



**Letter of Claims**  
**Request of direct settlement.**

We are submitting a claim on behalf of our customer Png Hual Weng  
NRIC 9 XXXX 623B insured of vehicle SLN 170JK against  
your insured vehicle number WRH 6874U. ( ALL )

On the accident dated on 28/9/2021 (ddmmyyy) along  
OSCP of BE 145 Corong AH Coo.

Dated this 28 (day) of 9 (month) 2021.

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

# VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road  
Singapore 159934  
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  
PNG  
HUAT WENG  
145 LORONG AH SOO  
#06-139  
Singapore 530145

Document no.  
Document date 29-09-2021  
Customer no. 5211043795  
Customer GST-ID 201009404M  
Dealer 30001  
Job order number 2021037049/ 1  
Job order date 29-09-2021  
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SLN1702K	3G24JZ	25-04-2017	WVWZZZ3CZHE055321	Passat Comfortline 1.8 TSI 132kW DSG	80,564

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
9801B001	TO ALIGN LED HEADLIGHT				#1	100.00	107.00
3G0807217K GRU	Cover For Bumper Primed	1	pcs.	1,675.01	#1	1,675.01	1,792.26
3G0805903E 9B9	Spoiler Satin Black	1	pcs.	259.96	#1	259.96	278.16
3G0807889	Guide Piece	1	pcs.	93.24	#1	93.24	99.77
	BUMPER CTR BRACKET						
3G0807178	Guide Piece	1	pcs.	34.22	#1	34.22	36.62
	BUMPER INNER BRACKET RH						
3G0807050	Guide Piece	1	pcs.	43.45	#1	43.45	46.49
	BUMPER SIDE BRACKET RH						
3G0807251	Foam Insert	1	pcs.	116.84	#1	116.84	125.02
3G0998493	1 Set Sensor Brackets	1	pcs.	45.72	#1	45.72	48.92
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	81.16	#1	81.16	86.84
D 822150A1	Bonding Agent For Plastic	1	pcs.	65.18	#1	65.18	69.74
3G0853651A BKZ	Radiator Grille Satin Bla	1	pcs.	603.62	#1	603.62	645.87
3G0853671 9B9	Vent Grille With Satin Bl	1	pcs.	219.22	#1	219.22	234.57
	BUMPER CTR BRACKET						
3G0854662 9B9	Cooling Air Grill Satin B	1	pcs.	108.71	#1	108.71	116.32
	RHS FOG LAMP GRILLE						
3G0853254 ZZZ	Decorative Moulding Brigh	1	pcs.	92.85	#1	92.85	99.35
	RHS BUMPER LOWER MLDG CHROM						
3G2941114A	Led Headlight	1	pcs.	2,472.01	#1	2,472.01	2,645.05
	RHS LED H/LAMP						
3G0941120A	Gasket	1	pcs.	11.45	#1	11.45	12.25
3G0941120B	Trim Cover	1	pcs.	37.91	#1	37.91	40.56
	RHS H/LAMP TOP CHROM						
3G0941662L	Halogen Fog Lights With S	1	pcs.	330.64	#1	330.64	353.78
	RHS FOG LAMP						
3G0821022B	Fender	1	pcs.	755.26	#1	755.26	808.13
3G0821142A	Bracket	1	pcs.	59.75	#1	59.75	63.93
	RHS FENDER BRACKET						
3G0805970F	Wheelhouse Liner	1	pcs.	182.10	#1	182.10	194.85
	RHS FENDER LINER ( UPPER )						
3G0805912T	Radhausschale-Kunststoff	1	pcs.	135.76	#1	135.76	145.26
	RHS FENDER LINER ( LOWER )						
	LABOUR	4	pcs.	840.00	#1	3,360.00	3,595.20
	SPRAY PAINT	4	pcs.	800.00	#1	3,200.00	3,424.00
	AIG DIRECT SETTLEMENT						
	DOA: 28/09/2021						
	TP VEH: GBG6874U						
	SURVEY BY:						

Quotation valid till 06-10-2021

# 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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SLN1702K	3G24JZ	25-04-2017	WVWZZZ3CZHE055321	Passat Comfortline 1.8 I TSI 132kW DSG	80,564

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	860.00	13,984.06	7%	1,039.08	14,844.06	15,883.14
Total	860.00	13,984.06		1,039.08	14,844.06	15,883.14

Customer

Service Advisor

-----VISIT OUR WEBSITE: [aftersales.vw.com.sg](https://aftersales.vw.com.sg) (for online service appointments) and [volkswagen.com.sg](https://volkswagen.com.sg) and [www.skoda.com.sg](https://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 11:44 (SGT)
Date of Accident	28/09/2021 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OSCP OF BLK 145 LORONG AH SOO
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1702K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PNG HUAT WENG
NRIC No	S1183623B
Email Address	JUSTINFANTABULOUS@GMAIL.COM
Mobile Phone No	(Phone) +65-91001692
Alternative Phone No	+65-91001692

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5090311537-04
Cover Note Number	drivo CLASSIC, Excess Waiver

#### DRIVER

Name of Driver	PNG YAN YI, JUSTIN
NRIC No	S9547657J

Date Of Birth	25/03/1995
Occupation	Indoor
Date Of Driving Pass	03/12/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91896221
Alt. Phone Number	-
Email Address	JUSTINFANTABULOUS@GMAIL.COM
Address	BLK 143 #07-219 LORONG AH SOO
Address complement	-
Postcode	530143
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Drizzling
Road Surface	Wet

#### 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)	0
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?	Yes
Reasons for not uploading a video of the accident	VIDEO SIZE HUGE TO UPLOAD HERE
Was there any audio recorded?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6874U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ASHLEY
NRIC No	S9408126B
Contact Number	(Phone) +65-82334185

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Male

#### WITNESS DETAILS

WITNESS 1

Name	VINCENT
Phone	(Phone) +65-91193812
Email	-



INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 29/09/2021 11:25

Report No: MT D.O.A. 28/09/2021  
Time 15:00 hrs

Vehicle No: SLN1702K Reporting Type:

### 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 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:

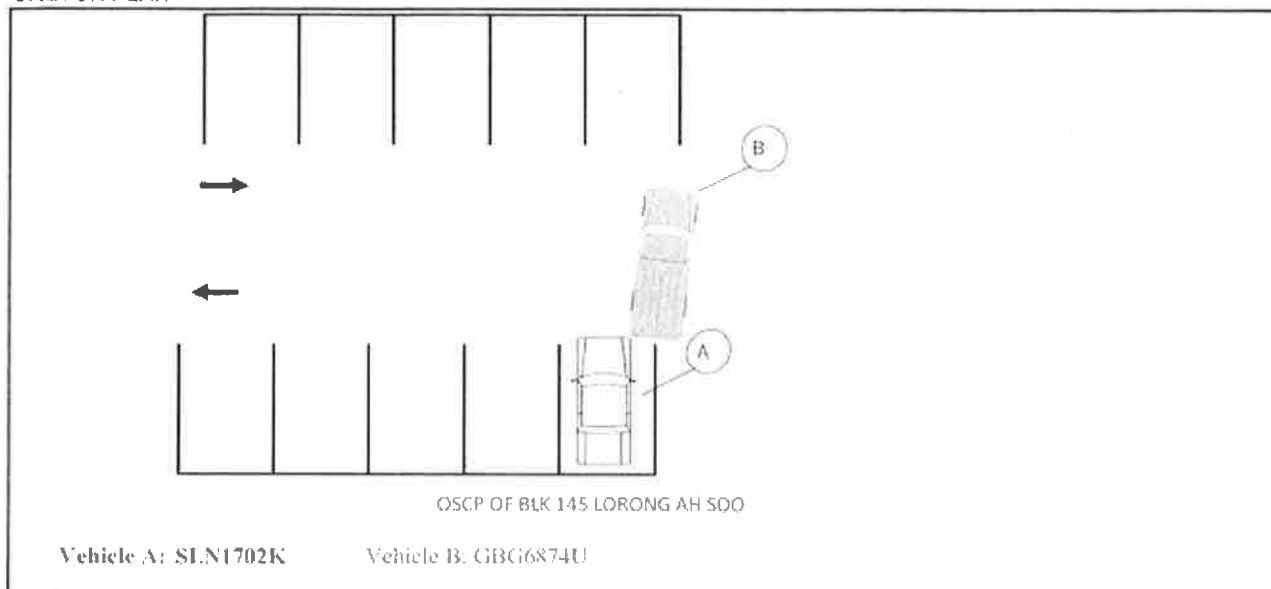
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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.
- (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.

29/09/21 11:25  
Policyholder's Signature / Date & Time

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

  
Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**


My vehicle was stationary parked in the parking lot at Block 145 Lorong Ah Soa. When I went back to my car I saw a note left by the vehicle B driver stating that he accidentally hit into my vehicle. After which I contacted him to get the accident details. No one was injured.

**Declaration**

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

29.09.21 11:25  
Policyholder's Signature + Date & Time

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

  
Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel