Volkswagen Centre Singapore



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

Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer Seah Advian here	a19 5996 and
NRIC SXXXXXIAGE insured of vehicle SLN90612	against
your insured vehicle number SMR 7543 R. (AIG.)
On the accident dated on 39 3 70 1 (ddmmyyyy) along	
dhe Toa pajoh outside St Andrew village.	
Dated this 300 (day) of(month) 2021.	

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

AIG ASIA PACIFIC INSURANCE P/L 78 Shenton Way

#07-16 AIG Building Singapore 079120

Customer Details:

Mr SEAH

ADRIAN GERARD 2 BISHAN STREET 25

#08-05

Singapore 573973

Page

1/1

Document no.

Document date Customer no. Customer GST-ID

201009404M

Dealer

30001

Job order number

2021012523/1

30-03-2021

5211043795

Job order date Service Advisor 30-03-2021 SHU SHI TANG

License plate SLN9061Z

Model code 7N24MYH2 First registration

30-10-2020

VIN WVWZZZ7NZLV015658 Model

Sharan Highline 2.0 TSI 162kW DSG

7,179

Mileage

Toulon

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
7N0807417E GRU	Diagnostic and Programming Check Short Circuit / Harness Repair Cover For Bumper Primed REAR BUMPER	1 1 1	pcs. pcs. pcs.	480.00 280.00 1,378.97	#1 #1 #1	480.00 280.00 1,378.97	513.60 299.60 1,475.50
7N0807521C 9B9 N 90959101	Spoiler Satin Black Speed Nut LABOUR Spray Painting AIG DIRECT SETTLEMENT DOA: 29/03/2021 TP VEH: SMR7343R SURVEY BY:	1 4 3 3	pcs. pcs. pcs. pcs.	286.09 1.27 840.00 800.00	#1 #1 #1	286.09 5.08 2,520.00 2,400.00	306.12 5.44 2,696.40 2,568.00

Quotation valid till 06-04-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	6,590,14	7%	514.51	7,350.14	7,864.65
Total	760.00	6,590.14		514.51	7,350.14	7,864.65

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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, pr and promotions)	oducts



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the <u>Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate 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 Submission 30/03/2021 13:41 (SGT) **Date of Accident** 29/03/2021 13:20 (SGT) **Exact Location of Accident** St. Andrew's Village, Singapore Additional Location Information JLN TOA PAYOH OUTSIDE ST ANDREW VILLAGE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN9061Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner **SEAH ADRIAN GERARD**

NRIC No SXXXX198E

Email Address anainc1@yahoo.com.sg Mobile Phone No (Phone) +65-91195996

Alternative Phone No +65-91195996

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Sharan Variant

Exact purpose for which vehicle was being used at time of

Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party

Vehicle Category Private car Transmission Auto

CC 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd

Type of Coverage Comprehensive

Fleet Policy No

Policy Number P2412230 Cover Note Number

DRIVER

Name of Driver SEAH ADRIAN GERARD NRIC No.

Accident report SV0N213U0001

Date Of Birth
Occupation

Occupation Indoor
Date Of Driving Pass 08/07/1987

Driving experience 33 YEARS AND 8 MONTHS

24/08/1968

Male

Gender Mobile Number

 Mobile Number
 (Phone) +65-91195996

 Alt. Phone Number
 +65-91195996

 Email Address
 anainc1@yahoo.com.sg

Address 2 BISHAN STREET 25
Address complement #08-05
Postcode 573973

Postcode 573973
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMR7343R

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

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

- 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 :
 - 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:

20 MAR 2011

(0:50 AV)

Oriver's Signature {If driver is not the policyholder} Date & Time: Reporting Centre Personnel's Signature.

NRIC/FIN No.

SKETCH PLAN

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		Second		
		2905	1	
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	Topic	16		
CCIDENT	Ash.			

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CONTACT	. W17	H MY	REAR	RIGH	T SIDE	BUMPE	Ē β <u>-</u> ,.	
1-0	CATION						GATE	
			THE THE					
	OTER	DRIVER	NAM	E 22	SWEE			
					31317	0336		

DECLARATION

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

Polycyholder's Signature

Date & Time

30 MAR 2001

10150 Am

Driver's Signature

IIf driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No