



MSIG DUE: 9/4/2021
MOTORMAX

* NO VIDEO *

Letter of Claims Request for direct settlement.

CHOI EUNHA 97303567

We are submitting a claim on behalf of our customer KOREA AUTO CONTROL PTE LTD

NRIC 2XXXX925W insured of vehicle SME 2651Y against

your insured vehicle number SLC 1009L (116)

On the accident dated on 15.3.2021 (ddmmYYYY) along ENTER LANE TO
ADAM RD (P16)

Dated this 16 MAR 2021 (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



SKODA

Commercial
Vehicles

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:
Company
KOREA AUTO
CONTROL PTE. LTD.
3 SHENTON WAY
#16-08 SHENTON HOUSE
Singapore 068805

Document no.
Document date
Customer no.
Customer GST-ID
Dealer
Job order number
Job order date
Service Advisor

15-03-2021
5211043795
201009404M
30001
2021010566/ 1
15-03-2021
TIOU CHUAN CHEE

License plate	Model code	First registration	VIN	Model	Mileage
SMF2651Y	7N24MY	31-10-2018	WVWZZZ7NZKV000358	Sharan Highline 2.0 I TSI 162kW DSG	35,278

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
7N0807417E GRU	Cover For Bumper Primed	1	pcs.	1,378.97	#1	1,378.97	1,475.50
	REAR BUMPER						
7N0807305A	Bumper Bracket	1	pcs.	755.04	#1	755.04	807.89
	REINFORCEMENT						
7N0807251A	Foam Insert	1	pcs.	134.37	#1	134.37	143.78
7N0807863	Attachment Strip	1	pcs.	189.14	#1	189.14	202.38
	RR CTR BRACKET						
7N0807521C 9B9	Spoiler Satin Black	1	pcs.	286.09	#1	286.09	306.12
7N0807441 GRU	Cap Primed	1	pcs.	72.32	#1	72.32	77.38
	TOWING COVER						
7N0807375	Guide Piece	1	pcs.	81.62	#1	81.62	87.33
	LHR SIDE BRACKET						
7N0807376	Guide Piece	1	pcs.	81.62	#1	81.62	87.33
	RHR SIDE BRACKET						
7N0945106B	Reflector	1	pcs.	67.42	#1	67.42	72.14
	RHR						
7P6853630D FOD	Vw Sign Black High Gloss/	1	pcs.	126.61	#1	126.61	135.47
7N0853687 739	Inscription Chrome	1	pcs.	86.79	#1	86.79	92.87
	SHARAN						
7N0853675F 2ZZ	Inscription Bright Chrome	1	pcs.	78.05	#1	78.05	83.51
	380 TSI						
	LABOUR	4	pcs.	840.00	#1	3,360.00	3,595.20
	Spray Painting	4	pcs.	800.00	#1	3,200.00	3,424.00
	AIG DIRECT SETTLEMENT						
	DOA : 15/03/2021						
	TP VEH : SLC1009L						
	SURVEY BY :						

Quotation valid till 22-03-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	9,898.04	7%	746.06	10,658.04	11,404.10
Total	760.00	9,898.04		746.06	10,658.04	11,404.10

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Document no.

Document date 15-03-2021
Customer no. 5211043795
Customer GST-ID 201009404M
Dealer 30001
Job order number 2021010566/ 1
Job order date 15-03-2021
Service Advisor TIOW CHUAN CHEE

License plate

SMF2651Y

Model code

7N24MY

First registration

31-10-2018

VIN

WWWZZZ7NZKV000358

Model

Sharan Highline 2.0 I TSI 162kW DSG

Mileage

35,278

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).-----

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	15/03/2021 15:55 (SGT)
Date of Accident	15/03/2021 08:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FILTER LANE TO ADAM RD(PIE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2651Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOREA AUTO CONTROL PTE LTD
Company Reg No	2XXXXX925W
Email Address	ana1975@hanmail.net
Mobile Phone No	(Phone) +65-97303567
Alternative Phone No	(Home) +65-97303567

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Sharan
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	A300369257MCY
Cover Note Number	-

DRIVER

Name of Driver	CHOI EUNHA
Passport No/FIN	GXXXX637T
Date Of Birth	08/03/1975
Occupation	Indoor

Date Of Driving Pass	13/03/2020
Driving experience	1 YEAR
Gender	Female
Mobile Number	(Phone) +65-97303567
Alt. Phone Number	-
Email Address	ana1975@hanmail.net
Address	16 SHELFORD ROAD
Address complement	#05-01
Postcode	288383
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE JONG GYU
Gender	Male

PASSENGER 2

Name	LEE JONG HO
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	SLC1009L
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TAN CHOON KIAT VINCENT
NRIC No	SXXXX128D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
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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.

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

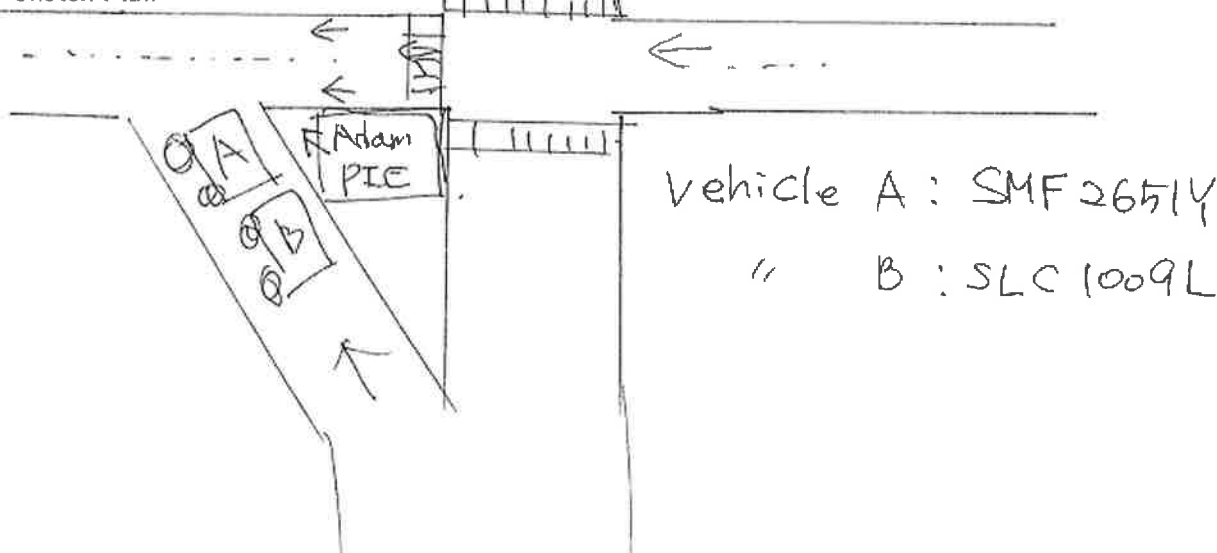
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Steven Chee
Insurance Advisor
Tel: 6305 7299 Ext: 511
HP: 8511 2203
Fax: 6235 8620

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Date: 16/03/2021.

Time: 8:36 AM.

Location: Adam Road (PIE)

while waiting filter lane to word, Adam Rd,
~~then~~ there is incoming vehicle came from
major lane, Then suddenly vehicle B Colided
into my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



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