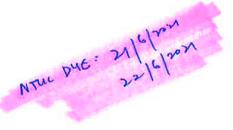
Volkswagen Centre Singapore



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



A NIDES #

Letter of Claims Request for direct settlement.

· 1. 3.	1	MR- HE BAOFENG	98284277
We are submitting a claim on behalf of our customer	HE YANPIN	G	
NRICSxxxx 576H insured of vehicle	3L6 4128 X	against	
your insured vehicle number SKL 8109A	(Alg		
On the accident dated on (ddmmyyyy	y) along LHkz	AT	27
PLAYFAIR RO-		3	
	"		

Dated this __10 JUN 2021 (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



1/1





Quotation

Non binding - Preview

Company AIG ASIA PACIFIC INSURANCE P/L 78 Shenton Way #07-16 AIG Building Singapore 079120 Customer Details: Ms. HE YANPING 2 LEEDON ROAD #09-06 Singapore 267829 Page

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

10-06-2021 5211043795 201009404M 30001 2021021592/ 1 10-06-2021 SHU SHI TANG

License plate SLE4128X Model code 1632G7 First registration 30-06-2016

VIN WVWZZZ16ZGM035022 Model JETTA TSI TREND 90 D7F Mileage 66,581

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
5C6807217AGGRU 5C6805903J 9B9 5C6853677Q 9B9	Diagnostic and Programming Check Short Circuit / Harness Repair Cover For Bumper Primed Front Spoiler Satin Black Cooling Air Grill Satin B LABOUR Spray Painting FRT NUMBER PLATE AIG DIRECT SETTLEMENT DOA: 08/06/2021 TP VEH: SKL8109A	1 1 1 1 1 3 3 1	pcs. pcs. pcs. pcs. pcs. pcs. pcs.	480.00 280.00 1,358.83 516.29 214.25 840.00 800.00 80.00	#1 #1 #1 #1 #1 #1	480.00 280.00 1,358.83 516.29 214.25 2,520.00 2,400.00 80.00	513.60 299.60 1,453.95 552.43 229.25 2,696.40 2,568.00 85.60

Quotation valid till 17-06-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	7,089.37	7%	549.46	7,849.37	8,398.83
Total	760.00	7,089.37	10 5 2 1 1 1 1	549.46	7,849.37	8,398.83

Customer	Service Advisor
VISIT OUR WEBSITE: aftersales.vw.com.sg (for online service appointments) and volkswagen.com.sg and www.skoda.com and promotions)	sg (for additional services, products

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

- Any false reporting may be referred to the Police for investigation.
 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

09/06/2021 16:31 (SGT) Date of Submission 08/06/2021 12:15 (SGT) Date of Accident **Exact Location of Accident** 26 Playfair Rd, Singapore Additional Location Information LHK2 AT PLAYFAIR RAOD Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLE4128X**

INSURED/POLICYHOLDER

No Is company? HE YANPING Name Of Registered Owner SXXXX576H NRIC No FELIXHE2015@GMAIL.COM **Email Address** (Phone) +65-98284277 Mobile Phone No (Office) +65-98284277 Alternative Phone No

VEHICLE PARTICULARS

Volkswagen Manufacturer Jetta Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Private use

No - Claiming third party Private car

Auto 1390

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage

No Fleet Policy 5117800080 Policy Number

Cover Note Number

DRIVER

HE BAOFENG Name of Driver SXXXX577F NRIC No

Date Of Birth 19/01/1978 Indoor Occupation Date Of Driving Pass 5 YEARS AND 6 MONTHS Driving experience

22/12/2015

Gender

(Phone) +65-98284277 Mobile Number

Alt. Phone Number

FELIXHE2015@GMAIL.COM Email Address 99 PRINCE CHARLES CRES Address

Male

#04-29 Address complement 159029 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse

No 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

Collision - Head to Rear Type of Accident

Weather Conditions Clear Dry Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1

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?

Bukit Merah West Neighbourhood Police Centre Police Station Name

No

(Phone) +65-18003779999 Police Station Phone No

(Fax) +65-63773923 Alt. Police Station Phone No

500 Bukit Merah View #01-01 Singapore 159682 Police Station Address

Was notice of intended Prosecution given? No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20210608/2067

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 SKL8109A Vehicle Manufacturer Mercedes Vehicle Model

Vehicle Variant

Vehicle Colour Private car Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode = = = =	-
nsurance Company Name	1
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 Formmust be completed by the Policyholder and/or the Authorised Driver. 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to complete a provided must be as truthful and accurate as possible. allow insurance companies to repudiate policy Hability.
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy lability 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 GA 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 independent of this report will fee be find a value of the copies of the
- 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 hairs 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)

- (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 histories "Insurers" the Monetary Authority of Singapore and any relevant government agency/authority (such as the posses) for the number of the surers of the process of the surers 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 making 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

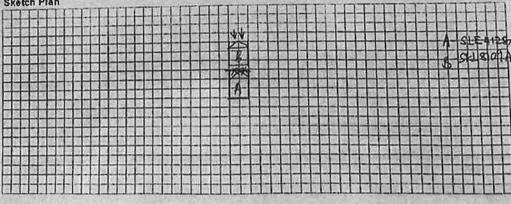
- (b) #I insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Ditto & Time 9/6/2021 () 11:50

Driver's Signature (I' driver is not the policyholder) / Date

Manased by Reporting Personnel

Sketch Plan



× 1	eller to th	te police repo	ent NO T 2021061	08 267-		
			7 1 2 2 2	War was		
	18/9			Market Control		VILL
197		Die Servin				
				November 1		
	MANAGE OF				1840 8 / 17 11 15	
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				TO CHIEF WATER		
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	eclaration					
N	No declare the for	regoing particulars are	true in every respect.			
	Wint	(2)	250			
7	Policyholder's Sign	ature / Date & Ort	ver's Signature (If driver	is not the policyholder) / Date Witnesse	d by Reporting Cen
	bicyholder's Sign firme affiliaare	3 (1)50 & 1	Time)		Personne	
160						Charles of the





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

159682 Tel No: 1800-3779999

1 013 Report No. T/20210608/2067

The second second		400IDENT
REPORT OF	INAPPIC	ACCIDENT

	e Report M		Vide Report No.:	Station Diary No.:
08/06/2021 18:17		N. Can Mouline		
Name of HE BAO	Informant: FENG		Address: 99 PRINCE CHARLES CRES	CENT #04-29 SINGAPORE
ID Type / ID No.: NRIC NO / S7886577F		77F	Contact No.: Home/Office:	Mobile: 98284277
National CHINES	ity:		Email:	
Sex: Male	Age:	Date of Birth: 19/01/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat		A SECTION	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/06/2021 12:15	Type of Location BUILDING ENTRANCE
Location: PLAYFAIR R Weather:	OAD	Road Surface:	F	Road Speed Limit:
Clear		Dry	7	raffic Volume:
Traffic Flow:		Traffic Control: Not Controlled		lo Traffic
Type of Colli Between Mo	sion: ving Vehicles - Head 1	A SOLUCION DI SOLUCIONI		Anyone conveyed by ambulance: No

			N 16.5
SKL8109A	Car		0
SLE4128X		Slightly Damaged	0

SALES OF THE REAL PROPERTY.	
Any Pedestrian Involved: No	L. Co. J. Julyan Oranging: NIA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20210608/2067

Tel No: 1800-3779999

	was de la company of the contract		
Name	TAY KOK POH	ID No.	S2552565E
Related Vehicle	SKL8109A (Car)	Contact	No. NIL
Hospital/Clinic	NIL	Class of Driving Licence Explry D	Date of Expiry: NIL.
Date Treatment	NIL	Date Discharge N	
No. of Days gran	ted Medical Leave NIL	Degree of Injury N	
Name	HE BAOFENG	ID No.	S7886577F
Oaler III.	SLE4128X (Car)	Contact	No. 98284277
Related Vehicle	SLE4120X (Cal)	Contact	140. 80204277
Hospital/Clinic	NIL NIL	Class of Driving Licence Expiry D	Class: 3 Date of Expiry: NIL

CONTINUATION OF REPORT

Brief Details.

No. of Days granted Medical Leave

On 08/06/2021 at about 1215hrs, I was driving my car and was about to enter the building of LHK2 Building and I had stop my car behind another car which was infront of the barrier waiting to enter. However, as the barrier did not open for the car infront of me, the driver then started reversing his car. As I did not managed to alert him with my hom on time, he had then collided against the front of my vehicle.

Degree of Injury | NIL

NIL

Both of us then alighted from the car to make a check, and as I wanted to exchange particulars with the other driver, the other driver was not cooperative and was very rude towards me and refused to give me his particulars. But after awhile, he then provided me with his driving license which I then provided him with mine and both of us left the location after that.

I have an in-car camera installed inside my vehicle and the entire accident was captured. The damages on my car is some scratch marks on the front of the vehicle.



T/20210608/2067

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Report No. T/20210608/2067

Tel No: 1800-3779999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer R D / Sgt 3 LIM PEI HAO	ecording The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151		Date/Time: 08/06/2021 18:17
		Classification Of Case:
Contact No., Correto		