



MSIG (winner): 3/11/19

↓ SCENE VIDEO *

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer ANG CHING AI
NRIC S1589912C insured of vehicle SCG 881 B against
your insured vehicle number SJV 9909K (AIG)
On the accident dated on 7-10-19 (ddmmyyy) along AMK CARPARK
BLK 72A

Dated this 08 OCT 2019 (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

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



Quotation

Non binding - Preview

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

Customer Details:
Mr
ANG
CHING AI
710 ANG MO KIO AVENUE 8
#05-2617
Singapore 560710

Document no.
Document date 08-10-2019
Customer no. 5211043795
Customer GST-ID 201009404M
Dealer 39999
Job order number 2019002254/ 1
Job order date 07-10-2019
Service Advisor PEARLYN CHEONG

License plate	Model code	First registration	VIN	Model	Mileage
SCG881B	3G24JZ	22-10-2018	WVWZZZ3CZKE003687	Passat Comfortline 1.8 TSI 132kW DSG	1

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
3G0807217K GRU	Cover For Bumper Primed	1	pcs.	1,393.26	#1	1,393.26	1,490.79
3G0998493	1 Set Sensor Brackets	1	pcs.	39.84	#1	39.84	42.63
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 14-10-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	480.00	6,484.29	7%	487.50	6,964.29	7,451.79
Total	480.00	6,484.29		487.50	6,964.29	7,451.79

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	07/10/2019 15:06
Date Of Accident	07/10/2019 13:05
Exact Location Of Accident	ANG MO KIO CARPARK BLK 712A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG881B
Insured/Policyholder	
Name Of Registered Owner	ANG CHING AI
NRIC No	S1589912C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96238066
Alternative Phone No	OTHERS-96238066

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8
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	
Cover Note Number	

Driver

Name of Driver	ANG CHING AI
NRIC No	S1589912C
Date Of Birth	25/06/1963
Occupation	INDOOR
Date Of Driving Pass	12/09/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96238066
Fax Number	
Contact Number	OTHERS-96238066
Email Address	NOEMAIL

Address	BLK 710 ANG MO KIO AVE 8 #05-2617
Postcode	560710
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)	2
Passenger 1	NAME: : ANGIE SEAH GENDER: : FEMALE

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	SJV9909K
Vehicle Make/Model/Colour	VOVLO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEO YING
NRIC/Passport Number	S7348380H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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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.
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:

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

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



Sketch Plan Pg. 4

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES		PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg	12 Sep 1986
NP 428A		Licence No: S1589912C

Accident Photo



Accident Photo

