



20MPO (Any W/CHAP) DUE: 22/10/2020
23/10/2020

* SCENE VIDEO *

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer CHEN KAC HENG DARYL
NRIC SXXXX669G insured of vehicle SFS 7688 Z against
your insured vehicle number SLX 7125K (AlG)
On the accident dated on 10.10.2020 (ddmmyyyy) along JLN OF YUK
JALAN SELASAH.

Dated this 26 OCT 2020 (day) of _____ (month) 2020.

Charmaine Kong
Volkswagen Group Singapore
Accident Claims Dept.
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

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

Customer Details:
Mr
DARYL CHEW
KOK WENG
129 SELETAR HILLS DRIVE
Singapore 807138

Document no.
Document date 26-10-2020
Customer no. 5211043795
Customer GST-ID 201009404M
Dealer 30001
Job order number 2020028232/ 1
Job order date 26-10-2020
Service Advisor CHARMINE KONG
MAY WORK

License plate	Model code	First registration	VIN	Model	Mileage
SFS7688Z	5T13NZ	30-07-2018	WVGZZZ1TZW108288	Touran Comfortline 1.4 TSI 110kW DSG	34,928

* CLAIMING PAINT CORRECTING, REPAIR & QUOTATION ATTACHED.

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
5TA807417 GRU	Cover For Bumper Primed	1	pcs.	1,231.02	#1	1,231.02	1,317.19
5TA807568A 9B9	Spoiler Satin Black	1	pcs.	319.10	#1	319.10	341.44
5TA807305	Bumper	1	pcs.	508.63	#1	508.63	544.23
	(BUMPER REINFORCEMENT)						
5TA807863	Attachment Strip	1	pcs.	60.62	#1	60.62	64.86
5TA807453	Guide Piece	1	pcs.	39.36	#1	39.36	42.12
	(BUMPER GUIDE LH)						
5TA807454	Guide Piece	1	pcs.	39.36	#1	39.36	42.12
	(BUMPER GUIDE RH)						
5TA807393	Guide Piece	1	pcs.	32.03	#1	32.03	34.27
	(BUMPER BRACKET LH)						
5TA807394	Guide Piece	1	pcs.	32.03	#1	32.03	34.27
	(BUMPER BRACKET RH)						
	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

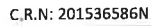
Quotation valid till 02-11-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	7,182.15	7%	555.95	7,942.15	8,498.10
Total	760.00	7,182.15		555.95	7,942.15	8,498.10

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).-----



ADD: 7 Soon Lee Street #01-26 ISPACE Singapore 627608 | **T:**+65 6254 0456 | **E:**info@5dsolutions.com.sg



C. R. N: 201536586N

INVOICE

Bill To:

Name :

Contact Number :

Address :

Mr. Daryl Chew

8808 8218

DATE:
3/Aug/18INVOICE #
5D 18544

Vehicle Make/Model/Colour :

Vehicle Registration Number :

VW Touran Black

SFS 7688 Z

TERM: Nets / Cash / Credit

DESCRIPTION		AMOUNT
KubeBond Extreme Plus Package - 10 Years Warranty		\$ 2,080.00
Door Edge Protector		\$ 150.00
Head Light Protection Film		\$ 250.00
Boot Guard		\$ 80.00
Leg Guard		\$ 150.00
Remarks (if any):		
Discount	-20%	\$ -416.00
Installment	5%	\$ 114.70
Car Maintenance Tips:		
1. Wash your car regularly with mild car soap (Recommended once a week)		
2. Avoid doing any further polishing and using wax as it will void your warranty		
* we provide car wash services which will include application of Kube Bond Diamond Plus Coating Enhancer		
* For hard to remove stains, please do not hesitate to come back to use for stain removal		
		\$ 2,408.70

*Sompo Anyworkshop
vs
AG out
Got video*

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	12/10/2020 13:13
Date Of Accident	10/10/2020 10:15
Exact Location Of Accident	JUNCTION OF YIO CHU KANG & JALAN SELASEH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS7688Z
Insured/Policyholder	
Name Of Registered Owner	CHEW KOK WENG DARYL
NRIC No	SXXXX669G
Email Address	DARYL.CHEW83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88088218
Alternative Phone No	OFFICE-88088218

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (A)

Exact Purpose for which vehicle was being used at time of accident

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	D20MTPV01009431
Cover Note Number	

Driver

Name of Driver	CHUA WEE NEE
NRIC No	SXXXX199D
Date Of Birth	19/09/1973
Occupation	INDOOR
Date Of Driving Pass	23/06/1992
Driving Experience	28 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88088218
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	129 SELETAR HILLS DR
Postcode	807138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	4
Passenger 1	NAME: <input type="text"/> PASSENGER GENDER: <input type="text"/> FEMALE
Passenger 2	NAME: <input type="text"/> PASSENGER GENDER: <input type="text"/> FEMALE
Passenger 3	NAME: <input type="text"/> PASSENGER GENDER: <input type="text"/> 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	SLX7185K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98389262

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 willful 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:



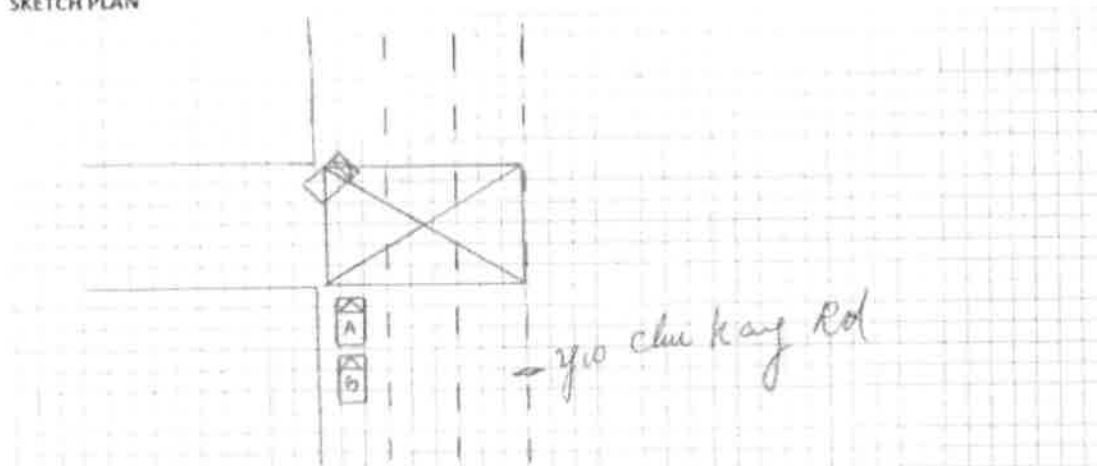
Driver's Signature
(If driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
8th & Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh A was travelling along Yio Chu Kang Rd. A taxi dashed out of Jin Seng Road. Veh A noticed and managed to stop in time. Veh B did not notice & coll. into the rear of veh A. The taxi drove off.

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:

CITY AUTO PTE LTD
Box 8 Jin Ming Road
#01-58/60/62 Jin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

Accident Sketch Plan



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, Level 4, Singapore 048623
 Tel: 6543 6343 | Fax: 6721 1002 | Email: sompo@sompo.com.sg
 Call Centre: 1800 555 5555 | Toll Free: 1800 555 5555

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D20MTPV01000431
Insured : CHEW KOK WENG DARYL
Motor Vehicle (Registration No.) : SFS7688Z
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 30 JULY 2020 00:00
Policy Expiry Date : 29 JULY 2021 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$400 - Section I
Voluntary Excess* : N/A
Windscreen Excess* : S\$100.00 for each and every applicable claim
 * Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act 1987 (Malaysia), and (2) the Policy terms, conditions and exclusions of the Private Car Policy ref MTP 20

Sompo Insurance Singapore Pte. Ltd.

[Signature]

Authorised Signatory

Date/Time of Issue: 30 JUNE 2020 17:36

IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Vehicle.
- b. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or include a permit for any other person to use a Motor Vehicle unless it is held validly at all times under the Act.
- c. On the sale or the Motor Vehicle or if for any reason the Certificate is surrendered during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made & submitted to comply with the Act given as an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
- d. The Policy will cease to be valid once the Motor Vehicle has been sold to a third person. The Policy is not for transfer to the new owner of the Motor Vehicle.

Intermediary Code & Name: 11504320 & PROFESSIONAL INDEPENDENT ADVISORY SERVICES PTE. LTD. | Licence: 22A-020555M-0000000