



NTUC (PREMIUM) due: 4/6/19
6/6/19-

No VIDEO

Letter of Claims Request for direct settlement.

(VERONICA)

We are submitting a claim on behalf of our customer TAN SIEW HUNN 97870502

NRIC S 0020909 J insured of vehicle SKR 4966S against

your insured vehicle number SKR 6874E (AKA)

On the accident dated on 23.5.19 (ddmmyyy) along MOON BEAM

TERACE

Dated this _____ (day) of _____ (month) 2019 .

Charmaine Kong
Volkswagen Group Singapore
Accident Claims Dept.
charmaine.kong@vw.com.sg
DID : 63057176/ 63057299
HP: 92361399

VOLKSWAGEN CENTRE SINGAPORE

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



Quotation

Non binding - Preview

Mr
TAN
SIEW HUAN
559 HOLLAND ROAD
Singapore 278656

Page 1/1
Document no.
Document date 25-05-2019
Customer no. 5211036531
Customer GST-ID
Dealer 39999
Job order number 2019000736/ 1
Job order date 24-05-2019
Service Advisor MEI KWAN KONG

License plate SKQ4966S	Model code 5G13GZ	First registration 02-12-2014	VIN WVWZZZAUZFW052407	Model Golf 1.4 CLBMT 90 TSI D7F	Mileage 53,227
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Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
	Diagnostic and Programming	1	pcs.	360.00	#1	360.00	385.20
	Check Short Circuit / Harness Repair	1	pcs.	200.00	#1	200.00	214.00
5G6839700D	Door Seal Outer	1	pcs.	94.20	#1	94.20	100.79
D 378500A2	Sound Absorber Laminated	1	pcs.	38.79	#1	38.79	41.51
5G4839249A	Check Rod Door	1	pcs.	65.58	#1	65.58	70.17
5G0839267	Cover	1	pcs.	3.20	#1	3.20	3.42
5G4833056AC	Door (RHR DOOR)	1	pcs.	2,005.29	#1	2,005.29	2,145.66
	LABOUR	5	pcs.	580.00	#1	2,900.00	3,103.00
	Spray Painting	5	pcs.	500.00	#1	2,500.00	2,675.00

Quotation valid till 31-05-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	560.00	7,607.06	7%	571.69	8,167.06	8,738.75
Total	560.00	7,607.06		571.69	8,167.06	8,738.75

Customer

Service Advisor

-----VISIT OUR WEBSITE: aftersales.vw.com.sg (for online service appointments) and volkswagen.com.sg and www.skoda.com.sg (for additional services, products and promotions).-----

Motor accident report and claim form

Policy number 5083737012-02	Vehicle number SKQ4966S	Name of policyholder Tan Siew Huan
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Reason for reporting

<input type="checkbox"/> To claim for damage I have caused	<input checked="" type="checkbox"/> To make a third-party claim	<input type="checkbox"/> To report my accident only
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Brief description of accident

Date (dd/mm/yyyy) 23/05/2019	Time 1845hrs	Type of collision Damaged whilst parked	Weather condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others
Location Moonbeam Terrace			Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which police station.			

Details of driver

Name (as shown in NRIC) Tan Siew Huan	Pass date of driving licence 02.12.1975	NRIC number S0020909J
Contact number 9787 0502	Date of birth (dd/mm/yyyy) 27.06.1944	Email nicalee9@yahoo.com.sg
Address 559 Holland Road		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
		Is your occupation: <input checked="" type="checkbox"/> indoor? <input type="checkbox"/> outdoor?

Purpose for which the vehicle was being used at the time of the accident

☒ Personal ☐ Commercial ☐ Private Hire
☐ Others, please specify:

Relationship to policyholder

Policyholder

Details of passenger(s)

Number of passengers(s) including Driver **0**

	Name of passenger(s)	Sex
1	—	<input type="checkbox"/> Male <input type="checkbox"/> Female
2	—	<input type="checkbox"/> Male <input type="checkbox"/> Female
3	—	<input type="checkbox"/> Male <input type="checkbox"/> Female
4	—	<input type="checkbox"/> Male <input type="checkbox"/> Female

Details of the other driver(s) and vehicle(s) involved

	Name of other driver (or drivers)	Vehicle number	NRIC number	Contact number
1	Marwash	SKR6874E	—	90179449
2	—	—	—	—
3	—	—	—	—

Injury details

Was anybody injured in this accident? ☐ Yes ☒ No
 If yes, please go to the next question.

	Name of injured person	Sex	Convey by ambulance	Vehicle number	Contact number
1	—	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	—
2	—	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	—
3	—	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	—
4	—	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	—	—

Declaration by person reporting

I declare that the information given above is true, correct and complete.

I understand that you may reject my claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.

I agree to authorise you (Income), to repair the damage to my vehicle in a reasonable time including the right to arrange for my vehicle to be repaired at another workshop if you decide to accept legal responsibility for this claim.

Signature of driver

Date (dd/mm/yyyy)

Time

For official use

Report taken by

Staff code

Date (dd/mm/yyyy)

Time

shan

S990349

25/05/2019

0900hrs

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:

25/05/2019

0900hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

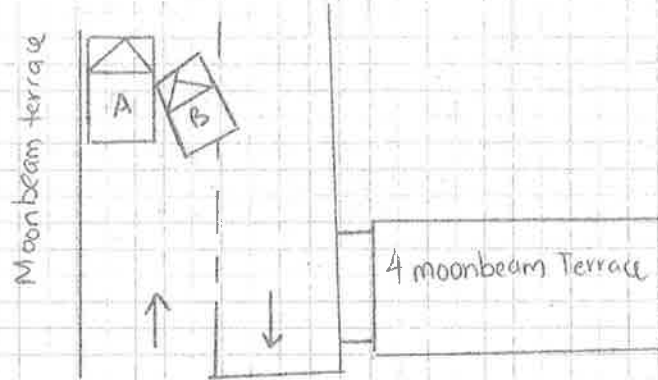
Reporting Centre Personnel's Signature

Name: Shan

NRIC/FIN No.: S8838293E

SKETCH PLAN

A - SKQ4966S
B - SKR6874E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23rd May 2019, I parked my car opposite 4 moonbeam Terrace. When I returned in the evening, I found my right hand side door had been banged. Then the lady, Mrs Marwash came out from 4 moonbeam Terrace to admit that ~~that~~ she had accidentally banged onto my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 25/5/19
0900hrs

GLRMC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Shon

NRIC/FIN No.: 888382930