

SERVICE ESTIMATE

73990 - C00001 SL: SERVICE SALES - PC

Ms Lee Xiuwei, Adele
57 Tampines Avenue 1
#10-02

Singapore 529774

Closed by : Richmond Ho
Svc Consultant :
Remarks : Ms Lee Xiuwei, Adele

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 1
Inv.date. : 07/12/2017
WIP No. . : 33428
Veh.In/Out: 06/12/2017
*Tel.No. . : Home: 67896489
Reg.No. . : SLJ9420S
Reg.date . : 30/12/2016
Mileage .. : 0
Chassis No: YV1MV28H0H2404345

| Op.No | Description | Mech Qty | Price | Disc% | Pkg | Amount | G |
|-------|---|----------|---------|-------|-----|----------|---|
| 802 | TO REPLACE REAR BUMPER,REAR LOWER SPOLIER,REAR SKID PLATE,ETC | 0 | 1600.00 | 0 | | 1,600.00 | S |
| 800 | TO PUTTY SPRAY PAINT ON REAR BUMPER,ETC | 0 | 1000.00 | 0 | | 1,000.00 | S |
| 280 | TO CHECK WIRING INCLUDE RESETING OF ALL ELECTRICAL MODULES | 0 | 450.00 | 0 | | 450.00 | S |
| | BUMPER COVER REAR V4 | 1.0 EA | 1428.70 | | | 1,428.70 | S |
| | BUMPER SPOILER REAR | 1.0 EA | 630.70 | | | 630.70 | S |
| | BUMPER BRACKET LHR V | 1.0 EA | 88.70 | | | 88.70 | S |
| | BUMPER BRACKET RHR V | 1.0 EA | 88.70 | | | 88.70 | S |
| | TOW COVER REAR V40 1 | 1.0 EA | 73.90 | | | 73.90 | S |
| | BUMPER RAIL (BEAM) R | 1.0 EA | 1336.30 | | | 1,336.30 | S |
| | BUMPER INSTALLING MT | 1.0 EA | 83.40 | | | 83.40 | S |
| | BLIND RIVET 4.0*21MM | 10.0 EA | 3.00 | | | 30.00 | S |
| | BUMPER CLIP | 10.0 EA | 4.80 | | | 48.00 | S |
| | PLASTIC RIVET P/W RA | 10.0 EA | 6.90 | | | 69.00 | S |

Gross Total. 6,927.40

Labour Total 3,050.00
Parts Total 3,877.40
Package Total 0.00

Net..... 6,927.40
GST @ 7.0% 484.92
Total..... 7,412.30
Paid..... 0.00
Please Pay.. 7,412.30

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

Accident Sketch Plan

| SINGAPORE ACCIDENT STATEMENT | |
|--|--|
| IMPORTANT NOTICE | |
| 1. Complete and submit this Form to Allied World's Authorized Reporting Centre (ARC) for online. 2. Please report accurately 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 factual 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: 2 Dec 2013 13:00 |
| Exact Location of Accident | Butir Timah the creek condo |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLR7277 U |
| INSURED / POLICYHOLDER (OWN VEHICLE) | |
| Name of Registered Owner (See Insurance Card) | Gao Xiao Rui |
| Personal Identification - NRIC (Singaporean/PR) | S8579176D |
| - FIN/Passport Number | |
| - Not Applicable | |
| VEHICLE PARTICULARS (OWN VEHICLE) | |
| Vehicle Make / Model | Manufacturer: Infiniti Model: Q70 |
| Type of Vehicle* | <input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others |
| Exact Purpose for which vehicle was being used at time of accident | Leisure |
| Are you claiming under your own insurance policy for repair to your vehicle? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Please select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting) |
| Vehicle Category* | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle |
| INSURANCE COMPANY (OWN VEHICLE) | |
| Name of Insurance Company* | AxA |
| Type of Policy | <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP-Only |
| Fleet Policy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Policy Number | |
| Motor CI | |
| DRIVER | <input checked="" type="checkbox"/> Same as Insured above |
| Name of Driver | |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | |
| Date of Birth | 12 Oct 04 / 1985 |
| Driving Date Pass | 19 Oct 01 / 2008 |
| Year of Driving Experience | Year(s) Month(s) |
| Occupation | <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor |
| Gender | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Contact Number / Mobile Phone / Fax No. | +65 97358621 |

Accident Sketch Plan

(month) 20 (year)

| | | |
|---|--|---------|
| Address of Driver | N1K172C #04-470 Edge dale | |
| Email Address | Plains Postcode (823172) | |
| 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 | high 143 2004 (2) gmail.com | |
| Vehicle Registration Number of Driver's Own | <input checked="" 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) | | |
| GENERAL INFORMATION OF THE ACCIDENT | | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | Rear collision | |
| 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 | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No | |
| Was any other vehicle or property damaged? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes <input checked="" 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 | | |
| Vehicle Make/ Model/ Colour | | |
| Details of Properties | | |
| Name of Driver | | |
| Personal Identification - NRIC (Singaporean/PR) | | |
| - FIN/Passport Number | | |
| Contact Number | | |
| Address | | |
| Name of Insurance Company | | |
| Nature of Damage | | |
| No. of Passenger (Including Driver) | | |

(Note: - Please use page 6 if you need to add more vehicles.)

Page

Accident Sketch Plan

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 Authorized 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 revoke their 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 be 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"). On Insurers' law firm/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/postal 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' law firm/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

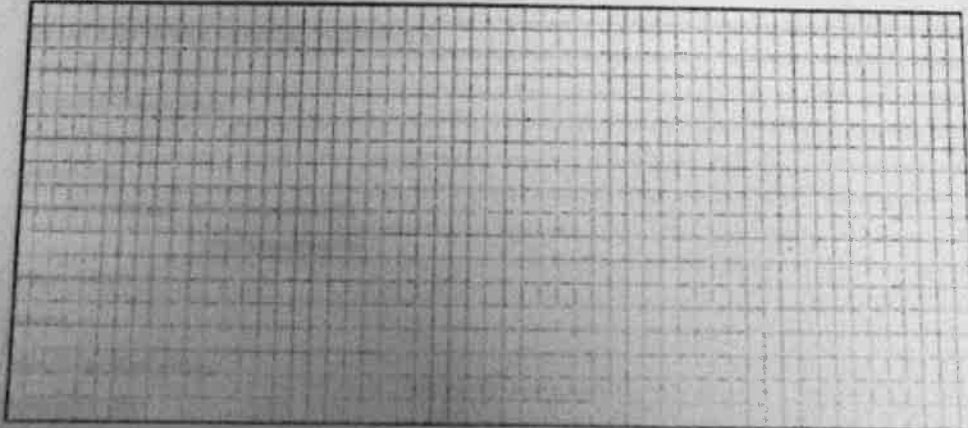
[Signature] 5 Dec 2017

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Page 6

Accident Sketch Plan

Describe Circumstance of the Accident

Reversed in the dark (low visibility) car park
hit the rear left rear side of the car to the
pillar

IMPORTANT NOTE

Under General Condition -- Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Di 4 Dec 2017
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Page 5

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature

Date & Time: 09.11.2017

Driver's Signature

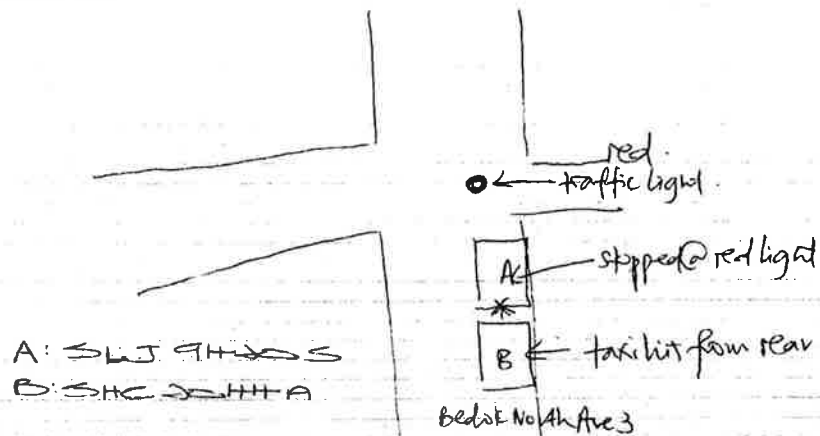
(If driver is not the policyholder)

Date & Time: 09.11.2017

Reporting Centre Personnel's Signature

Name: Wang Chay Han
NRIC/FIN No.: 311500017





I approached a red light along Bedford North Ave 3 and stopped accordingly.
Around 20 seconds later, i felt a bump from the back.
Got out and a taxi had hit into me from the rear.

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

Reporting Centre Personnel's Signature

Name: Wong Chay Hon
NRIC/FIN No.: S175000012

IC & DRIVING LICENSE

5720349



NRIC No. S8610126B



Date of issue
27-03-2017

Address
APT BLK 97 TAMPAWES AVENUE 1
#10-02
SINGAPORE 829774

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals <= 2500kg

15 Sep 2008



Licence No. S8610126B

NP 428A

IDENTITY CARD NO. S8610126B



Name
LEE XIUWEI, ADELE
(LI XIUWEI)
李秀瑞

Race
CHINESE

Date of birth
05-04-1985
Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



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 ability.
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 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 Report | 29/11/2017 10:53 |
| Date Of Accident | 28/11/2017 17:40 |
| Exact Location Of Accident | BEDOK NORTH AVE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLJ9420S |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE XIUWEI, ADELE |
| NRIC No | S8610126B |
| Email Address | ADELE.LEE@WEARNES.COM |
| Mobile Phone No | (LOCAL) +65-93668008 |
| Alternative Phone No | OFFICE-93668008 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | VOLVO |
| Model | V40 T2 |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-------------------------------------|
| Name of Insurance Company | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D16MTPV01013294 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEE XIUWEI, ADELE |
| NRIC No | S8610126B |
| Date Of Birth | 05/04/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/09/2008 |
| Driving Experience | 9 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-93668008 |
| Fax Number | (LOCAL) +65-93668008 |
| Contact Number | OFFICE-93668008 |
| EMail Address | ADELE.LEE@WEARNES.COM |

| | |
|---|----------------------------------|
| Address | BLK 57, TAMPINES AVENUE 1 #10-02 |
| Postcode | 529774 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

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 this accident? | NO |
| Was any body injured in the Accident? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

I APPROACHED A RED LIGHT ALONG BEDOK NORTH AVE 3 AND STOPPED ACCORDINGLY. AROUND 20 SECONDS LATER, I FELT A BUMP FROM THE BACK. GOT OUT AND A TAXI HAD HIT INTO ME FROM THE REAR.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------------------------|
| Vehicle Registration Number | SHC2044A |
| Vehicle Make/Model/Colour | HYUNDAI, BLUE TAXI |
| Details Of Properties | |
| Name of Driver | GAN ENG HUAT |
| NRIC/Passport Number | S0444396I |
| Contact Number | 97839611 |
| Address | BLK 864, TAMPINES ST 83 #05-438 |
| Postcode | 520864 |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |