



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Chen Yan he
NRIC SXXX X2456 insured of vehicle SMH7953H against
your insured vehicle number SMK2380C (AIK)
On the accident dated on 21/1/2020 (ddmmyyyy) along
Tampines Ave 2 Traffic Light Junction

Dated this 22 (day) of 1 (month) 20 20.



Volkswagen Group Singapore
1 Kampong Ampat
Singapore 368314
DID: 69223502 /69223511
HP: 93867833
shushi.tang@vw.com.sg
steven.chee@vw.com.sg

ŠKODA Centre Singapore

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



Quotation

Non binding - Preview

Page 1/2

Mr
CHEN
YANHE
450C TAMPINES STREET 42
#08-444
Singapore 523450

Document no.
Document date 22-01-2020
Customer no. 5211035099
Customer GST-ID
Dealer 39999
Job order number 2020000230/ 1
Job order date 21-01-2020
Service Advisor TIOW CHUAN CHEE

License plate SMH7953H	Model code NU73ND	First registration 31-01-2019	VIN TMBKR7NU3K2019619	Model Karoq Ambition 1.5 I TSI 110kW DSG	Mileage 500
---------------------------	----------------------	----------------------------------	--------------------------	---	----------------

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
	Harness Repair and Short Circuit Check						
57A807521 9B9	Cover For REAR BUMPER	1	pcs.	1,180.00	#1	1,180.00	1,262.60
57A919485C	Sensor Bra	1	pcs.	55.40	#1	55.40	59.28
57A919485B	Sensor Bra	1	pcs.	55.40	#1	55.40	59.28
57A919486B	Sensor Bra	1	pcs.	39.60	#1	39.60	42.37
57A919486C	Sensor Bra	1	pcs.	39.60	#1	39.60	42.37
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	75.94	#1	75.94	81.26
D 822150A1	Bonding Agent For Plastic	1	pcs.	59.40	#1	59.40	63.56
57A807863	Attachment RR CTR BRACKET	1	pcs.	56.00	#1	56.00	59.92
57A807083 9B9	Adapter LHR	1	pcs.	45.50	#1	45.50	48.69
57A807084 9B9	Adapter RHR	1	pcs.	45.50	#1	45.50	48.69
	LABOUR AIG DIRECT SETTLEMENT DOA : 21/01/2020 TP VEH : SMK2380C SURVEY BY	3	pcs.	840.00	#1	2,520.00	2,696.40

Quotation valid till 28-01-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	4,172.34	7%	345.26	4,932.34	5,277.60
Total	760.00	4,172.34		345.26	4,932.34	5,277.60

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	21/01/2020 10:21
Date Of Accident	21/01/2020 07:40
Exact Location Of Accident	TAMPINES AVE 2 TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7953H
Insured/Policyholder	
Name Of Registered Owner	CHEN YANHE
NRIC No	SXXXX245G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93872285
Alternative Phone No	OFFICE-93872285

Vehicle Particulars

Manufacturer	SKODA
Model	KAROQ AMBITION 1.5 L TSI 110KW DSG
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CN032445
Cover Note Number	

Driver

Name of Driver	CHEN YANHE
NRIC No	SXXXX245G
Date Of Birth	07/02/1979
Occupation	INDOOR
Date Of Driving Pass	19/11/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872285
Fax Number	
Contact Number	OFFICE-93872285
EEmail Address	NOEMAIL

Address	APT BLK 450C TAMPINES STREET 42 #08-444 SINGAPORE
Postcode	523450
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	RAINING
Road Surface	WET

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: : ZHUANG ZHILING 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

REFER TO SKETCH PLAN

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	SMK2380C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG BENG SOON
NRIC/Passport Number	SXXXX032B
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
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**.
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. 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:

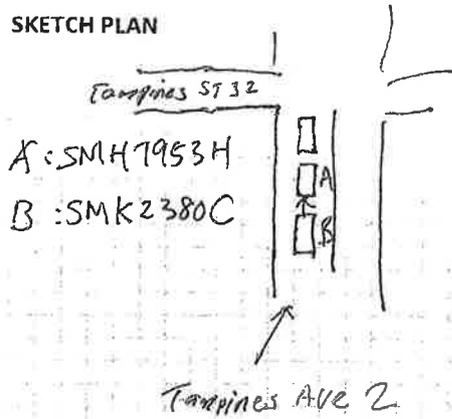
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



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



SKETCH PLAN



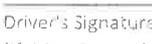
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

21 JAN 2020 at 0740 AM. I was stopping on Tampines Ave 2, while waiting for traffic light, car (SMK2380C) suddenly Bump into my car. caused my rear bumper dented.

DECLARATION

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


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.:


VOLKSWAGEN GROUP SINGAPORE
S1030002