



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Chua Shw Lyn Andrew
NRIC 8406 insured of vehicle EU 240D. against
your insured vehicle number SG 5241X. (MS first emp.)
On the accident dated on 6/12/2022 (ddmmyyyy) along
Harbour front.

Dated this 6 (day) of 12 (month) 20 22.

sf.

Volkswagen Group Singapore
247 Alexandra Road
Singapore 159934
DID: 63057217/63057299
HP: 93867833
shushi.tang@vw.com.sg

VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road
Singapore 159934
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation

Non binding - Preview

Page

1/2

Company
Ms First Capital Insurance
Limited
6 RAFFLES QUAY
#21-00
Singapore 048580

Customer Details:
Ms.
CHUA
SUE LYN AUDREY
10 JALAN KENARAH
SINGAPORE 809002

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

08-12-2022
5211041856
195000106C
30001
2022035810/ 1
08-12-2022
SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
EU240D	CD15LMR0	28-01-2022	WWWZZZCDZNW132351	Golf R-Line 1.5 eTSI 110kW DSG	20

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
5H6807417S GRU	Cover For Bumper Primed	1	pcs.	1,486.06	#1	1,486.06	1,590.08
5H0919491	Sensor Bracket	1	pcs.	13.54	#1	13.54	14.49
5H0919491A	Sensor Bracket	2	pcs.	13.54	#1	27.08	28.98
5H0919492	Sensor Bracket	1	pcs.	13.54	#1	13.54	14.49
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	85.94	#1	85.94	91.96
D 822150A1	Bonding Agent For Plastic	1	pcs.	68.85	#1	68.85	73.67
	LABOUR	2	pcs.	840.00	#1	1,680.00	1,797.60
	Spray Painting	2	pcs.	800.00	#1	1,600.00	1,712.00
	MS FIRST CAPITAL DIRECT DOA: 6/12/2022 TP VEH: SKG5241X SURVEY BY:						

Quotation valid till 15-12-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	4,975.01	7%	401.45	5,735.01	6,136.46
Total	760.00	4,975.01		401.45	5,735.01	6,136.46

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.

VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road
Singapore 159934
Biz. Reg. No.: 199101494Z
GST No.: M200985052



SKODA

Commercial
Vehicles

Quotation

Non binding - Preview

Page 2/2

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6 RAFFLES QUAY
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Singapore 048580

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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 Actual 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	07/12/2022 18:18 (SGT)
Reported by	Both
Date of Accident	06/12/2022 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HABOUR FRONT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EU240D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA SUR LYN AUDREY
NRIC No	SXXXX840E
Email Address	CHUA_SUE_LYN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97643098
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	Golf R-Line 1.5 eTSI 110kW DSG
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	1500

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VPA/P2467369

DRIVER

Name of Driver	CHUA SUR LYN AUDREY
NRIC No	SXXXX840E
Date Of Birth	21/12/1977
Occupation	Indoor

Date Of Driving Pass	12/03/2005
Driving experience	17 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97643098
Alt. Phone Number	-
Email Address	CHUA_SUE_LYN@YAHOO.COM.SG
Address	BLK 15 SELETAR ROAD
Address complement	#05-60
Postcode	807018
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG5241X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

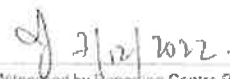
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

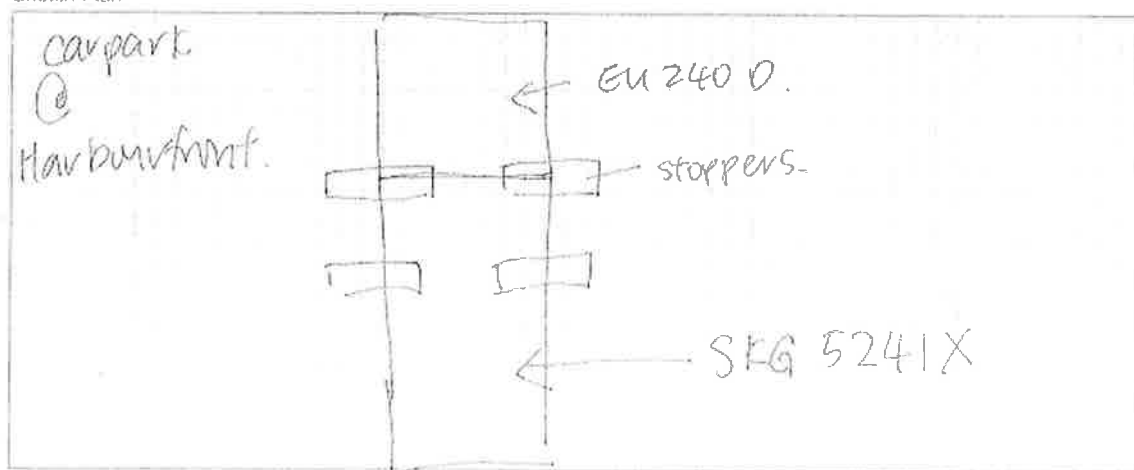
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Parked EU240V @ Harbourside carpark
 came back and found that SK65241X
 had reversed and bumped into my
 car causing damage to my bumper.

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

Chylam

Policyholder's Signature / Date & Time

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

9/2/2022

Witnessed by Reporting Officer (Name)
 (Name as in NRIC/ID card)

02/01/2022