



Letter of Claims Request for direct settlement.

We are submitting a claim on behalf of our customer Arani Krishna
NRIC Sxxxxx 327J insured of vehicle SKC 9019S against
your insured vehicle number SKC 1276X (ALG)
On the accident dated on 21.8.2021 (ddmmyyyy) along Crescent Road
after Mountbatten Road towards Myer Road.

Dated this 22 (day) of Aug (month) 2021.

Charmaine Kong
Volkswagen Group Singapore
Accident Claims Dept.
charmaine.kong@vw.com.sg
DID : 63057176/ 63057299
HP: 92361399

ŠKODA Centre Singapore

26 Leng Kee Rd
Singapore 159104
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:
Mr
ARANI
KRISHNA
123 MEYER ROAD
#24-03
Singapore 437934

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

23-08-2021
5211043795
201009404M
30001
2021031660/ 1
23-08-2021
PEARLYN CHEONG

License plate	Model code	First registration	VIN	Model	Mileage
SKC9019S	3V35SC	24-08-2018	TMBBD9NP0J7599465	Superb L&K 2.0 I TSI 162kW DSG	21

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 RIM	1	pcs.	1,800.00	#1	1,800.00	1,926.00
	LABOUR	6	pcs.	840.00	#1	5,040.00	5,392.80
	SPRAY PAINTING	6	pcs.	800.00	#1	4,800.00	5,136.00

Quotation valid till 30-08-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	2,560.00	9,840.00	7%	868.00	12,400.00	13,268.00
Total	2,560.00	9,840.00		868.00	12,400.00	13,268.00

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).-----

~~AXA~~
AXA ARF VS ALG.

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	21/08/2021 12:53 (SGT)
Date of Accident	21/08/2021 10:28 (SGT)
Exact Location of Accident	865 Mountbatten Rd, Singapore 437844
Additional Location Information	CRESCENT ROAD AFTER MOUNTBATTEN ROAD TOWARDS MEYER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9019S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ARANI KRISHNA
NRIC No	SXXXX327J
Email Address	krishna_arani@yahoo.com.sg
Mobile Phone No	(Phone) +65-96225765
Alternative Phone No	+65-96225765

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Superb
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
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2169546
Cover Note Number	

DRIVER

Name of Driver	ARANI KRISHNA
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NRIC No	SXXXX327J
Date Of Birth	05/01/1966
Occupation	Indoor
Date Of Driving Pass	10/03/1998
Driving experience	23 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96225765
Alt. Phone Number	+65-96225765
Email Address	krishna_arani@yahoo.com.sg
Address	123 MEYER ROAD #24-03
Address complement	-
Postcode	437934
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO ATTACHMENT

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	SKL1276X
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	YE JIAN WEI
NRIC No	SXXXX237G
Contact Number	(Phone) +65-98521640

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 willful 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 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.

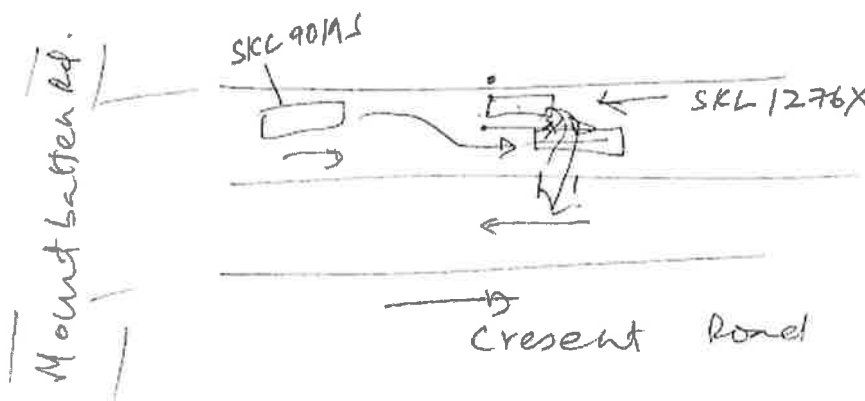
[Signature]
Policyholder's Signature / Date & Time

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

Pearlyn Cheong
Witnessed by Reporting Centre Personnel

Sketch Plan

21 AUG 2021



Describe Circumstances of the Accident

ON Alsent Road @ 10:15 AM 21st Aug.

I was driving behind this car and he switched on his ~~last~~ hazard light ON, slowed down on the left side. Thinking he is stopping (Coz of hazard light) I was passing him (overtaking) on the right, when he suddenly turned right and hit my car behind the left ~~door~~ rear door; causing minor scratches & minor dent.

Declaration

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

Pearlyn Cheong

Witnessed by Reporting Centre Personnel

21 AUG 2021









