
	LH CHROME MOLDING						
3G0853842 2ZZ	Decorative Moulding Brigh	1	pcs.	150.53	#1	150.53	161.07
	RH CHROME MOLDING						
3G0853835 2ZZ	Decorative Moulding Brigh	1	pcs.	195.49	#1	195.49	209.17
	CTR CHROME MOLDING						
3G0945105A	Reflector	1	pcs.	63.86	#1	63.86	68.33
	LH OUTER						
3G0945103A	Reflector	1	pcs.	63.86	#1	63.86	68.33
	LH INNER						
3G5807375	Guide Piece	1	pcs.	34.66	#1	34.66	37.09
	LHR SIDE BRACKET						
3G5807483A	Guide	1	pcs.	20.09	#1	20.09	21.50
	LHR TAILLIGHT BRACKET						
WHT005263	Rivet	5	pcs.	1.09	#1	5.45	5.83
	AXA DIRECT SETTLEMENT, DOA : 24/04/2019, T/P VEH : FBP767M						

Quotation valid till 02-05-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1		6,439.59	7%	450.77	6,439.59	6,890.36
Total		6,439.59		450.77	6,439.59	6,890.36

Customer

Service Advisor

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	24/04/2019 17:01
Date Of Accident	24/04/2019 09:30
Exact Location Of Accident	ECP>MCE>AYE TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9684A
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Insured/Policyholder

Name Of Registered Owner	LIEW KHOONG KIN ALVIN
NRIC No	S7480859Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97359982
Alternative Phone No	OFFICE-97359982

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT COMFORTLINE 1.8 L TSI 132KW DSG
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29035588 AVW
Cover Note Number	

Driver

Name of Driver	LIEW KHOONG KIN ALVIN
NRIC No	S7480859Z
Date Of Birth	02/11/1974
Occupation	INDOOR
Date Of Driving Pass	04/01/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97359982
Fax Number	
Contact Number	OFFICE-97359982
EMail Address	NOEMAIL

Address	BLK 253 PASIR RIS ST 21 #05-227
Postcode	510253
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 - HEAD TO REAR
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?	YES
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer to sketch plan and police report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	AVAILABLE UPON REQUEST
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP767M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KHOO SU-XIAN, JOLYNN
NRIC/Passport Number	S9208478G
Contact Number	91763305
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHOO SU-XIAN JOLYNN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBP767M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.**
- 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:

24/04/19 17:07

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



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

Handwritten signature and date: 24/4/19

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190424/2033

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3
Report No. T/20190424/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALVIN LIEW KHOONG KIN	ID No.	S7480859Z
Related Vehicle	NIL	Contact No.	97359982
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	KHOO SU-XIAN, JOLYNN	ID No.	S9208478G
Related Vehicle	NIL	Contact No.	91763305
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

22/04/19
Brief Details. SINGAPORE 649482
TEL : 1800-7929999

On 22/04/2019 at about 0930hrs, I was driving my car bearing the plate number SLS9684A along lane 3 of ECP towards MCE. The traffic condition was heavy and the vehicle in front of me had stop abruptly however I managed to stop in time. Subsequently, I heard a bang from the rear and saw a motorcycle that hit the rear bumper of my vehicle. Another rider, came to assist and called for the ambulance. The said rider was conscious and we exchange our particulars. The said rider was then conveyed by the ambulance and the Traffic Police IO gave me NP323 to submit my Blackvue 16GB memory card as evidence for the accident. Photos of both our vehicles was taken and I waited until the Traffic Police IO gave me the clearance to leave the scene.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190424/2033

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20190424/2033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 MUHAMMAD FARHAN BIN KHAMARULZAMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2019 11:20
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168 Signature : Singapore Police Force	

Accident Sketch Plan Pg. 1

Accident Sketch Plan

