



**Letter of Claims
Request of direct settlement.**

We are submitting a claim on behalf of our customer Woo Wen Loong, Jeremy
NRIC S884220511 insured of vehicle SLT 79304 against
your insured vehicle number SHC 71470. (ms first cap)
On the accident dated on SLT 79304 (ddmmyyyy) along
1815 style macpherson

Dated this 5 (day) of 12 (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

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



Quotation Non binding - Preview

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Company
MS
FIRSTCAPITAL INSURANCE
6 RAFFKES QUAY
#21-00
Singapore 048580

Customer Details:
Mr
WOO
WEN LOONG, JEREMY
747C BEDOK RESERVOIR CRESCENT
#02-33
Singapore 473747

Document no.
Document date 05-12-2019
Customer no. 5211041856
Customer GST-ID 195000106C
Dealer 39999
Job order number 2019002913/ 1
Job order date 05-12-2019
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SLT7930Y	5G12BZ	13-11-2017	WVWZZZAUZHW123516	Golf 1.2 TLBM 81 TSI D7F	30,431

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
	WHEEL ALIGNMENT	1	pcs.	360.00	#1	360.00	385.20
	WHEEL BALANCING	1	pcs.	50.00	#1	50.00	53.50
5G6807417APGRU	Cover For Bumper Primed REAR BUMPER	1	pcs.	1,080.14	#1	1,080.14	1,155.75
5G6807394	Guide Piece RHR SIDE BRACKET	1	pcs.	34.51	#1	34.51	36.93
5G4809844	Sectionl Parts Side Panel RHR FENDER	1	pcs.	1,623.77	#1	1,623.77	1,737.43
5G4833056AD	Door RHR DOOR	1	pcs.	2,005.29	#1	2,005.29	2,145.66
5G6839700D	Door Seal Outer RHR DOOR SEAL	1	pcs.	94.20	#1	94.20	100.79
D 378500A2	Sound Absorber Laminated	1	pcs.	38.79	#1	38.79	41.51
5G0073146A 8Z8	Wheel Disc 'Alum.' With	1	pcs.	819.00	#1	819.00	876.33
311601361	Rubber Valve	1	pcs.	3.22	#1	3.22	3.45
	LABOUR	5	pcs.	840.00	#1	4,200.00	4,494.00
	Spray Painting	5	pcs.	800.00	#1	4,000.00	4,280.00
	MS FIRST CAPITAL DIRECT DOA: 03/12/2019 TP VEH: SHC7147D SURVEY BY:						

Quotation valid till 12-12-2019

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	1,170.00	13,898.92	7%	1,054.82	15,068.92	16,123.74
Total	1,170.00	13,898.92		1,054.82	15,068.92	16,123.74

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).---

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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	05/12/2019 08:01
Date Of Accident	03/12/2019 22:25
Exact Location Of Accident	IBIS STYLE MACPHERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7930Y
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Insured/Policyholder

Name Of Registered Owner	WOO WEN LOONG, JEREMY
NRIC No	S8842205H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81577599
Alternative Phone No	OFFICE-81577599

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.2 TLBM 81 TSI D7F
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00016809
Cover Note Number	

Driver

Name of Driver	WOO WEN LOONG, JEREMY
NRIC No	S8842205H
Date Of Birth	28/10/1988
Occupation	INDOOR
Date Of Driving Pass	11/02/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81577599
Fax Number	
Contact Number	OFFICE-81577599
EMail Address	NOEMAIL

Address	747C BEDOK RESERVOIR CRESCENT #02-33,
Postcode	473747
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 - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : BEW GENDER: : FEMALE
Passenger 2	NAME: : BOAT GENDER: : MALE
Passenger 3	NAME: : MARTIN GENDER: : MALE

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

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	SHC7147D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number	96918649
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTICE


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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.
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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:

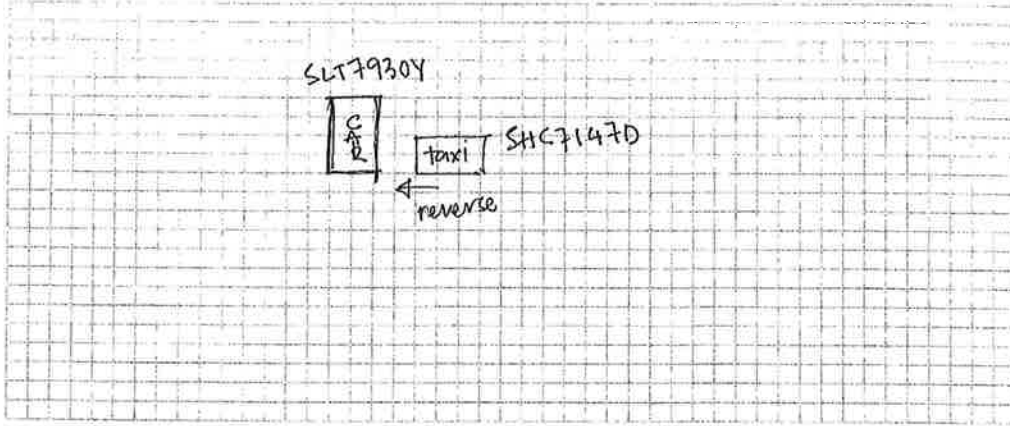
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving to hotel drop off point, taxi did an illegal three point u-turn and reversed into the rear of the car

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]

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

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

[Signature]



05/12/19