

SERVICE ESTIMATE

96279 - C00001
 Mr Ung Chuong Hing
 257 Belgravia Drive

Singapore
 Singapore 804307

Closed by : Richmond Ho
 Svc Consultant :
 Remarks : Mr Ung Chuong Hing

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1
 Inv.date. : 12/12/2024
 WIP No. . : 33589
 Veh.In/Out: 12/12/2024
 *Tel.No. . : Mobile: 92381018
 Reg.No. . : SJN6199D
 Reg.date .: 17/12/2021
 Mileage .. : 0
 Chassis No: YV1LFL1TCN1809687

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID,REAR BUMPER,REAR LOWER SPOILER,ETC	0		2700.00	0		2,700.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,REAR LOWER SPOILER,ETC	0		3400.00	0		3,400.00	S
802	TO TRANSFER REAR BOOT LID PART	0		250.00	0		250.00	S
802	TO REPLACE REAR WINDSCREEN	0		900.00	0		900.00	S
89994	TO INSTALL REAR WINDSCREEN FIL	0		320.00	0		320.00	S
R06	TO INSTALL REAR NUMBER PLATE	0		60.00	0		60.00	S
287	TO CHECK WIRING INCLUDE RESETING OF ALL ELECTRICAL MODULES	0		570.00	0		570.00	S
	V001161824/*D* PRIME	1.0	EA	48.20			48.20	S
	D GLASS CLEANER H	1.0	EA	102.50			102.50	S
	D WINDSCREEN SEALA	2.0	EA	170.30			340.60	S
	V032244967/WINDSCREE	1.0	EA	1995.00			1,995.00	S

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Mileage .. : 0

Chassis No: YV1LFL1TCN1809687

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	V031455985/TAILGATE	1.0 EA	4228.50			4,228.50	S
	EMBLEM 'VOLVO' REAR	1.0 EA	135.90			135.90	S
	EMBLEM 'XC 90' XC90	1.0 EA	135.90			135.90	S
	EMBLEM 'B5' SPA	1.0 EA	114.60			114.60	S
	Emblem 'AWD' XC90 16	1.0 EA	114.60			114.60	S
	BUMPER COVER REAR KI	1.0 EA	3042.90			3,042.90	S
	BRACKET BUMPER REAR	1.0 EA	94.90			94.90	S
	BRACKET BUMPER REAR	1.0 EA	94.90			94.90	S
	BUMPER TRIM BLACK LH	1.0 EA	164.10			164.10	S
	BUMPER TRIM BLACK RH	1.0 EA	164.10			164.10	S
	TOW COVER REAR XC90	1.0 EA	67.30			67.30	S
	BUMPER REFLECTOR LH	1.0 EA	97.60			97.60	S
	BUMPER REFLECTOR RH	1.0 EA	97.60			97.60	S
	PROTECTING PLATE REA	1.0 EA	470.30			470.30	S
	PROTECTING PLATE REA	1.0 EA	391.30			391.30	S
	SPOILER BRACKET LH X	1.0 EA	43.60			43.60	S
	SPOILER BRACKET RH X	1.0 EA	43.60			43.60	S

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96279 - C00001	SL: SERVICE SALES - PC	GST Reg.No:M28920628X
Mr Ung Chuong Hing		Inv.No. . : B&P 0 Page 3
257 Belgravia Drive		Inv.date. : 12/12/2024
Singapore		WIP No. . : 33589
Singapore 804307		Veh.In/Out: 12/12/2024
		*Tel.No. . : Mobile: 92381018
		Reg.No. . : SJN6199D
Closed by : Richmond Ho		Reg.date .: 17/12/2021
Svc Consultant :		Mileage .. : 0
Remarks : Mr Ung Chuong Hing		Chassis No: YV1LFL1TCN1809687

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER INSTALLING MT	1.0 EA	101.40			101.40	S
	BUMPER CLIP SPA	10.0 EA	7.70			77.00	S
	BLIND RIVET 4.0*21 P	10.0 EA	5.50			55.00	S
	BUMPER CLIP 8x8,5	10.0 EA	6.20			62.00	S
	SPRING NUT GREEN	10.0 EA	5.20			52.00	S
	EXPANDING NUT XC40 1	10.0 EA	7.90			79.00	S

Gross Total. 20,614.40

Labour Total	8,200.00	Net.....	20,614.40
Parts Total	12,414.40	GST @ 9.0%	1,855.30
Package Total	0.00	Total.....	22,469.70
		Paid.....	0.00
		Please Pay..	22,469.70

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

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorized 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 Authorized 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: 11/12/2024 Time: 16:00
Exact Location of Accident	Ang Mo Kio Avenue 5 towards Belgavia Dr <i>U-turn back to</i>
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN 6199D
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Card)	Ung Chuong Hing
Personal Identification - NRIC (Singaporean/PR)	S7684838F
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model XC90
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others
Exact Purpose for which vehicle was being used at time of accident:	
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor Cl	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Date of Birth	31 Oct 1976/yy
Driving Date Pass	4 Oct 1999/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	Own Business <input checked="" type="radio"/> Indoor <input checked="" type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number* Mobile Phone / Fax No	92381018

Address of Driver	257 Belgravia Drive Singapore		Postcode (804307)
Email Address	ut-engineering2009@yahoo.com.sg		
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 checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Rear Ended Collision		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Rainy	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any body injured in the accident?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	1		
DETAILS OF POLICE ACTION			
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 checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	GBG 38G		
Vehicle Make/ Model/ Colour	Nissan NV 200 Grey		
Details of Properties			
Name of Driver	Ng Kwang Joo		
Personal Identification - NRIC (Singaporean/PR)	S1013872-B		
- FIN/Passport Number			
Contact Number	96303372		
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			


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SKETCH PLAN

IMPORTANT NOTICE

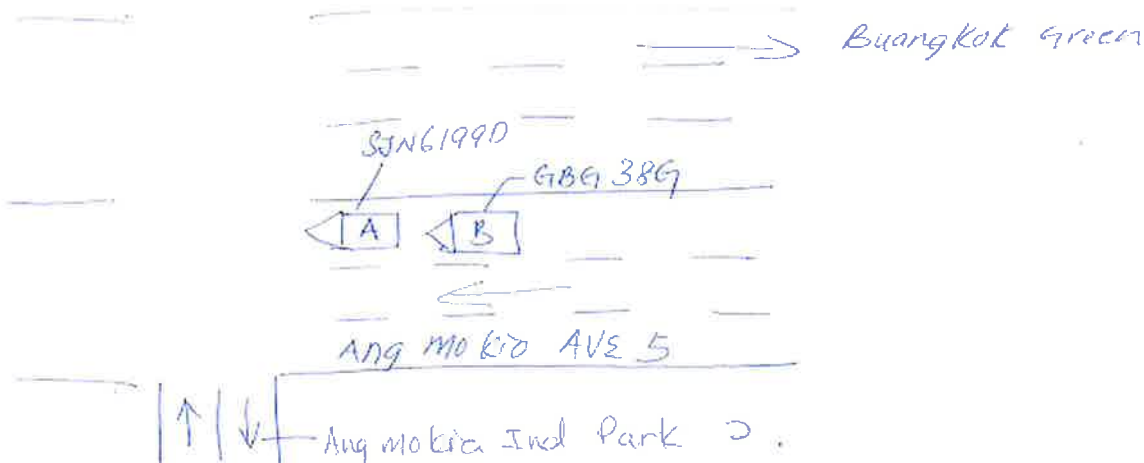
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.


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

My Car Stationary in front traffic light as in red light. out all sudden CPB 386 from the rear collided in to my rear. Due to the force from the accident my neck and chest are in pain, and have breath difficulty.

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

 11/12/24
 1810

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.
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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	11/12/2024 21:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/12/2024 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVENUE 5 U-TURN BACK TOWARDS BELGRAVIA DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6199D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	UNG CHUONG HING
NRIC No	SXXXX838F
Email Address	ut_engineering2009@yahoo.com.sg
Mobile Phone No	(Phone) +65-92381018
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
Variant	XC90 B5 R-design
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	1969
Vehicle Fuel	Petrol
First Registration Date	17/12/2021
Chassis no	YV1LFL1TCN1809687
Effective Date/Time of Ownership	17/12/2021 08:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210150346-01

DRIVER

Name of Driver	UNG CHUONG HING
NRIC No	SXXXX838F
Date Of Birth	31/01/1976
Occupation	Indoor
Driving Pass Date	04/08/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92381018
Alt. Phone Number	-
Email Address	ut_engineering2009@yahoo.com.sg
Address	257 BELGRAVIA DRIVE SINGAPORE
Address complement	-
Postcode	804307
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 ATTACHMENT

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	GBG38G
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Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	NG KWANG JOO
NRIC No	SXXXX872B
Contact Number	(Phone) +65-96303372
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNG CHUONG HING
Gender	Male
Phone No	(Phone) +65-92381018
Address	257 BELGRAVIA DRIVE SINGAPORE
Address Complement	
Post Code	804307
Approximate Age Years Old	48
Injuries Sustained	NECK AND CHEST IN PAIN, HAVING BREATH DIFFICULTY
Injured person in which vehicle?	SJN6199D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No