# Volkswagen Centre Singapore



Biz Reg. No. 53103069E GST No. M20098505-2

AXA PREMIUM WISHOP UND : 26/11/2020

\* SCENE VIDE \*.

## Letter of Claims Request for direct settlement.

We are s	ubmitting a claim on be	ehalf of our customer	He WEI	LING	EL	ENA	
NRIC	exxxx315A	_ insured of vehicle	5 VML	258J		agair	nst
your insu	ared vehicle number	enc 8993x	(	GNOIN			)
On the ac	ecident dated on	(ddmmyyy	y) along _	AMK	Ave	t	
J4	NCT TO CTE-		**				
Dated thi	17 NOV 2020 (day)	of(mo	onth) 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

Company

INDIA INTERNATIONAL INSURANCE

64 CECIL STREET #04-05 IOB BUILDING Singapore 049711

**Customer Details:** 

Ms.

HO WEI LING ELENA (HE HUILING)

353 ANG MO KIO STREET 32

#19-141

SINGAPORE 560353

Page

Document no. Document date

17-11-2020 Customer no. Customer GST-ID

#1

#1

#1

5211000972 198703792K

Dealer

30001

1/2

Job order number Job order date

2020030860/1

21.96

3,200.00

80.00

23.50

3,424.00

85.60

Service Advisor

16-11-2020 **TIOW CHUAN CHEE** 

License plate SMV3258J

3G5807484A

Model code 3G24JZC0

Guide

First registration 25-09-2020

LHR BUMPER BRACKET ( UPPER )

VIN

WVWZZZ3CZKE139725

Model

21.96

800.00

80.00

Passat Comfortline 1.8 | TSI 132kW DSG

Mileage 500

1		E I			1		1	
	Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
		Check Short Circuit / Harness Repair Diagnostic and Programming	1	pcs.	280.00 480.00	#1 #1	280.00 480.00	299.60 513.60
	3G5807417 GRU	Cover Primed REAR BUMPER	1	pcs.	1,544.88	#1	1,544.88	1,653.02
	3G0807521B GRU	Spoiler Primed	1	pcs.	259.44	#1	259.44	277.60
	3G0807305T	Bumper REINFORCEMENT	1	pcs.	541.33	#1	541.33	579.22
	3G5807863	Attachment Strip BUMPER CTR BRACKET	1	pcs.	58.90	#1	58.90	63.02
	3G5807483A	Guide	1	pcs.	21.96	#1	21.96	23.50

RHR BUMPER BRACKET ( UPPER ) 3G5807375 Guide Piece 37.61 #1 37.61 40.24 DCS. LHR BUMPER BRACKET ( SIDE ) 3G5807376 Guide Piece 37.61 #1 37.61 40.24 pcs. RHR BUMPER BRACKET (SIDE) N 90346302 Pop-Rivet 10 pcs. 1.14 #1 11.40 12.20 3G0998491 1 Set Sensor Brackets 43.74 #1 43.74 46.80 1 pcs. D 180KU2A1 2k-Plastic Adhesive 1 pcs. 75.94 #1 75.94 81.26 D 822150A1 **Bonding Agent For Plastic** 59.40 59.40 63.56 pcs. #1 3G0853842 2ZZ Decorative Moulding Brigh 1 pcs. 166.56 #1 166.56 178.22 RHR BUMPER SIDE MLDG CHROM

pcs.

3G0853835 2ZZ 216.66 Decorative Moulding Brigh 1 #1 216.66 231.83 pcs. BUMPER CTR MLDG CHROM 3G0945104A Reflector 65.92 #1 65.92 70.53 DCS. RHS REFLECTOR INNER 3G0945106A Reflector 65.92 65.92 70.53 #1 1 pcs. RHS REFLECTOR OUTER LABOUR 3 DCS. 840.00 #1 2,520.00 2.696.40

pcs.

pcs.

**REAR NUMBER PLATE** INDIA INS DIRECT SETTLEMENT DOA: 15/11/2020 TP VEH: SHC8993X

SURVEY BY:

SPRAY PAINT

Quotation valid till 23-11-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	9,029.23	7%	685.25	9,789.23	10,474.48
Total	760.00	9,029.23	100	685.25	9,789.23	10,474.48

## **VOLKSWAGEN CENTRE SINGAPORE**

247 Alexandra Road Singapore 159934

Biz. Reg. No.: 199101494Z GST No.: M200985052

License plate | Model code

and promotions) .----







## Quotation

Non binding - Preview

Page

2/2

Company INDIA INTERNATIONAL INSURANCE **64 CECIL STREET** #04-05 IOB BUILDING Singapore 049711

Customer Details:

Ms. НО

First registration VIN

WEI LING ELENA (HE HUILING)

353 ANG MO KIO STREET 32

#19-141

SINGAPORE 560353

Document no.

Document date

Customer no. Customer GST-ID

17-11-2020 5211000972

Dealer

198703792K

Job order number

30001 2020030860/1

Job order date Service Advisor 16-11-2020

**TIOW CHUAN CHEE** 

License plate	Model code	First registration	VIN	Model		Mileage		
SMV3258J	3G24JZC0	25-09-2020	WVWZZZ3CZKE139725	Passat Comfortline 1.8 I TSI	132kW DSG	500		
	Ų.		l .	L.		1		
Custo	mer				Service	Advisor		
v:								
		******************************		***************************************				
VISIT OUR W	EBSITE: aftersales	.vw.com.sa (for online se	VISIT OUR WEBSITE: aftersales.vw.com.sq (for online service appointments) and volkswagen com.sq and www.skoda.com.sq (for additional services products					

#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	16/11/2020 14:16
Date Of Accident	15/11/2020 15:00
Exact Location Of Accident	ANG MO KIO AVE 1 JUNCT TO CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMV3258J
Insured/Policyholder	
Name Of Registered Owner	HO WEI LING ELENA
NRIC No	SXXXX385A
Email Address	EHWL@MSN.COM
Mobile Phone No	(LOCAL) +65-97897693
Alternative Phone No	OFFICE-97897693
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT COMFORTLINE 1.8 L TSI 132KW 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	VPA/P2407012
Cover Note Number	

#### Dulyena

Dilvei	
Name of Driver	HO WEI LING ELENA

NRIC No	SXXXX385A
Date Of Birth	11/12/1976
Occupation	INDOOR
Date Of Driving Pass	28/12/1995

Driving Experience 24 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97897693

Fax Number

Contact Number OFFICE-97897693
EMail Address EHWL@MSN.COM

**BLK 3 SIN MING WALK** Address

#18-29 SINGAPORE

Postcode 575575

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

2

1

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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?

Was there any video captured by Car Camera?

YES YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC8993X

Vehicle Make/Model/Colour

Was there any audio recorded?

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver LIM AH SENG

NRIC/Passport Number

91377298 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### **SKETCH PLAN**

## **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

- 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)
  - (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
- 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.
- 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: 16/11/2020

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre ersonnel's Signature Name:

NRIC/FIN No.:

Traffic junction

### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Date: 15 Nov 2000
Time: About 3pm
Location: Any Mo Kio Ave 1, at the junction for cars to
Location: Any Mo Kio Ave 1, at the junction for cars to turn on to the CTE.
Description: I was in the second right most lane waiting
to turn into the CTE. I had stopped at the
junction as the turning arrow was red.
Some moments after, a Comfort toxi  collided into the rear of my car.
collided into the rear of my car.
1

## **DECLARATION**

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

Policyholder's Signature
Date & Time: 16 | 11 | >0 >0
2.10 pm

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

#### Sketch Plan #3 Pg. 1

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sg



#### CERTIFICATE OF INSURANCE

■Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■Road Transport Act. 1987 (Malaysia) ■Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPA/P2407012 Account No. : 18642

Coverage : Comprehensive

Sum Insured Market Value At The Time Of Loss
Name of Policy Holder HOWEI LING ELENA (HE HUILING)

Vehicle Registration No. : SMV3258J

Period of Insurance : From 25/09/2020 To 24/09/2022 (Both Dates Inclusive)

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

(b) Any other person who is driving on the Policyholder's order or with his permission 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.

#### LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

#### Basic Own Damage Excess

: SGD 850.00

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. \$\$5,000.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

N.B : (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

. 50% NCD - Nil Excess

. 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIMCHEN2 on 28/09/2020

## IMPORTANT :

Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.