

Letter of Claims Request of direct settlement.

We are submitting a claim on be	ehalf of our customer_	chong chai	
NRIC 3 2038 340 [_ insured of vehicle	SLP762H	_against
your insured vehicle number	1 BE 610a G	(AIG)
On the accident dated on	(ddmm	yyyy) along	
Senostany han ai	ho pri sch.		
4.			
Dated this(day) of _	<u>η</u> (month) 20	19.	



Volkswagen Group Singapore

1 Kampong Ampat

Singapore 368314

DID: 69223502

HP: 93867833

shushi.tang@vw.com.sg

VOLKSWAGEN CENTRE SINGAPORE

17 Tuas Avenue Singapore 639176

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







Quotation

Non binding - Preview

Page

1/1

Document no.

Document date

11-11-2019

Customer no. Customer GST-ID 5211037268

Dealer

39999

Job order number

2019002596/1

Service Advisor

07-11-2019

Job order date

SHU SHI TANG

License plate SLP762H

Mr

CHONG

#14-302

Singapore 530554

CHAI

Model code 1634G7

554 HOUGANG STREET 51

First registration 25-05-2017

WVWZZZ16ZGM022068

JETTA TSI High 90 D7F

Mileage 43,698

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
5C6807217Q GRU	Cover For Bumper Primed	1	pcs.	1,122.37	#1	1,122.37	1,200,94
5C6807184A	Guide Piece RHF bumper bracket	1	pcs.	31.65	#1	31.65	33.87
5C6955104D	Pressure Cylinder With Je RHF	1	pcs.	118.08	#1	118.08	126.35
5M0955985C 9B9	Nozzle Satin Black	1	pcs.	23.10	#1	23.10	24.72
5C6821106A	Fender	1	pcs.	561.97	#1	561.97	601.31
5C6821136	Cross Support RHF fender bracket	1	pcs.	44.24	#1	44.24	47.34
5C8941752B	Gas Discharge Headlight W	1	pcs.	3,301.15	#1	3.301.15	3,532.23
	Labour	4	pcs.	840.00	#1	3,360.00	3,595.20
	Spray Painting AIG DIRECT SETTLEMENT DOA: 07/11/2019 TP VEH: GBE6109G SURVEY BY:	4	pcs.	800.00	#1	3,200.00	3,424.00

Quotation valid till 14-11-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	11,762.56	7%	876.58	12,522.56	13,399.14
Total	760.00	11,762.56		876.58	12,522.56	13,399.14

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 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	07/11/2019 15:11
Date Of Accident	07/11/2019 12:30
Exact Location Of Accident	SENG KANG NAN QIAO PRIMARY SCHOOL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP762H
Insured/Policyholder	
Name Of Registered Owner	CHONG CHAI
NRIC No	S2038390I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97806506
Alternative Phone No	OFFICE-97806506
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA TSI HIGH 90 D7F
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?	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	A 28963090 AVW
Cover Note Number	
Driver	
Name of Driver	CHONG CHAI
NRIC No	S2038390I
Date Of Birth	28/09/1947
Occupation	INDOOR
Date Of Driving Pass	08/12/1966
Driving Experience	52 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97806506
Fax Number	

OFFICE-97806506

NOEMAIL

Address BLK 554 HOUGANG ST 51

#14-302

Postcode 530554

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

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

0

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer to 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 GBE6109G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIONELL
NRIC/Passport Number S9690256E
Contact Number 98801766

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 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
- 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)

l understand, acknowledge, agree and consent that:

- 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, 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")
- 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 (b)
- 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. (c)
- (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 VOLKSWAGEN

(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

GROUP GAPORE

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

Van Joseph Ceve		•		
DESCRIBE CIRCUMSTANCES OF 1				
	N 2019	Venue:	Amte Nan	-
Time: Around	1230 pm			scho).
danghter outside I was waiting when I not?ad and knocking into knock the whole too. After that, I	y outside the this Van driv my car ou e bumber C fro	lan Qiao corr chito er Lionel my right ut) came o	front, a 1	some uncles 6E reversing and R seriors g the head amp
DECLARATION			VOLKOWA C	

Date & Time:

(If driver is not the policyholder)

Date & Time:

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Name: NRIC/FIN No.: