Volkswagen Centre Singapore



Biz Reg. No. 53103069E GST No. M20098505-2

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer TAN YONG LONG, CONSTANS
NRIC S&&27467 \ insured of vehicle SKU2962U against
your insured vehicle numberSMH5166B (A16)
On the accident dated on 26/01/2019 (ddmmyyyy) along CECIL STREET
Dated this

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

Company AIG ASIÁ PACIFIC INSURANCE P/L 78 Shenton Way #07-16 AIG Building Singapore 079120

Customer Details: Company SKYWAY MOTOR PTE LTD 400 ORCHARD ROAD #15-06 ORCHARD TOWERS Singapore 238875

Page

Document no. Document date Customer no. Customer GST-ID

Dealer Job order number Job order date

201009404M 39999 2019001512/1 29-07-2019

29-07-2019

5211043795

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Service Advisor PEARLYN CHEONG

License plate Model code First registration VIN Model Mileage SKU2962U 5G1 16-07-2015 WVWZZZAUZFW330286 Golf 7 121

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
5G6807417APGRU	Cover For Bumper Primed	1	pcs.	1,080.14	#1	1,080.14	1,155.75
5G6807568B 9B9	Rear Diffusor Satin Black	1	pcs.	277.23	#1	277,23	296.64
5G0807305D	Bumper	1	pcs.	572.31	#1	572.31	612.37
5G6807863C	Attachment Strip	1	pcs.	59.89	#1	59.89	64.08
5G6807393	Guide Piece	1	pcs.	34.51	#1	34,51	36,93
5G6807394	Guide Piece	1	pcs.	34.51	#1	34.51	36.93
5G6827025Q	Rear Trunk Lid	1	pcs.	1,853.05	#1	1,853.05	1,982.76
5G0853687 2ZZ	Inscription Bright Chrome (Golf)	1	pcs.	66.63	#1	66.63	71.29
5G0853675APCW B	NAME PLATE (bluemotion)	1	pcs.	75.75	#1	75.75	81.05
5G0853675 2ZZ	NAME PLATE (TSI)	1	pcs.	68.17	#1	68.17	72,94
D 004660M2	2k-Glass Glue Application	1	pcs.	123.02	#1	123,02	131.63
D 00920002	Primer	1	pcs.	25.92	#1	25.92	27.73
D 181802M1	Activator For Precoated W	1	pcs.	23.63	#1	23,63	25.28
D 002000A2	Adhesive Remover	1	pcs.	115.74	#1	115.74	123.84
D 00950025	Applicator	2	pcs.	9.48	#1	18,96	20.29
	LABOUR	5	pcs.	840.00	#1	4,200.00	4,494.00
	TRANSFER BOOTLID PARTS	1	pcs.	840.00	#1	840.00	898.80
	RE+REINSTALLED REAR WSCREEN	1	pcs.	840.00	#1	840.00	898.80
	Spray Painting	5	pcs.	800.00	#1	4,000.00	4,280.00
	REAR NUMBER PLATE	1	pcs.	80.00	#1	80.00	85.60

Quotation valid till 05-08-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	14,389.46	7%	1,060.46	15,149.46	16,209.92
Total	760.00	14,389.46		1,060.46	15,149.46	16,209.92

Customer	Service Advisor

VOLKSWAGEN CENTRE SINGAPORE

9 Tuas Avenue

Singapore 639176 Biz. Reg. No.: 199101494Z GST No.: M200985052







Quotation

Non binding - Preview

Company AIG ASIA PACIFIC INSURANCE P/L 78 Shenton Way #07-16 AIG Building Singapore 079120

Customer Details: Company SKYWAY MOTOR PTE LTD 400 ORCHARD ROAD #15-06 ORCHARD TOWERS Singapore 238875

Document no.

Page

Document date Customer no. Customer GST-ID Dealer

5211043795 201009404M 39999

29-07-2019

2/2

Job order number Job order date Service Advisor

2019001512/ 1 29-07-2019

PEARLYN CHEONG

License plate	Model code	First registration	VIN	Model	Mileage
SKU2962U	5G1	16-07-2015	WVWZZZAUZFW330286	Golf 7	121

-----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).----

MVA116006666 / VAC - Buşil Bolok EHTRY DATE & TIME: 28/07/2019 15:14 GUBMPTED BY: SUSAN 8EAH BOK EHG

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 Folicyholder 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 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	28/07/2019 15:14
Date Of Accident	26/07/2019 17:50
Exact Location Of Accident	CECIL STREET (INFRONT OF PRUDENTIAL TOWER)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU2962U

Insured/Policyholder

Name Of Registered Owner TAN YONG LONG, CONSTANS (CHEN YONGLONG

NRIC No \$8827467I

Email Address CONSTANS.TAN@GMAIL.COM

Mobile Phone No. (LOCAL) +65-93866250 Alternative Phone No OFFICE-93866260

Vehicle Particulars

Manufacturer VOLKSWAGEN Model GOLF-1.2 TSI (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5105330206 (CLASSIC)

Cover Note Number

Driver

TAN YONG LONG, CONSTANS (CHEN YONGLONG Name of Driver

NRIC No S8827467I Date Of Birth 25/07/1988 Occupation INDOOR Date Of Driving Pass 15/02/2007

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93866250

Fax Number

Contact Number OFFICE-93866250

EMail Address CONSTANS.TAN@GMAIL.COM Address

101 HILLVIEW RISE

16-07 KINGSFORD . HILLVIEW PEAK

Postcode

S667981

Was driver an employee of the Insured's Company

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YE\$

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

PELASE SEE ATTACHED SKETCH PLAN

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

SMH5166B

Vehicle Make/Model/Colour

MIT

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrapresentation 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 parties.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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)
 - (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, involces, 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:
 - 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.

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2 B JUL 2019

Policyholder's Signature Date & Time:

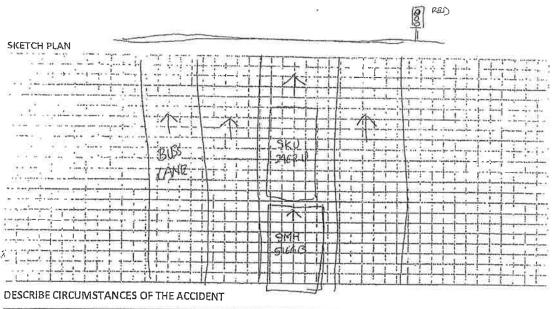
28 3VL2019

1525 hrs

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Sketch Plan #2 Pg. 1



ON 26 JUL 2019 1745hrs, DRIVER OF SMH5166B, CLAIMED TO PUSH ON THE WRONG PEDAL. RESULTING IN ACCOLURATING ON TOT TO MY THE TRAPPIC SUNCTION CRED LIGHT CAR. SKUZ962U CRCIL STREET IN PRONT OF PRUDENTIAL TOWER AFTER ACCIDENT WE EXCHANGED DEMAILS. DRNRR OF SMH5166B MITSUBISHI BCLIPSE CROSS (RED) NAME : YONG CHUN FUL 1/c : 39109266B NO. \$ 9457 0600 DAMAGRS TO SKU2962U: - REAR BUMPER CRACKED - REAR REUPRSE SENSOR CRACKED RBAR BOOT LID DENTED, CHIPPED BY PAINT, MISALIGNED. - CHASIS POTENTIALLY DENTED

DECLARATION

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

Policyholder's Signature Date & Time:

> 28JUL2019 1525hrs

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

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