



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Ng Rui Wen, Reuben
NRIC 8XXXXX4031 insured of vehicle SLM5006R against
your insured vehicle number SMH6109K. (AIG)
On the accident dated on 15/2/2020 (ddmmyyyy) along
Sims Way, Towards Sims Avenue.

Dated this 19 (day) of 2 (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

VOLKSWAGEN CENTRE SINGAPORE

17 Tuas Avenue 9
Singapore 639197
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation

Non binding - Preview

Page 1/1

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

Customer Details:
Mr
NG
RUI WEN, REUBEN
3 TOH DRIVE
Singapore 507855

Document no.
Document date
Customer no.
Customer GST-ID
Dealer
Job order number
Job order date
Service Advisor

19-02-2020
5211043795
201009404M
39999
2020000484/ 1
17-02-2020
TIOU CHUAN CHEE

License plate	Model code	First registration	VIN	Model	Mileage
SLM5006R	5G12BZ	31-03-2017	WVWZZZAUZHW093769	Golf 1.2 TLBM 81 TSI D7F	45,009

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
5G6807417APGRU	Diagnostic and Programming	1	pcs.	480.00	#1	480.00	513.60
	Cover For Bumper Primed	1	pcs.	1,124.14	#1	1,124.14	1,202.83
	REAR BUMPER						
5G6807568B 9B9	Rear Diffusor Satin Black	1	pcs.	311.13	#1	311.13	332.91
WHT005263	Rivet	4	pcs.	1.09	#1	4.36	4.67
5G0807305D	Bumper	1	pcs.	604.40	#1	604.40	646.71
	REINFORCEMENT						
5G6807863C	Attachment Strip	1	pcs.	63.22	#1	63.22	67.65
	RR CTR BRACKET						
5G6807393	Guide Piece	1	pcs.	36.38	#1	36.38	38.93
	LHR SIDE BRACKET						
5G6807394	Guide Piece	1	pcs.	36.38	#1	36.38	38.93
	RHR SIDE BRACKET						
	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
	NUMBER PLATE	1	pcs.	80.00	#1	80.00	85.60
	AIG DIRECT SETTLEMENT						
	DOA : 15/02/2020						
	TP VEH : SMH6109K						
	SURVEY BY :						

Quotation valid till 24-02-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	480.00	7,180.01	7%	536.20	7,660.01	8,196.21
Total	480.00	7,180.01		536.20	7,660.01	8,196.21

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	17/02/2020 17:36
Date Of Accident	15/02/2020 15:20
Exact Location Of Accident	SIMS WAY TWDS SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5006R
Insured/Policyholder	
Name Of Registered Owner	NG RUI WEN , REUBEN
NRIC No	SXXXX403I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98181061
Alternative Phone No	OFFICE-98181061

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 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	NG RUI WEN , REUBEN
NRIC No	SXXXX403I
Date Of Birth	14/04/1991
Occupation	INDOOR
Date Of Driving Pass	01/04/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98181061
Fax Number	
Contact Number	OFFICE-98181061
Email Address	NOEMAIL

Address	3 TOH DRIVE SINGAPORE
Postcode	507855
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

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	SMH6109K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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:

5:41pm
17/2/2020

Driver's Signature

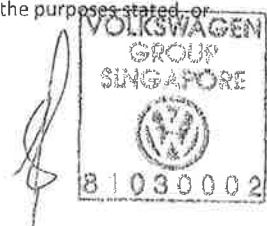
(If driver is not the policyholder)

Date & Time:

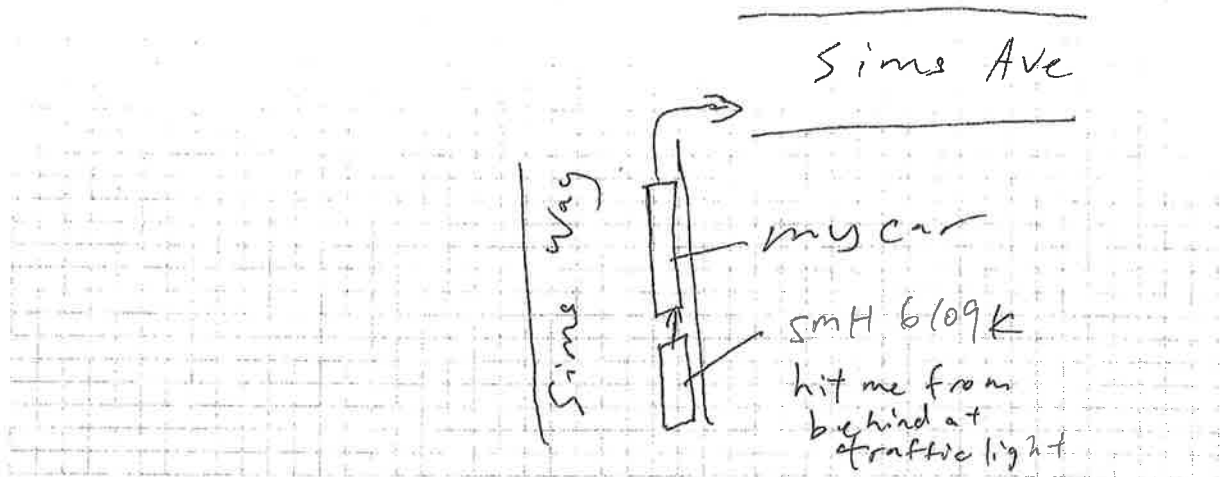
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the cross junction traffic light ~~waiting~~ of Sims Way, waiting for the green light to turn into Sims Ave. I was on the most right lane

SMH 6109K bumped into my rear while I was waiting for the green light.

DECLARATION

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

Policyholder's Signature

Date & Time: 5:41pm

17/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

