



Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer Gan Wei Lee
NRIC S7642484E insured of vehicle SMF 27451C against
your insured vehicle number SLN 94485 (A16)
On the accident dated on 6. 8. 2019 (ddmmyyy) along Exiting From
Carpark towards Bt Panjay Ring Road.

Dated this 10 (day) of Aug (month) 2019 .

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

ŠKODA Centre Singapore

26 Leng Kee Rd
Singapore 159104
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation

Non binding - Preview

Page 1/1

Mr
GAN
WEI LEE
51 STRATHMORE AVENUE
#27-191
Singapore 140051

Document no.
Document date 10-08-2019
Customer no. 5211021475
Customer GST-ID
Dealer 39999
Job order number 2019001659/ 1
Job order date 10-08-2019
Service Advisor PEARLYN CHEONG

License plate	Model code	First registration	VIN	Model	Mileage
SMF2745K	5E33BD	31-10-2018	TMBBP7NE6J0315680	Octavia Ambition 1.0 I TSI 85kW DSG	12

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
5E5807421G	Cover For	1	pcs.	1,240.00	#1	1,240.00	1,326.80
5E5919485A	Sensor Bra	1	pcs.	11.40	#1	11.40	12.20
5E5919485	Sensor Bra	2	pcs.	11.40	#1	22.80	24.40
5E5919486A	Sensor Bra	1	pcs.	11.40	#1	11.40	12.20
D 822150A1	Bonding Agent For Plastic	1	pcs.	56.90	#1	56.90	60.88
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	74.29	#1	74.29	79.49
	LABOUR	3	pcs.	840.00	#1	2,520.00	2,696.40
	Spray Painting	3	pcs.	800.00	#1	2,400.00	2,568.00

Quotation valid till 17-08-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	6,336.79	7%	496.78	7,096.79	7,593.57
Total	760.00	6,336.79		496.78	7,096.79	7,593.57

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).-----

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	10/08/2019 09:46
Date Of Accident	06/08/2019 08:40
Exact Location Of Accident	EXITING FROM CARPARK TWDS BT PANJANG RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2745K
Insured/Policyholder	
Name Of Registered Owner	GAN WEI LEE
NRIC No	S7642484E
Email Address	BRYANGW1973@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91155226
Alternative Phone No	OTHERS-91155226

Vehicle Particulars

Manufacturer	SKODA
Model	OCTIVA 1.0
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN 019391
Cover Note Number	

Driver

Name of Driver	GAN WEI LEE
NRIC No	S7642484E
Date Of Birth	27/12/1976
Occupation	INDOOR
Date Of Driving Pass	08/01/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91155226
Fax Number	
Contact Number	OTHERS-91155226
Email Address	BRYANGW1973@GMAIL.COM

Address	BLK 51 STRATHMORE AVE #27-191
Postcode	140051
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?	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

PLEASE REFER TO ATTACHMENT

Attachment(s)

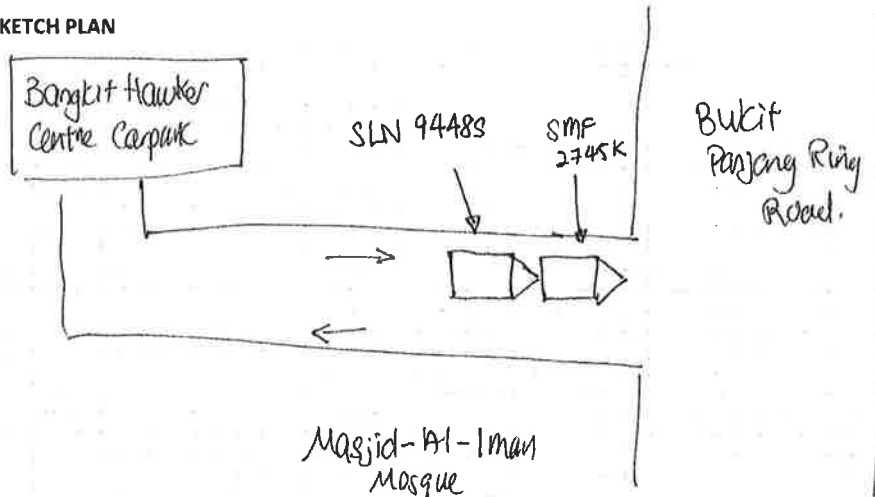
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN9448S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUNNI ARDIANA SUSILO
NRIC/Passport Number	S7784287Z
Contact Number	91991776
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of Bangkit Hawker Centre carpark exiting to Bukit Panjang Ring Road, while waiting to exit when I m at a stop, I felt my car moved slightly, so when I got out of car to check, SLN 94483 hit me on my car rear.

DECLARATION

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

Pearlyn Cheong

Policyholder's Signature

Date & Time:

10/8/19 @ 0955 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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)

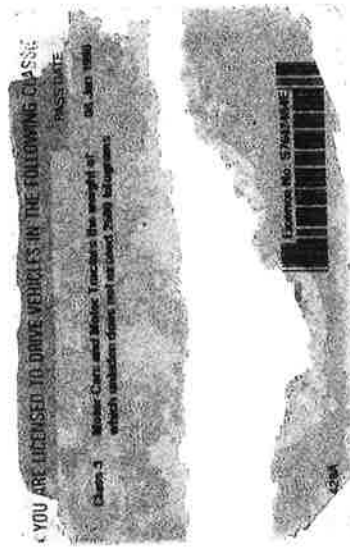
I understand, acknowledge, agree and consent that:

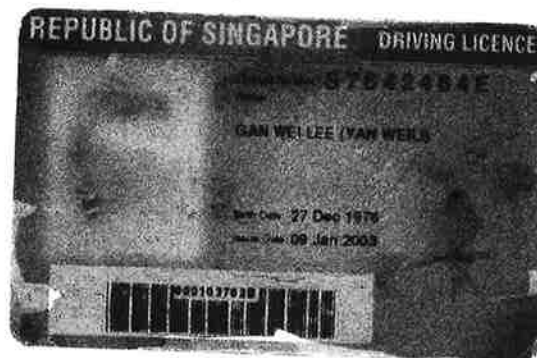
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
10/8/19 @ 0955 hrs

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

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





Accident Photo



Accident Photo



Accident Photo



Accident Photo



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NRIC No	S7642484E
Email Address	BRYANGW1973@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91155226
Alternative Phone No	OTHERS-91155226

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Model	OCTIVA 1.0
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

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Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN 019391
Cover Note Number	

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Name of Driver	GAN WEI LEE
NRIC No	S7642484E
Date Of Birth	27/12/1976
Occupation	INDOOR
Date Of Driving Pass	08/01/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
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Fax Number	
Contact Number	OTHERS-91155226
Email Address	BRYANGW1973@GMAIL.COM

Address	BLK 51 STRATHMORE AVE #27-191
Postcode	140051
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	-
	-
	-

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I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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If Yes, against whom?	

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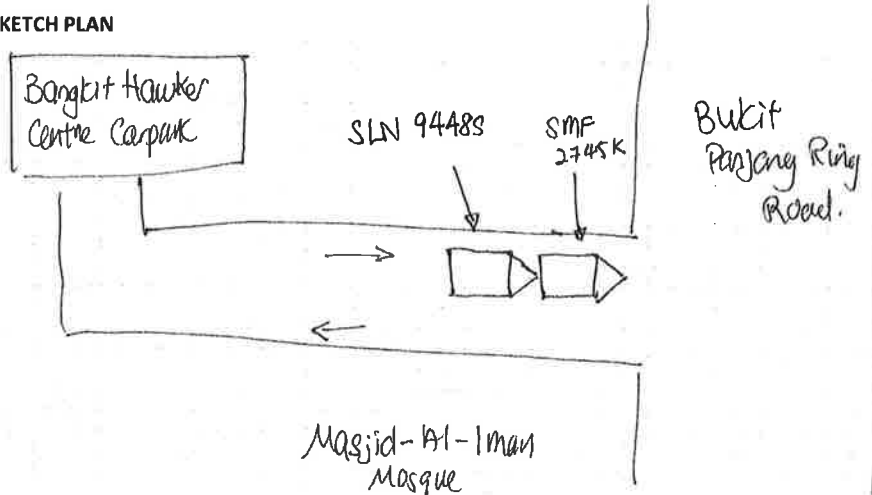
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Was there any audio recorded?	NO

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Vehicle Registration Number	SLN9448S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUNNI ARDIANA SUSILO
NRIC/Passport Number	S7784287Z
Contact Number	91991776
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



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DECLARATION

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

Pearlyn Cheong

Policyholder's Signature

Date & Time:

10/8/19 @ 0955 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

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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:

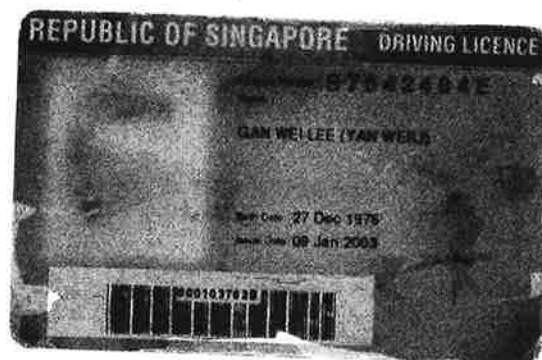
10/8/19 @ 0955 hrs

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

Pearlyn Cheong

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





Accident Photo



Accident Photo



Accident Photo



Accident Photo

