

## Letter of Claims Request of direct settlement.

ABdul Rahman
We are submitting a claim on behalf of our customer Munammad Hamdan Bin
NRIC <u>\$9337476</u> insured of vehicle <u>\$1 ₩7714P</u> against
your insured vehicle number SHC 8635E
On the accident dated on(ddmmyyyy) along
Siglisp ed tooks ECP.
Dated this 2 (day) of 7 (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

MUHAMMAD HAMDAN

BIN ABDUL R.

20 DIDO STREET

Singapore 459472







## Quotation

Non binding - Preview

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Document no.

Document date Customer no.

02-07-2019

Customer GST-ID

5211042216

Dealer

39999

Job order number Job order date Service Advisor

2019001169/1

02-07-2019 SHU SHI TANG

License plate SLW7714P

Mr

| Model code BQ12AZ

First registration 28-02-2018

VIN WVWZZZAUZJW082823

Golf Trendline 1.0 | TSI 81kW DSG

Mileage 29,863

	50			3.5		11	
Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
	Diagnostic and Programming	1	pcs.	480.00	#1	480.00	513.60
	Check Short Circuit / Harness Repair	1	pcs.	280.00	#1	280.00	299.60
G0807217FNGRU	The state of the s	1	pcs.	1,083.64	#1	1,083.64	1,159.49
	*please check parts number for this chass	is				,	,,,,,,,,,
G0805915J 9B9	Retainer For Spoiler Sati	1	pcs.	174.53	#1	174.53	186.75
	*please check parts number for this chass	is					100110
G0807049B	Guide Piece	1	pcs.	19.18	#1	19.18	20.52
	LHF Bumper Bracket		•			.0.10	20.02
	*please check parts number for this chass	is					
G0807050B	Guide Piece	1	pcs.	19.18	#1	19.18	20.52
	RHF Bumper Bracket		F		,,,,	10.10	20.02
	*please check parts number for this chassi	s					
G0807248G	Foam Insert	1	pcs.	38.75	#1	38.75	41.46
	*please check parts number for this chassi		<b>p</b> 00.	00.70	π ι	30.73	41,40
G0807109AL	Impact Beam	1	pcs.	587.84	#1	587.84	600.00
	Reinforcement		pou.	301.04	#1	307.04	628,99
	*please check parts number for this chassi	•					
G0853651CCZLL	Radiator Grille Satin Bla	1	pcs.	422.26	#1	400.00	454.00
G0853601B DPJ	Vw Sign Black/Bright Chro	1	pcs.	83.89		422.26	451.82
G0853677M 9B9	Cooling Air Grill Satin B	1			#1	83.89	89.76
30853211G 9B9	Cover Part For Bumper Sat	1	pcs.	119.98	#1	119.98	128,38
000002110 000	LHF cooling air grille	1	pcs.	31.13	#1	31.13	33.31
30853212G 9B9	Cover Part For Bumper Sat	a		04.40			
300002120 909	RHF cooling air grille	1	pcs.	31.13	#1	31.13	33.31
30853665N 9B9		82					
	Cooling Air Grill Satin B LHF	1	pcs.	70.75	#1	70.75	75.70
90853666N 9B9	=: ::	12					
20003000N 3B3	Cooling Air Grill Satin B	1	pcs.	70.75	#1	70.75	75.70
20044005D	RHF	65					
S2941005D	Twin Halogen Headlamps	1	pcs.	694.01	#1	694.01	742.59
	LHF						
32941006D	Twin Halogen Headlamps	1	pcs.	694.01	#1	694.01	742.59
	RHF						
	Labour	4	pcs.	840.00	#1	3,360.00	3.595.20
	Spray Painting	4	pcs.	800.00	#1	3,200.00	3,424.00
	Number Plate	1	pcs.	80.00	#1	80.00	85.60
	INDIA DIRECT SETTLEMENT						33,00
	DOA: 28/06/2019						
	TP VEH: SHC8635E						
	SURVEY BY:						

#### Quotation valid till 09-07-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	10,781.03	7%	807.87	11,541.03	12,348.90

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Customer	Service Advisor
	***********
VISIT OUR WEBSITE: aftersales.vw.corn.sg (for online service appointments) and volkswagen.com.sg and www.skoda.com and promotions)	n.sg (for additional services, products

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 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 o. 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.	sont to the archiving of this report at the confiderant to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	29/06/2019 14:35		
Date Of Accident	28/06/2019 19:30		
Exact Location Of Accident	SIGLAP RD TOWARDS ECP (JUNCTION WITH SIGLAP RD)		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLW7714P		
Insured/Policyholder	· [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
Name Of Registered Owner	MUHAMMAD HAMDAN BIN ABDUL RAHMAN		
NRIC No	S9337421E		
Email Address	MDHAMDANRAHMAN@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90673545		
Alternative Phone No	OTHERS-90673545		
Vehicle Particulars			
Manufacturer	VOLKSWAGEN		
Model	GOLF TSI TL		
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	ERGO INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMPG18004354		
Cover Note Number	N.A		
Driver			
Name of Driver	MUHAMMAD HAMDAN BIN ABDUL RAHMAN		
NRIC No	S9337421E		
Date Of Birth	19/09/1993		
Occupation	INDOOR		
Date Of Driving Pass	11/03/2013		
Oriving Experience	6 YEARS AND 3 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90673545		
ax Number			
Contact Number	OTHERS-90673545		

MDHAMDANRAHMAN@GMAIL.COM

Address

NIL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured O

**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 - CROSS JUNCTION** 

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

TANKEN.

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### **Circumstances of Accident**

I WAS DRIVING ALONG SIGLAP RD TOWARDS ECP. VEHICLE B TURNING OUT FROM MY FRONT LEFT JUNCTION AND SUDDENLY STOP ON MY LANE (YELLOW BOX). I CAN'T STOP IN TIME AND COLLIDED ONTO RIGHT SIDE OF VEHICLE B. NO INJURIES INVOLVED.

#### 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

SHC8635E

Vehicle Make/Model/Colour

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / BLUE

Details Of Properties

NIL TAXI

Vehicle Category Name of Driver

LEE SOON THIAM

NRIC/Passport Number

S0047930F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# THE GREAT POTICE IN THE PROPERTY OF THE PROPER 1. Please report correctly the details of the accident to speed up the claims process. 2. This Form must be completed by the Policyholder antifor the Authrolised Driver. 3. Information provided must be as truthful and accurate as possible. Any wiful misrecreveristion or withholding of material facts may allow insurance companies to repudiate policy flability. 4. The leave and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 be forwarded by the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being material available scoresaid. 7. By the kidgement 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 material available scoresaid. 8. Consent under the Personnal Date Protection Act (PDPA) 1 understand, appropriate available afformation but in this formation as out in this formation and this desired in the formation and the cellular and information as out in this formation and the report to all insurer(a) who have insurers and the cellular to the original insurance in this accident (call insurer(a) who have insurers and any relevant government agency/authority (such as the policy), for the purposets; of cellular and or respondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the aarne as well as on the external cover of anvelopealmail spackings), ander (i) any representation mayona in administering, processing handling their insurers and or personal **VERIFIED BY AJAX MARS** REPORTING OFFICER JUN KEAT Policybolder's Signature / Date & Time Driver's Signature (If driver is not the policybolder) / Date & Time Witnessed by Reporting Centre Personnel Sketch Plan 1/4 SIGLAP RD ALIGINATION P B 6 3 HC 8 6 35E

## Common Statement Pg. 1

FROM MY FRONT LEFT JUNCTION A	TIME AND COLLIDED ONTO RIGHT SIDE OF
Taxi Voucher No.:	
DECLARATION  I/We declare that the above particulars & information provi	ided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT	Halle
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
29 June 2019 at 10:59 AM	29 June 2019 at 10:59 AM





**ERGO** 

3,000.00

# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate/Policy Number DMPG18004354 Vehicle Registration Number SLW7714P and Awastance Helplin **Cover Type Enhanced Comprehensive** 6333 2222 Policy Type Private Car Name of Policyholder/Insured MUHAMMAD HAMDAN BIN ABDUL RAHMAN Commencement Date of Insurance 05/10/2018 Expiry Date of Insurance 04/10/2019 500.00

Finance Company/Hire Purchase Owner: DBS BANK LTD Persons or Classes of Persons entitled to drive:

The Policyholder
 Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### \* Limitations as to Use:

- Use only for social domestic and pleasure purposes
   Use for Policyholder's business

This Policy does not cover

- Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
   Use for the carriage of goods other than samples in connection with any trade or business
   Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (\*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

For and on behalf of ERGO Insurance Pte. Ltd. Approved Insurer

**Authorized Signature** 

Warl-heint

Z000002	MAXURANCE VENTURE	Contact Number: 61002592
Vehicle Chassis Nu	umber : WVWZZZAUZJW082823, Vehicle Engine Number : CHZ579336	PC1, 04/10/2018 15:27