

## SERVICE ESTIMATE

63413 - C00001      SL: SERVICE SALES - PC  
Wearnes Automotive Pte Ltd (159- F&L)  
45 Leng Kee Road

Singapore 159103

Closed by .... : Richmond Ho  
Svc Consultant :  
Remarks ..... : Wearnes Automotive P

GST Reg.No:M28920628X  
0 Page 1  
Inv.No. . : B&P  
Inv.date. : 07/11/2024  
WIP No. . : 29538  
Veh.In/Out: 05/11/2024  
\*Tel.No. . : Mobile: 82188205  
Reg.No. . : SMC8510Y  
Reg.date . : 25/07/2018  
Mileage .. : 0  
Chassis No: VF1RFA00160368500

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR LH FENDER, REAR LH DOOR, FRT LH DOOR, ETC	0		3000.00	0		3,000.00	S
800	TO PUTTY SPRAY PAINT ON REAR LH FENDER, REAR LH DOOR, FRT LH DOOR, ETC	0		2750.00	0		2,750.00	S
802	TO TRANSFER REAR LH DOOR PARTS	0		250.00	0		250.00	S
0031	TO REPLACE REAR LH RIM	0		50.00	0		50.00	S
0033	COMPUTERISED WHEEL ALIGNMENT	0		280.00	0		280.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0		450.00	0		450.00	S
	ALLOY RIM 20" INCH GS	1.0	EA	1507.70			1,507.70	S
	TYRE PRESSURE SENSOR	1.0	EA	129.30			129.30	S
	DOOR LH REAR GS4	1.0	EA	1933.20			1,933.20	S
	PROTECTOR- RR LH DOO	1.0	EA	453.40			453.40	S
	SIDE SILL PANEL LOWE	1.0	EA	606.50			606.50	S
	DOOR SEAL B PILLAR L	1.0	EA	118.00			118.00	S

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	Inv.date. : 07/11/2024	
	WIP No. . : 29538	
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	*Tel.No. . : Mobile: 82188205	
	Reg.No. . : SMC8510Y	
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Svc Consultant :	Mileage .. : 0	
Remarks ..... : Wearnes Automotive P	Chassis No: VF1RFA00160368500	

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	DOOR BODY SEAL REAR	1.0 EA	305.70			305.70	S
	B PILLAR DOOR LOWER	1.0 EA	69.60			69.60	S
	DOOR SEAL REAR LH LO	1.0 EA	179.10			179.10	S
	WINDOW MOULDING REAR	1.0 EA	494.00			494.00	S
	WINDOW SEAL RR LH OU	1.0 EA	183.60			183.60	S
	"B" PILLAR DOOR TOP	1.0 EA	117.30			117.30	S
	"C" PILLAR DOOR TOP	1.0 EA	117.30			117.30	S
	NOISE DEADENING PAD	1.0 EA	625.10			625.10	S

			Gross Total.	13,619.80
<b>Labour Total</b>	6,780.00	<b>Net.....</b>		13,619.80
<b>Parts Total</b>	6,839.80	<b>GST @ 9.0%</b>		1,225.78
<b>Package Total</b>	0.00	<b>Total.....</b>		14,845.60
		<b>Paid.....</b>		0.00
		<b>Please Pay..</b>		14,845.60

GST: S=StdRated; O=OutOfScope; Z=ZeroRated; P=PreviousRate

29538

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to: Authorised Reporting Centre (ARC) for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident: Date: 4.11.24 Time: About 2.25 p.m  
 Exact Location of Accident: Drone-way in Tampines Mall

## DETAILS OF OWN VEHICLE

Vehicle Registration Number: SMC 8510 Y

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Type of Vehicle\*

☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ Motorcycle ☐ Others \_\_\_\_\_

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?

☐ Yes ☐ No (If No, Please select ☐ Third Party ☐ Reporting)

Vehicle Category\*

☐ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \*

Type of Policy

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER ☒

☐ Same as Insured above

Name of Driver

George Tan Kim Bee

Personal Identification - NRIC (Singaporean/PR)

S1385043G

- FIN/Passport Number

Date of Birth

21 ddt 10 mmi 1974

Driving Date Pass

8 ddt 12 mmi 1976

Year of Driving Experience

48 Year(s) Month(s)

Occupation

Financial Consultant ☒ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

97815440

Address of Driver	Bik 614A Tampines Nth Dr 1	
Email Address	#11-270	Postcode (521614)
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
<b>OTHER INFORMATION</b>		
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (including Witness)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SHD 6139 D	
Vehicle Make/ Model/ Colour	Toyota (Taxi)	
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

## 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

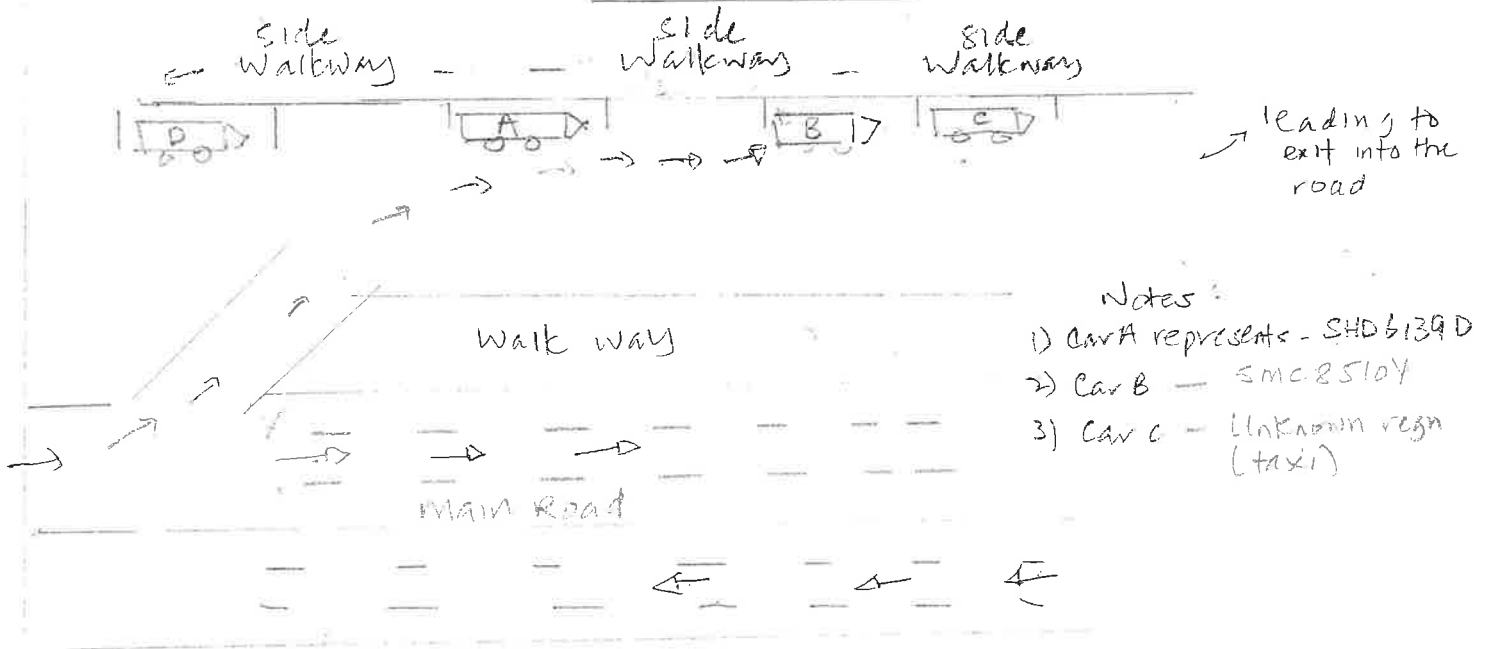
Witnessed by Reporting Centre Personnel



X

*[Signature]*

Tampines mall  
Building  
4 Tampines Ctr 5  
5529510



Describe Circumstances of the Accident

On 4<sup>th</sup> Nov 2024, I was driving SMC 8510 Y along the drive way @ Tampines Mall turning in to aligh my wife from the car.

There was a distance of about 2 car lengths from the cars in front and at the rear was this Toyota taxi - SHD 6139D queuing up.

After I had swered almost in between the cars in front and behind is alight my wife. Suddenly this Taxi SHD 6139D moved from my rear and collided into the left rear door of my car.

This happened when I had almost positioned my car into in between the 2 cars in front + behind me when I heard a bang.

As a result, SMC 8510 Y side rear door was damaged. The Toyota SHD 6139D ~~left~~ front right bumper below contains some scratches after hitting my car from the side.

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

Witnessed by Reporting Centre Personnel

## 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 First Submission	05/11/2024 16:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/11/2024 14:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DRIVEWAY IN TAMPINESS MALL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8510Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Company Reg No	1XXXXX400R
Email Address	
Mobile Phone No	
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	Scenic IV 1.5A DCI
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	1461
Vehicle Fuel	Diesel
First Registration Date	25/07/2018
Chassis no	VF1RFA00160368500
Effective Date/Time of Ownership	25/07/2018 00:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

#### DRIVER



Name of Driver	GEORGE TAN KIM BEE
NRIC No	SXXXX043G
Date Of Birth	
Occupation	Indoor
Driving Pass Date	08/12/1976
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	
Email Address	
Address	
Address complement	
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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
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 SEKTCH 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	SHD6139D
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-