



SOMPO (CUST CAME LATE)  
WILL NOT REVERS OD.

\* SCENE VIDEO W CUST. \*

## Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer LIU BINGLIANG  
NRIC 52202 165 J insured of vehicle S66 239 J against  
your insured vehicle number SJQ 6263 D ( LOMPAC )  
On the accident dated on 25-8-2020 (ddmmyyyy) along SENJA LINK-  
\_\_\_\_\_.

Dated this 08 SEP 2020 (day) of \_\_\_\_\_ (month) 2020.

\_\_\_\_\_  
Charmaine Kong  
Volkswagen Group Singapore  
Accident Claims Dept.  
[charmaine.kong@vw.com.sg](mailto:charmaine.kong@vw.com.sg)  
DID : 63057176/ 63057299  
HP: 92361399

# VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road  
Singapore 159934  
Biz. Reg. No.: 199101494Z  
GST No.: M200985052



## Quotation

Non binding - Preview

Page

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### Company

Lonpac Insurance BHD  
101 Thomson Road  
#18-01 United Square  
Singapore 307591

### Customer Details:

Mr  
LIU  
BINGLIANG  
319 CHOA CHU KANG AVE 3  
#14-19 MI CASA  
Singapore 689863

### Document no.

Document date 08-09-2020  
Customer no. 5211043801  
Customer GST-ID  
Dealer 30001  
Job order number 2020022038/ 1  
Job order date 08-09-2020  
Service Advisor CHARMAINE KONG

License plate SGG239J	Model code 5T13NZ	First registration 20-07-2018	VIN WVGZZZ1TZJW108563	Model Touran 1.4 CL GT110 TSID7F	Mileage 33,880
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Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
5TA807417 GRU	Cover For Bumper Primed	1	pcs.	1,231.02	#1	1,231.02	1,317.19
5TA807305	Bumper ( BUMPER REINFORCEMENT )	1	pcs.	508.63	#1	508.63	544.23
5TA807863	Attachment Strip	1	pcs.	60.62	#1	60.62	64.86
5TA807453	Guide Piece ( REAR BUMPER LH GUIDE )	1	pcs.	39.36	#1	39.36	42.12
5TA807454	Guide Piece ( REAR BUMPER RH GUIDE )	1	pcs.	39.36	#1	39.36	42.12
5TA807393	Guide Piece ( BUMPER BRACKET LH )	1	pcs.	32.03	#1	32.03	34.27
5TA807394	Guide Piece ( BUMPER BRACKET RH )	1	pcs.	32.03	#1	32.03	34.27
5TA807568A 9B9	Spoiler Satin Black	1	pcs.	319.10	#1	319.10	341.44
	Spray Painting	3	pcs.	800.00	#1	2,400.00	2,568.00
	LABOUR	3	pcs.	840.00	#1	2,520.00	2,696.40
	REVERSE SENSORS	1	pcs.	400.00	#1	400.00	428.00

Quotation valid till 15-09-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1		7,582.15	7%	530.75	7,582.15	8,112.90
Total		7,582.15		530.75	7,582.15	8,112.90

Customer

Service Advisor

-----VISIT OUR WEBSITE: [aftersales.vw.com.sg](http://aftersales.vw.com.sg) (for online service appointments) and [volkswagen.com.sg](http://volkswagen.com.sg) and [www.skoda.com.sg](http://www.skoda.com.sg) (for additional services, products and promotions).-----

MCD220072856-01 / ComfortDelGro Engineering Pte Ltd - Sungai Kadut  
ENTRY DATE & TIME: 25/08/2020 14:48  
SUBMITTED BY: Jason Chang Yoong Soon

## 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	25/08/2020 14:48
Date Of Accident	25/08/2020 13:00
Exact Location Of Accident	SENJA LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG239J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIU BINGLIANG
NRIC No	SXXXX165J
Email Address	BINGLIANG_86@HOTMAL.COM
Mobile Phone No	(LOCAL) +65-94599622
Alternative Phone No	HOME-65992236

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 1.4 TSI CL 5T13NZ (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01009737
Cover Note Number	

### Driver

Name of Driver	LIU BINGLIANG
NRIC No	SXXXX165J
Date Of Birth	13/05/1986
Occupation	INDOOR
Date Of Driving Pass	07/07/2011
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94599622
Fax Number	
Contact Number	HOME-65992236
EMail Address	BINGLIANG_86@HOTMAL.COM

Address	319 CHOA CHU KANG AVE 3 #14-19, MI CASA
Postcode	689863
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)**

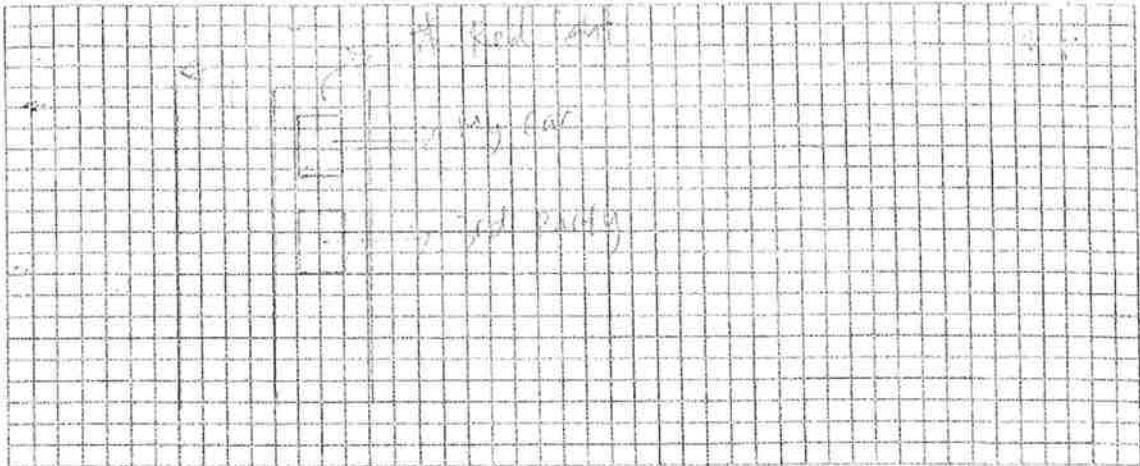
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SJQ6863D
Vehicle Make/Model/Colour	MITSUBISHI LANCER EX
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHOKY BIN MUHAMAD SALPAI
NRIC/Passport Number	SXXXX626B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 1300h, 25/8/2020, I was waiting at the junction of Senja link and Senja road. The traffic light was red and I was waiting to turn right onto KJE.

Before the lights turned green, I was hit by a silver Mitsubishi sedan from the back.

## DECLARATION

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

Policyholder's Signature

Date & Time: 25/8/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2

## Sketch Plan Pg. 2

SKETCH PLANIMPORTANT 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:

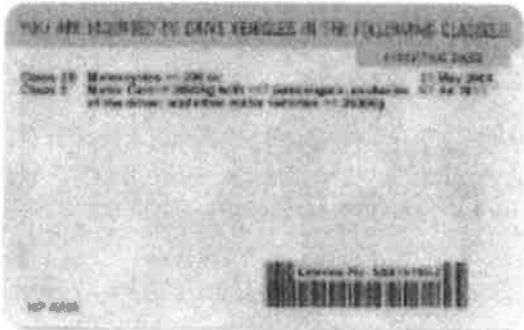
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Identification Card

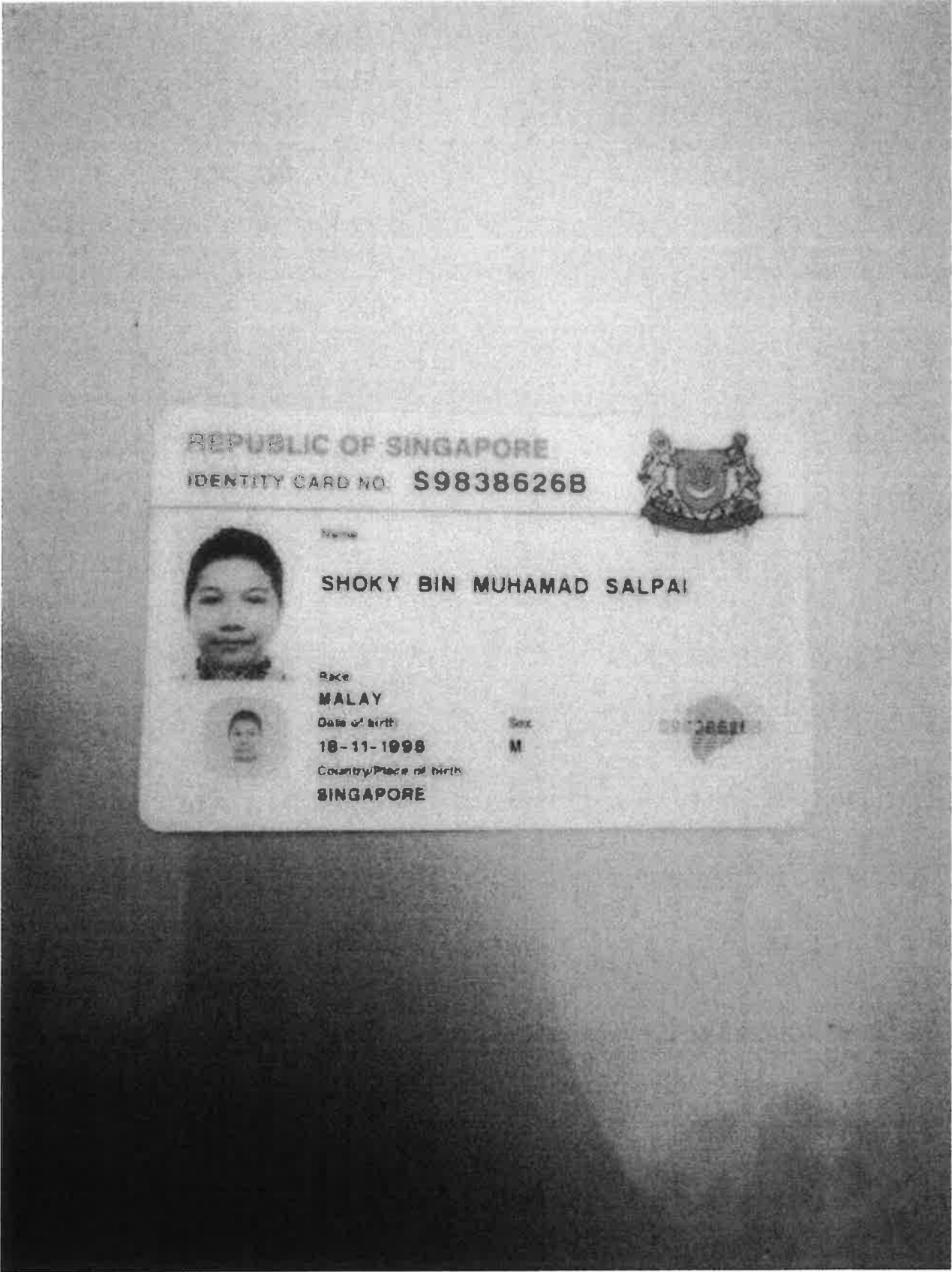


Accident Photo

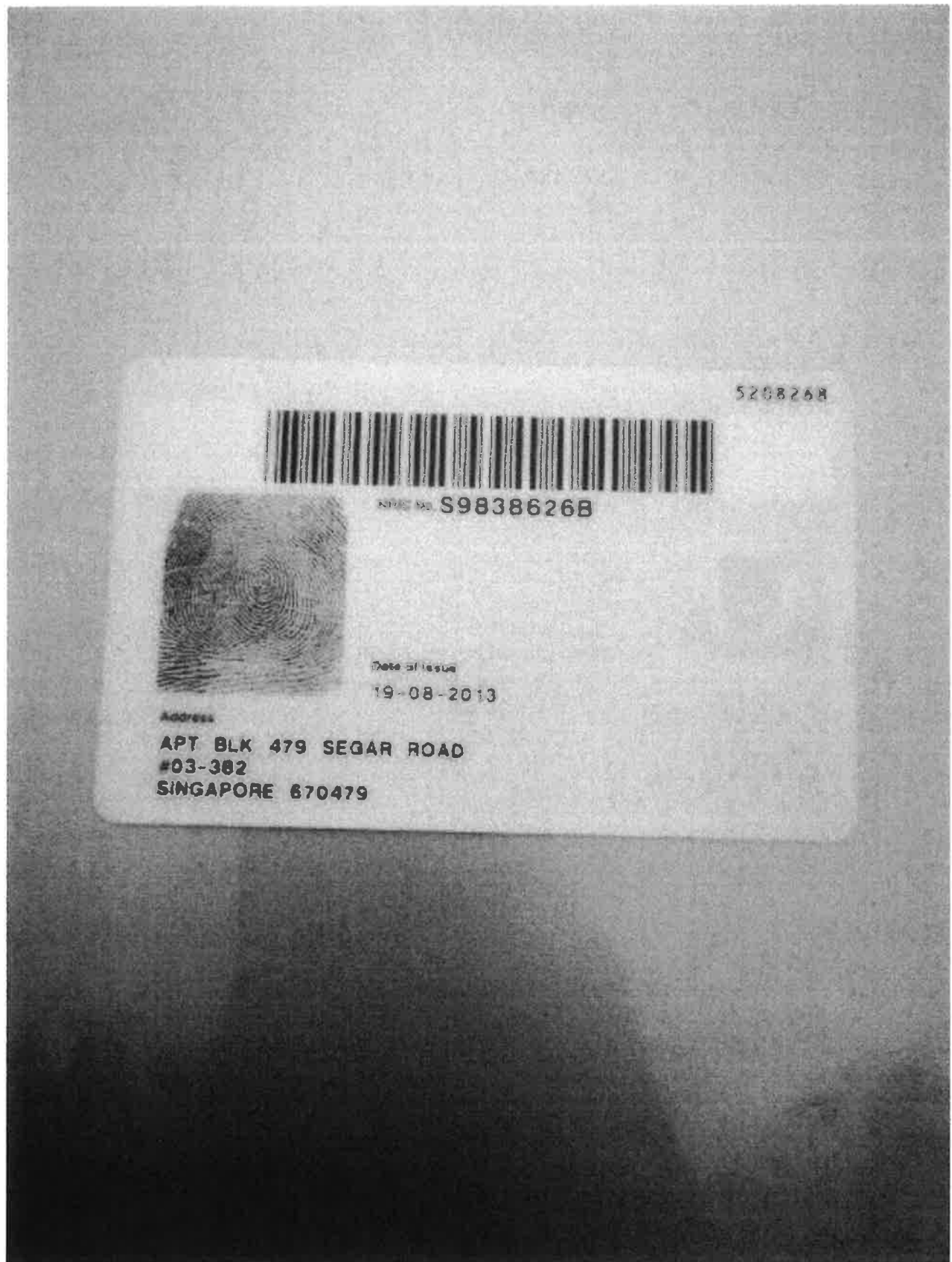




Identification Card



Identification Card



Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

## (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD220072856 Vehicle Registration No: SGG239J  
Name (as shown in NRIC) : LIU BINGLIANG NRIC/FIN/Passport No : S8615165J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 319 CHOA CHU KANG AVE 3 #14-19 Singapore ( 689863 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94599622  
Email Address : BINGLIANG\_86@HOTMAIL.COM  
Date of Accident : 25/08/2020 Time of Accident : 13:00  
Place of Accident : SENJA LINK  
Insurance Company : Sompo Insurance Singapore Pte. Ltd.

## (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

## 1) UPDATE ON INSURANCE POLICY NUMBER

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Policyholder / Driver's Signature  
Date: 25/8/2020

  
Reporting Centre Personnel's Signature  
Name: MUHAMMAD LUKMAN  
NRIC/FIN No.: S8715818G  
Date: 25/08/2020



Updated: 1/10/2019 (2020/08/25)