



EQ DUE: 29/12/2020  
LAST DAY: 30/12/2020

SCENE VIDEO

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

We are submitting a claim on behalf of our customer TAN SZE KIAN  
NRIC SXXXX 088Z insured of vehicle SLG 3727M against  
your insured vehicle number SJD 9992M ( ALG )  
On the accident dated on 19.12.2020 (ddmmyyyy) along TAMPINES AVE 9.

Dated this 22 DEC 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

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

Customer Details:  
Ms.  
TAN  
SZE KIAH  
213 FERVALE CLOSE  
#12-07  
Singapore 797461

Document no.  
Document date 22-12-2020  
Customer no. 5211043795  
Customer GST-ID 201009404M  
Dealer 30001  
Job order number 2020035448/ 1  
Job order date 22-12-2020  
Service Advisor TIOW CHUAN CHEE

License plate SLG3727M	Model code 6C13EZ	First registration 28-09-2016	VIN WVWZZZ6RZGU067210	Model POLO 1.2 BMT COMFO 66 D7F	Mileage 66,417
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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
	Wheel Alignment	1	pcs.	360.00	#1	360.00	385.20
	Wheel Balancing	1	pcs.	50.00	#1	50.00	53.50
6R4831056J	Door RHF	1	pcs.	1,604.45	#1	1,604.45	1,716.76
6R4837697A 5AP	Door Seal Outer Black RHF DOOR SEAL	1	pcs.	62.37	#1	62.37	66.74
N 90994201	Pop-Rivet	4	pcs.	1.14	#1	4.56	4.88
6R4833056J	Door RHR	1	pcs.	1,604.45	#1	1,604.45	1,716.76
6R6839698A 5AP	Door Seal Outer Black RHR DOOR SEAL	1	pcs.	85.67	#1	85.67	91.67
D 378500A2	Sound Absorber Laminated	2	pcs.	41.40	#1	82.80	88.60
6C0945096L	Taillight With Rear Fog L RHR	1	pcs.	294.62	#1	294.62	315.24
311601361	Rubber Valve	1	pcs.	3.29	#1	3.29	3.52
6R0601025N AX1	Alloy Wheel Black-Glossy LABOUR	1	pcs.	1,360.27	#1	1,360.27	1,455.49
	TRANSFER DOOR MECHANISM	5	pcs.	840.00	#1	4,200.00	4,494.00
	Spray Painting	2	pcs.	840.00	#1	1,680.00	1,797.60
	AIG DIRECT SETTLEMENT DOA : 19/12/2020 TP VEH : SJD9992M SURVEY BY :	6	pcs.	800.00	#1	4,800.00	5,136.00

Quotation valid till 29-12-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	1,170.00	15,782.48	7%	1,186.67	16,952.48	18,139.15
<b>Total</b>	<b>1,170.00</b>	<b>15,782.48</b>		<b>1,186.67</b>	<b>16,952.48</b>	<b>18,139.15</b>

Customer

Service Advisor

# VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road  
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Customer Details:  
Ms.  
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SZE KIAH  
213 FERVALE CLOSE  
#12-07  
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License plate	Model code	First registration	VIN	Model	Mileage
SLG3727M	6C13EZ	28-09-2016	WVWZZZ6RZGU067210	POLO 1.2 BMT COMFO 66 D7F	66,417

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

**From:** chi wai  
**To:** [xonice@gmail.com](mailto:xonice@gmail.com)  
**Subject:** Quotation  
**Date:** Tuesday, December 22, 2020 11:24:34 AM

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Dear Janice,

We are pleased to quote as following

1. 3x panels 2stage polishing and recoat with CQuartz UK3.0.

Price @ 280sgd  
Downtime @ 5hrs

Quotation valid for 90days.

Regard,  
Chris  
AbsoLust CarCare LLP  
+65 83638893



# 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 Submission	21/12/2020 14:48 (SGT)
Date of Accident	19/12/2020 21:00 (SGT)
Exact Location of Accident	Tampines Ave 9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3727M
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Sze Kiah
NRIC No	SXXXX088Z
Email Address	xonice@gmail.com
Mobile Phone No	(Phone) +65-97233471
Alternative Phone No	(Home) +65-97233471

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Polo
Variant	-
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-006247
Cover Note Number	-

### DRIVER

Name of Driver	Tan Sze Kiah
NRIC No	SXXXX088Z

Date Of Driving Pass	12/08/2003
Driving experience	17 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97233471
Alt. Phone Number	(Home) +65-97233471
Email Address	xonice@gmail.com
Address	23 Fernvale Close #12-07
Address complement	-
Postcode	797461
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	unknown
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

refer attached report.

#### ATTACHMENT(S)

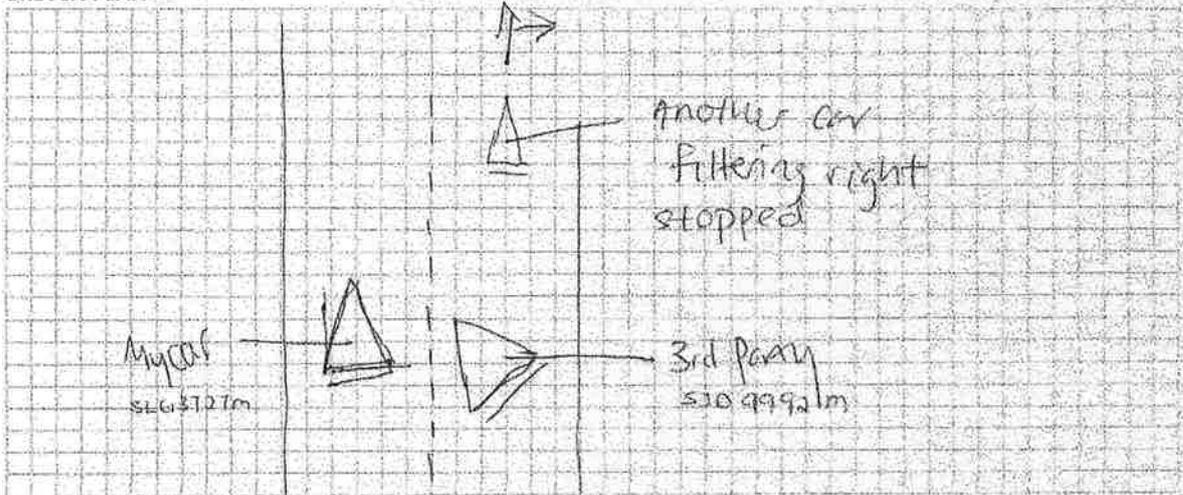
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD9992M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	XXXXXXXXXXXX

Contact Number	(Phone) +65-92250080
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



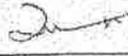
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG TAMPINES AVENUE 9. SUDDENLY THE CAR HIT ME FROM RIGHT SIDE. THE OTHER CAR OWNER DRIVER CLAIMS THAT HE DID NOT CHECK THE ROAD BEFORE CHANGING LANE TO THE LEFT.

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:

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

**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: 21/12/20

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

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