



Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer Wee Hung Jing
NRIC SXXXX 072B insured of vehicle SMM 4033G against
your insured vehicle number SHA 4247D (Ms First Capital)
On the accident dated on 27.12.2020 (ddmmyyyy) along CTE towards PIE exit.

Dated this 28 (day) of Dec (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
MS
FIRSTCAPITAL INSURANCE
6 RAFFKES QUAY
#21-00
Singapore 048580

Customer Details:
Mr
WEE
HUNG JING
(HUANG HONGJING)
236A SERANGOON AVENUE 2
#11-149
SINGAPORE 551236

Document no.
Document date 28-12-2020
Customer no. 5211041856
Customer GST-ID 195000106C
Dealer 30001
Job order number 2020035991/ 1
Job order date 28-12-2020
Service Advisor TIOW CHUAN CHEE

License plate	Model code	First registration	VIN	Model	Mileage
SMM4033G	BQ14HZH0	27-06-2019	WVWZZZAUZKW022383	Golf Highline 1.4 I TSI 92kW DSG	11,176

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
5G6807417BQGRU	Cover For Bumper Primed	1	pcs.	1,165.55	#1	1,165.55	1,247.14
	REAR BUMPER						
5G6807568S 9B9	Rear Diffusor Satin Black	1	pcs.	315.27	#1	315.27	337.34
5G0807305D	Bumper	1	pcs.	619.61	#1	619.61	662.98
	REINFORCEMENT						
5G6807863C	Attachment Strip	1	pcs.	64.97	#1	64.97	69.52
	RR CTR BRACKET						
5G6807393A	Guide Piece	1	pcs.	37.46	#1	37.46	40.08
	LHR TAILLIGHT BRACKET						
5G6807393	Guide Piece	1	pcs.	37.46	#1	37.46	40.08
	LHR SIDE BRACKET						
5G0919491D	Sensor Bracket	1	pcs.	12.13	#1	12.13	12.98
5G0919491E	Sensor Bracket	1	pcs.	12.13	#1	12.13	12.98
5G0919492D	Sensor Bracket	1	pcs.	12.60	#1	12.60	13.48
5G0919491D	Sensor Bracket	1	pcs.	12.13	#1	12.13	12.98
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	75.94	#1	75.94	81.26
D 822150A1	Bonding Agent For Plastic	1	pcs.	59.40	#1	59.40	63.56
5G0945105C	Reflector	1	pcs.	71.19	#1	71.19	76.17
	LHR						
	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
	MS FIRST CAPITAL DIRECT SETTLEMENT DOA : 27/12/2020 TP VEH : SHA4247D SURVEY BY :						

Quotation valid till 04-01-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	7,415.84	7%	572.31	8,175.84	8,748.15
Total	760.00	7,415.84		572.31	8,175.84	8,748.15

Customer

Service Advisor

VOLKSWAGEN CENTRE SINGAPORE

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



SKODA

Commercial
Vehicles

Quotation

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-----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 Submission	28/12/2020 14:29 (SGT)
Date of Accident	27/12/2020 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS PIE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4033G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE HUNG JING
NRIC No	SXXXX072B
Email Address	jon_wee@hotmail.com
Mobile Phone No	(Phone) +65-98186819
Alternative Phone No	(Home) +65-98186819

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A29112981AV2
Cover Note Number	-

DRIVER

Name of Driver	GOH EE PENG
NRIC No	SXXXX954I

Date Of Driving Pass	15/12/2002
Driving experience	18 YEARS
Gender	Female
Mobile Number	(Phone) +65-96977590
Alt. Phone Number	-
Email Address	jon_wee@hotmail.com
Address	138 SERANGOON AVE 3 #10-28
Address complement	-
Postcode	554475
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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	RUSSELL WEE
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 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	SHA4247D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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**.
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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

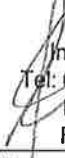
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



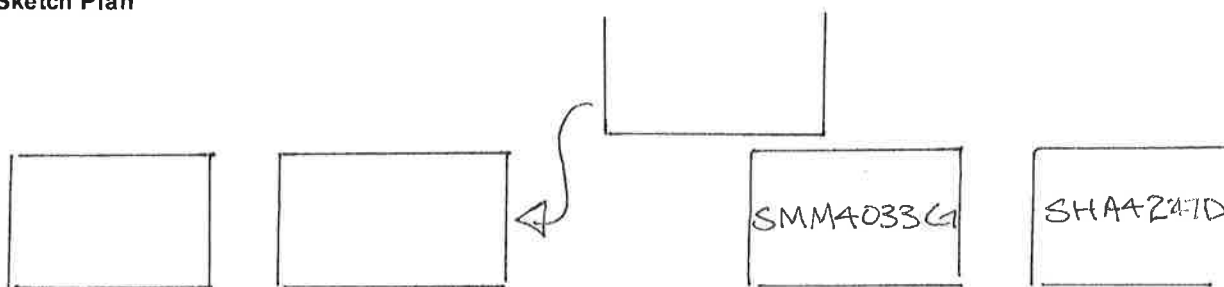
Policyholder's Signature / Date &
Time



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


Steven Chee
Insurance Advisor
Tel: 6305 7299 Ext: 511
HP: 8511 2203
Fax: 6285 8620

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

On 27 Dec '20, 2.50pm, I was driving along CTE (city) near PIE exit. As I was driving along, a car came into my lane and braked. I brake as well and was hit from behind by vehicle SHA4247D.

Declaration

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

1/2
28/12/2020

Steven Chee
Insurance Advisor
Tel: 6305 7299 Ext: 511
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Fax: 6285 8620