



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

We are submitting a claim on behalf of our customer Ong Yen Yee
NRIC SXXXX773F insured of vehicle SMJ6060E against
your insured vehicle number SKN1955J. (ALG.)
On the accident dated on 4/3/2020 (ddmmyyyy) along
Jalan Selaseh.

Dated this 7 (day) of 3 (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:
Ms.
ONG
YEN NEE
6 LILAC DRIVE
Singapore 808196

Document no.
Document date 07-03-2020
Customer no. 5211043795
Customer GST-ID 201009404M
Dealer 39999
Job order number 2020000671/ 1
Job order date 07-03-2020
Service Advisor TIOW CHUAN CHEE

License plate	Model code	First registration	VIN	Model	Mileage
SMJ6060E	5G13HZ	05-04-2016	WVWZZZAUZGW059093	Golf 1.4 CLBM 92 TSI D7F	55,889

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
5G4833056AC	Door RHR	1	pcs.	1,987.16	#1	1,987.16	2,126.26
5G6839700D	Door Seal Outer RHR	1	pcs.	100.68	#1	100.68	107.73
D 378500A2	Sound Absorber Laminated	1	pcs.	41.40	#1	41.40	44.30
8K0831402D	Door Hinge RHR UPPER	1	pcs.	129.72	#1	129.72	138.80
8K0831402D	Door Hinge RHR LOWER	1	pcs.	129.72	#1	129.72	138.80
5G6839432J 5AP	Glass Channel Black	1	pcs.	234.10	#1	234.10	250.49
	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
	TRANSFER DOOR MECHANISM	1	pcs.	840.00	#1	840.00	898.80
	AIG DIRECT SETTLEMENT						
	DOA : 04/03/2020						
	TP VEH : SKN1955J						
	SURVEY BY "						

Quotation valid till 14-03-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	8,382.78	7%	639.99	9,142.78	9,782.77
Total	760.00	8,382.78		639.99	9,142.78	9,782.77

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	05/03/2020 17:54
Date Of Accident	04/03/2020 18:40
Exact Location Of Accident	JALAN SELASEH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6060E
Insured/Policyholder	
Name Of Registered Owner	ONG YEN NEE
NRIC No	SXXXX773F
Email Address	YENNONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96866060
Alternative Phone No	OFFICE-96866060

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI 1395CC
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10818681
Cover Note Number	

Driver

Name of Driver	ONG YEN NEE
NRIC No	SXXXX773F
Date Of Birth	07/08/1975
Occupation	INDOOR
Date Of Driving Pass	10/01/1995
Driving Experience	25 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96866060
Fax Number	
Contact Number	OFFICE-96866060
Email Address	YENNONG@YAHOO.COM

Address	NA
Postcode	
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	SIDE SWIPE
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

My vehicle was stationary along JALAN SELASEH it was a 1 way traffic and there was lots in the right side while waiting for traffic to clear ahead of me third party vehicle reverse from the lot and collided onto my vehicle side right passenger door. No injuries involved.

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	SKN1955J
Vehicle Make/Model/Colour	SUBARU / SUBARU XV 1.6I-S AWD CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH SWEE GEK
NRIC/Passport Number	
Contact Number	97850756
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**.
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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER**

MOHAMED SAIFULLAH S/O SYED MASOOD

Policyholder's Signature

Date & Time:

5 Mar 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

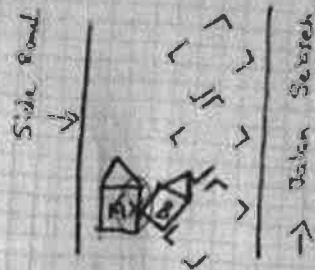
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



Vehicle A: SMJ6060E

Vehicle B: SKN19553

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD
Reporting Centre Personnel's Signature
Name:
NIC/PIN No:

ACCIDENT STATEMENT (2000 characters)

My vehicle was stationary along JALAN SELASEH it was a 1 way traffic and there was lots in the right side while waiting for traffic to clear ahead of me third party vehicle reverse from the lot and collided onto my vehicle side right passenger door. No injuries involved.

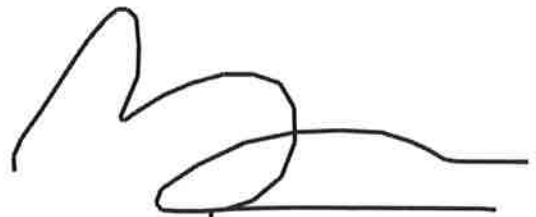
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

5 March 2020 at 2:53 PM

Date/Time:

5 March 2020 at 2:53 PM