



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Joanne Lisa Probert

NRIC Sxxxx 543H insured of vehicle SM 0782J against

your insured vehicle number NBD 8411A. (ALG)

On the accident dated on 24/9/2021 (ddmmyyy) along

Bencoolen Road.

Dated this 24 (day) of 9 (month) 20 21.

Volkswagen Group Singapore
247 Alexandra Road
Singapore 159934
DID: 63057176/63057299
HP: 92361399
charmaine.kong@vw.com.sg

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:
Ms.
JOANNE LISA
PROBERT
530 EAST COAST ROAD
#05-04 OCEAN PARK
Singapore 458970

Document no.
Document date 29-09-2021
Customer no. 5211043795
Customer GST-ID 201009404M
Dealer 30001
Job order number 2021036468/ 1
Job order date 24-09-2021
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SMD7212J	NS73LC	31-08-2018	TMBKC7NS7J8097395	KODIAQ AMB TS110/1.4A6F	37,757

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
9801B004	B&P CHECK SHORT CIRCUIT/HARNESS REPAIR				#1	280.00	299.60
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#1	480.00	513.60
565827023D	Rear Lid	1	pcs.	3,903.90	#1	3,903.90	4,177.17
D 169300M2	1k Window Adhesive	2	pcs.	51.16	#1	102.32	109.48
D 00940104	All Purpose Cleaner	1	pcs.	97.37	#1	97.37	104.19
D 00920002	Primer	1	pcs.	28.44	#1	28.44	30.43
D 181802M1	Activator For Precoated W	1	pcs.	26.15	#1	26.15	27.98
D 00950025	Applicator	1	pcs.	10.44	#1	10.44	11.17
WHT007341	Rivetted Cap Nut	2	pcs.	2.50	#1	5.00	5.35
4M0827506D	Hood Latch	1	pcs.	249.05	#1	249.05	266.48
	BOOT LID LOCK						
5JJ945097	High-Mount	1	pcs.	181.71	#1	181.71	194.43
	3RD BRAKELIGHT						
565853621A FOD	Skoda Embl	1	pcs.	65.07	#1	65.07	69.62
5JA853687 2ZZ	Inscriptio	1	pcs.	73.51	#1	73.51	78.66
	NAME PLATE - SKODA						
565853687A 2ZZ	Lettering	1	pcs.	99.42	#1	99.42	106.38
	NAME PLATE - KODIAQ						
565807421	Cover For	1	pcs.	1,776.63	#1	1,776.63	1,900.99
	REAR BUMPER (UPPER)						
565807521 9B9	Cover For	1	pcs.	520.87	#1	520.87	557.33
	REAR BUMPER (LOWER BLACK)						
565919493A 9B9	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919494A 9B9	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919491C	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919491B	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919492B	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919492C	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
D 822150A1	Bonding Agent For Plastic	1	pcs.	65.18	#1	65.18	69.74
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	81.16	#1	81.16	86.84
565807423	Bump Strip	1	pcs.	228.23	#1	228.23	244.21
WHT000813	Double Collared Stud	2	pcs.	8.85	#1	17.70	18.94
565807251B	Foam Reinf	1	pcs.	132.06	#1	132.06	141.30
565807863	Retaining	1	pcs.	78.84	#1	78.84	84.36
	BUMPER CTR BRACKET						
565807393B	Guide Piec	1	pcs.	46.98	#1	46.98	50.27
	LHR BUMPER BRACKET (UPPER)						
565807394B	Guide Piec	1	pcs.	46.98	#1	46.98	50.27
	RHR BUMPER BRACKET (UPPER)						
565807393	Guide Piec	1	pcs.	46.98	#1	46.98	50.27
	LHR BUMPER BRACKET (SIDE)						
565807394	Guide Piec	1	pcs.	46.98	#1	46.98	50.27
	RHR BUMPER BRACKET (SIDE)						
	LABOUR	5	pcs.	840.00	#1	4,200.00	4,494.00

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SMD7212J	NS73LC	31-08-2018	TMBKC7NS7J8097395	KODIAQ AMB TS110/1.4A6F	37,757

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
	SPRAY PAINT	4	pcs.	800.00	#1	3,200.00	3,424.00
	R&R REAR W/SCREEN	1	pcs.	840.00	#1	840.00	898.80
	TRANSFER BOOT LID MECHANISM	1	pcs.	840.00	#1	840.00	898.80
	REAR WATER LEAK TEST	1	pcs.	150.00	#1	150.00	160.50
	REAR NUMBER PLATE	1	pcs.	80.00	#1	80.00	85.60
	AIG DIRECT SETTLEMENT						
	DOA: 24/09/2021						
	TP VEH: GBD8411A						
	SURVEY BY:						

Quotation valid till 01-10-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	17,320.29	7%	1,265.62	18,080.29	19,345.91
Total	760.00	17,320.29		1,265.62	18,080.29	19,345.91

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).-----

All invoices are denominated in SGD, unless otherwise stated.

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	29/09/2021 11:38 (SGT)
Date of Accident	24/09/2021 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BENCOOLEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7212J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOANNE LISA PROBERT
NRIC No	SXXXX543H
Email Address	probertjo@yahoo.com
Mobile Phone No	(Phone) +65-92727790
Alternative Phone No	+65-92727790

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Kodiaq
Variant	KODIAQ AMB TS110/1.4A6F
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	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2186215
Cover Note Number	-

DRIVER

Name of Driver	JOANNE LISA PROBERT
NRIC No	SXXXX543H

Date Of Birth	04/09/1974
Occupation	Indoor
Date Of Driving Pass	11/10/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92727790
Alt. Phone Number	+65-92727790
Email Address	probertjo@yahoo.com
Address	530 EAST COAST ROAD
Address complement	#05-04
Postcode	458970
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	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 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

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	GBD8411A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG HAN HSIANG
NRIC No	SXXXX149J
Contact Number	(Phone) +65-81130684
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**.
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.

Jonnie P. Kent

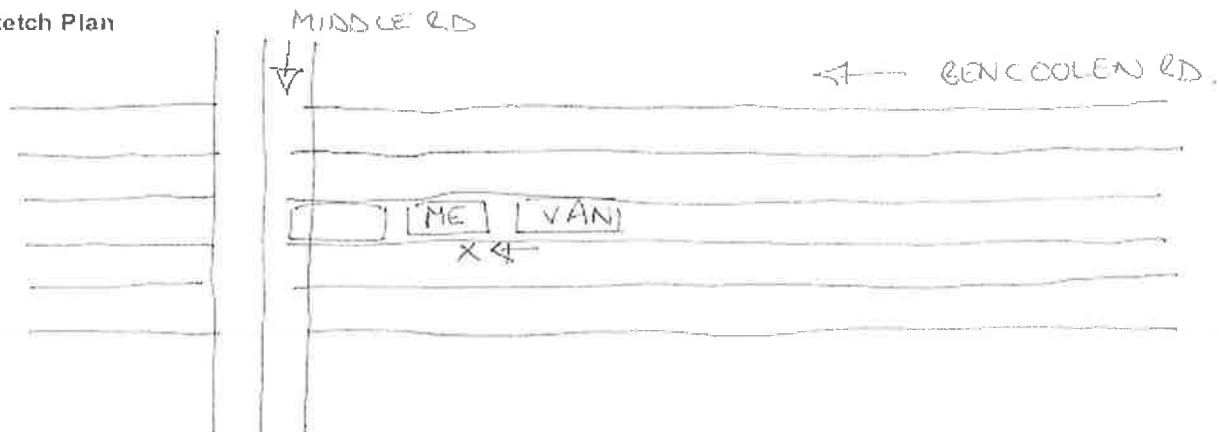
24/4/2021

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

ON 24TH SEPTEMBER AT APPROXIMATELY 10.50am
I WAS TRAVELLING ON BENCOOLEN ROAD.
AT THE JUNCTION WITH MIDDLE ROAD I WAS IN THE
CENTRE LANE OF FIVE LANES.
THE LIGHTS TURNED GREEN BUT A CAR PULLED
INTO THE JUNCTION FROM MIDDLE ROAD ON THE
RIGHT.
THE CAR IN FRONT OF MINE BRAKED SHARPLY.
I APPLIED MY BRAKES TO STOP AND A TOYOTA
VAN RAN INTO THE REAR OF MY CAR.

Declaration

We declare the foregoing particulars are true in every respect.

Jonnie Wilson

24/9/2024