



Letter of Claims
Request of direct settlement.

We are submitting a claim on behalf of our customer Beffert Torsten
NRIC 6XXXX461R insured of vehicle SMZ 9256D against
your insured vehicle number S659044 (SBS)
On the accident dated on 13/1/2023 (ddmmyyy) along
Loyang Ave Exit to TPE/ECP.

Dated this 13 (day) of 1 (month) 20 22


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

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Company
SBS TRANSIT LTD
205 BRADDELL ROAD
COMFORT DELGRO
Singapore 579701

Customer Details:
Mr
BEFFERT
TORSTEN
90 ELIAS ROAD
#03-34
SINGAPORE 519950

Document no.
Document date 13-01-2023
Customer no. 5211001022
Customer GST-ID 199206653M
Dealer 30001
Job order number 2023001321/ 1
Job order date 13-01-2023
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SMZ9256D	AD14N6R0	25-05-2021	WVGZZZ5NZLW887380	Tiguan R-Line 1.4 I TSI 110kW N6 DSG	13,694

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#6	480.00	518.40
9801B004	B&P CHECK SHORT CIRCUIT / HARNESS REPAIR				#6	280.00	302.40
5NA807421 GRU	Cover For Bumper Primed REAR BUMPER (UPPER)	1	pcs.	1,728.77	#6	1,728.77	1,867.07
5NA807521C GRU	Spoiler Primed REAR BUMPER (CTR)	1	pcs.	606.15	#6	606.15	654.64
5NA807568C 041	Rear Diffusor Black REAR BUMPER (LOWER)	1	pcs.	600.57	#6	600.57	648.62
5NA919491A	Sensor Bracket	1	pcs.	15.49	#6	15.49	16.73
5NA919492A	Sensor Bracket	1	pcs.	15.49	#6	15.49	16.73
5NA919491	Sensor Bracket	1	pcs.	15.49	#6	15.49	16.73
5NA919492	Sensor Bracket	1	pcs.	15.49	#6	15.49	16.73
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	84.64	#6	84.64	91.41
D 822150A1	Bonding Agent For Plastic	1	pcs.	74.37	#6	74.37	80.32
5NA853835 2ZZ	Decorative Moulding Brigh BUMPER LOWER MLDG CHROM (CTR)	1	pcs.	244.73	#6	244.73	264.31
5NA853841 2ZZ	Decorative Moulding Brigh BUMPER LOWER MLDG CHROM (LH)	1	pcs.	188.34	#6	188.34	203.41
5NA945105A	Reflector LHS REFLECTOR INNER	1	pcs.	86.53	#6	86.53	93.45
5NA945103	Reflector LHS REFLECTOR OUTER	1	pcs.	86.53	#6	86.53	93.45
5NA807393A	Guide Piece LHR BUMPER BRACKET (UPPER)	1	pcs.	62.31	#6	62.31	67.29
5NA807394A	Guide Piece RHR BUMPER BRACKET (UPPER)	1	pcs.	62.31	#6	62.31	67.29
5NA807393	Guide Piece LHR BUMPER BRACKET (SIDE)	1	pcs.	62.31	#6	62.31	67.29
5NA807394	Guide Piece RHR BUMPER BRACKET (SIDE)	1	pcs.	62.31	#6	62.31	67.29
	LABOUR	3	pcs.	840.00	#6	2,520.00	2,721.60
	SPRAY PAINT	4	pcs.	800.00	#6	3,200.00	3,456.00
	SBS DIRECT SETTLEMENT DOA: 13/01/2023 TP VEH: SG5904Y SURVEY BY:						

Quotation valid till 20-01-2023

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#6	760.00	9,731.83	8%	839.35	10,491.83	11,331.18
Total	760.00	9,731.83		839.35	10,491.83	11,331.18

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Job order number 2023001321/ 1
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Approx 3 working days

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 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	13/01/2023 17:40 (SGT)
Reported by	Driver
Date of Accident	13/01/2023 10:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG AVE EXIT TO TPE/ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ9256D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BEFFERT TORSTEN
NRIC No	GXXXX461R
Email Address	DILEOW@YAHOO.COM
Mobile Phone No	(Phone) +65-97667216
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Tiguan
Variant	Tiguan R-Line 1.4 I TSI 110kW N6 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	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2438301

DRIVER

Name of Driver	LEOW SIEW BEE
NRIC No	SXXXX642F
Date Of Birth	17/07/1972
Occupation	Indoor



Date Of Driving Pass	08/11/2005
Driving experience	17 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97667216
Alt. Phone Number	-
Email Address	DILEOW@YAHOO.COM
Address	19 PASIR RIS RISE
Address complement	#05-40
Postcode	518089
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5904Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MUHAMMAD HAFIZ BIN ZULKIFLI
NRIC No	SXXXX109Z

Contact Number	(Phone) +65-82811405
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:

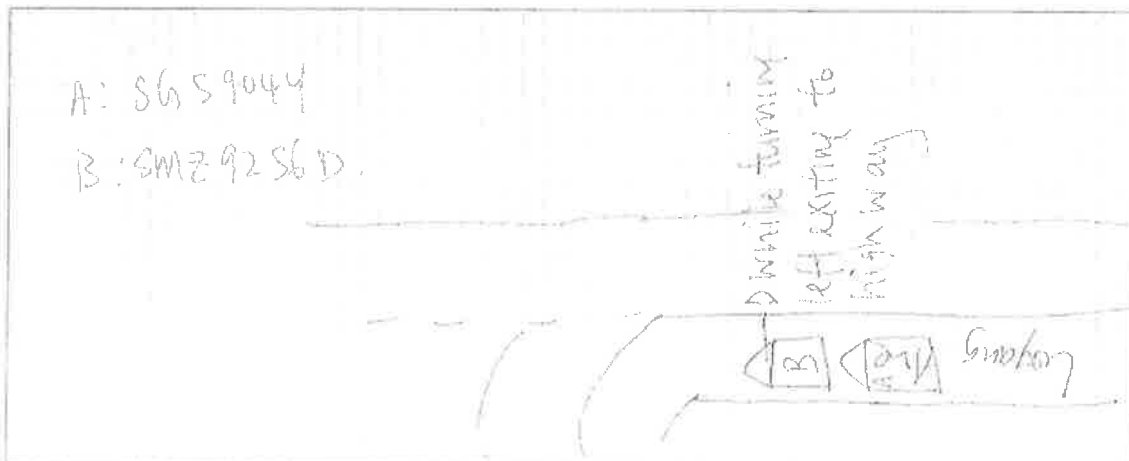
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

on 13 Jan at 10:18 am, while I was
existing from Layanong Ave to TPE/640 Highway a
SBS Bus knock onto the left side of my car.

Bus was on a left turn lane while he filter to
go right so that he can move straight towards
Tampines. I was on the left turn lane when he
knock onto ^{my} the car when he tries to filter
to next lane.

SBS Car plate : SG 5904 Y

Driver name : Muhammad Hafiz Bin
Zulkifli

I/C Nbr : S 97331092

Contact Nbr : 82811405

Declaration

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature / Date & Time

Actual Driver's Signature (If driver is not the policyholder)

Witnessed by Reporting Centre Personnel

Date & Time 13 Jan 2023

(Name with NRIC/ID card)

13/1/2023