



Our Reference: SKD8586Y/7013162
Your Reference: SLL2207C

By Email / Mail

12 April 2018

MSIG INSURANCE (SINGAPORE) PTE LTD c/o LKK
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SKD8586Y & SLL2207C ON 26 Feb 2018.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

| Details | Remarks | Amount (SGD) |
|-----------------|-----------------|-----------------|
| Cost of Repairs | | 5,427.07 |
| Loss Of Rental | 160.50 x 3 days | 481.50 |
| Others | | |
| TOTAL | | 5,908.57 |

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

SERVICE TAX INVOICE

| | | |
|--------------------------------------|---|-----------------------|
| 0 - A00003 | SL: MSIG INSURANCE (SINGAPORE) PTE. LTD | GST Reg.No:M28920628X |
| MSIG INSURANCE (SINGAPORE) PTE. LTD. | | |
| 4 SHENTON WAY #21-01 | Inv.No. . : B&P 7013162 Page 1 | |
| SGX CENTRE 2 | Inv.date. : 28/03/2018 | |
| SINGAPORE 068807 | WIP No. . : 47520 | |
| | Veh.In/Out: 19/03/2018 21/03/2018 | |
| | *Tel.No. . : 68277888 | |
| | Reg.No. . : SKD8586Y | |
| Closed by : Steve Chen Tsue Yee | Reg.date .: 13/01/2012 | |
| Svc Consultant : ACC | Mileage ..: 119,105 | |
| Remarks : Mr Jayasundar S/O Ra | Chassis No: YV1AS475BC1153103 | |

| Parts/Op.No | Description | Mech | Qty | Price | Disc% | Pkg | Amount | G |
|-------------|---|---------|-----|---------|-------|-----|----------|---|
| 802 | TO REPLACE REAR BUMPER,REAR LOWER SPOLIER,REAR BRACKET,ETC | | 0 | 1200.00 | 0 | | 1,200.00 | S |
| 800 | TO PUTTY SPRAY PAINT ON REAR BUMPER,REAR LOWER SPOLIER,ETC | | 0 | 1400.00 | 0 | | 1,400.00 | S |
| 280 | TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES | | 0 | 450.00 | 0 | | 450.00 | S |
| 039870500 | BUMPER COVER REAR S8 | 1.0 EA | | 1454.80 | 10 | | 1,309.32 | S |
| 039878327 | BUMPER SPOILER REAR | 1.0 EA | | 434.30 | 10 | | 390.87 | S |
| 000979878 | BLIND RIVET 4.0*21MM | 10.0 EA | | 3.00 | 10 | | 27.00 | S |
| 003533394 | BUMPER EXPANSION PLU | 10.0 EA | | 3.30 | 10 | | 29.70 | S |
| 009133417 | PLASTIC RIVET P/W RA | 10.0 EA | | 6.90 | 10 | | 62.10 | S |
| 039813784 | EXTERIOR ADHESIVE GL | 1.0 EA | | 142.20 | 10 | | 127.98 | S |
| 039850573 | BUMPER INSTALLING MT | 1.0 EA | | 83.40 | 10 | | 75.06 | S |

Gross Total. 5,072.03

| | | | |
|---------------|----------|--------------|----------|
| Labour Total | 3,050.00 | Net..... | 5,072.03 |
| Parts Total | 2,022.03 | GST @ 7.0% | 355.04 |
| Package Total | 0.00 | Total..... | 5,427.07 |
| | | Paid..... | 0.00 |
| | | Please Pay.. | 5,427.07 |

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

(PAYMENT BREAKDOWN)

| | | | |
|-------------------------|-----------------------|--------------|-------------|
| Vehicle No | : SKD8586Y (Insd veh) | Model | : Volvo 580 |
| | : SLL2297C (TP veh) | | |
| Date of Accident | : 26/2/18 | | |

| | | |
|------------------------------|--------------------------------|--|
| Global Sum Settlement | : <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Liability | : 100 % | (Agreed/Assessed) |

| | | |
|-----------------------------|--------------|---|
| Repair Estimate | : \$ 8072.60 | |
| Final Repair Cost | : \$ 5427.97 | |
| Loss of Use | : \$ | days at \$ per day |
| Rental (if any) | : \$ 481.50 | 3 days at \$ 160.50 (incl of GST) per day |
| Others | : \$ | |
| | : \$ | |
| | : \$ | |
| | : \$ | |
| Final Settlement Sum | : \$ 5908.57 | |

Remarks: _____

| Payment Instruction: Payee's Breakdown | | |
|--|----------------------------|--------------|
| 1) | Wearnes Automotive Pte Ltd | : \$ 5908.57 |
| 2) | | : \$ |
| 3) | | : \$ |
| 4) | | : \$ |

AUTHORIZATION TO ACT

I, Jayasundar Raj ("the third party Claimant")
of Blk 247, Pasir Ris, St 21, 8 (510247) (address),
owner of SKD8586Y (vehicle no.)
hereby authorize Wearnes Automotive Pte Ltd ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SKD8586Y that was damaged
pursuant to the accident which occurred on 26/2/18 (date) along
PIE Exiting Toward TPE (location)
involving Vehicle No/s SLL2207C ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 21 day of 03 (month) 20 18 (year)

x


Signed by "the third party claimant"



Signed by "the workshop"



MSIG INSURANCE (SINGAPORE) PTE. LTD
4 SHENTON WAY #21-01
SGX CENTRE 2
Singapore 068807

Tax Invoice

Inv No. : R1800552
Inv Date : 29 Mar 2018
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA18/00304
Billing Period : 19/03/2018 12:00 - 22/03/2018 18:00
Driver Name : Jayasundar S/O Raj @Vengatta

Car Information

Registration No. : SKG3281T
Make : INFINITI
Model : M37 PREMIUM 3.7 AT
D/AB 2WD 4DR HID SR

| # | Description | Qty | UOM | Unit Price | Amt |
|---|--|------|------|------------|--------|
| 1 | Being Rental Payment for the Period Stated Above | 3.00 | Days | 150.00 | 450.00 |

Remarks:

SKD8586Y_MSIG_Steve

Payment method:

Interbank Giro: deduction will take place between 9th to 13th of the month.
Credit Card payments: deduction will take place between 5th to 10th of the month.

Cheque payments: all cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

Bank Transfers:

Oversea-Chinese Banking Corporation Limited
Bank Code: 7339
Branch Code: 501
Bank Account Name: Wearnes Automotive Pte Ltd
Bank Account: 296727-001
SWIFT CODE: OCBCSGSG

Subtotal : S\$ 450.00
GST 7.0% : S\$ 31.50
Total : S\$ 481.50

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date the payment is due, compounded daily, plus an administrative fee of \$50 each time.

This is a computer generated document. No signature is required.

Steve Chen Tsue Yee

From: Christina Wong <Christina_Wong@sg.msig-asia.com>
Sent: Thursday, 15 March, 2018 4:11 PM
To: Steve Chen Tsue Yee
Subject: RE: Direct Settlement - Our Ref: SKD8586Y ; Your Insured : SLL2207C ; DOA: 26/02/2018

Without Prejudice

Dear Steve

We just received our insured's accident report, we are prepared to do direct settlement, please finalise repairs with our surveyor and let us have the usual documents.

Thanks

Best Regards

Christina Wong
Senior Executive, Claims Services (Motor)
Direct line +65 6643 1311 | Direct fax +65 6225 7402 | christina_wong@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on    

A member of  INSURANCE GROUP

From: Steve Chen Tsue Yee [mailto:steve.chen@wearnes.com]
Sent: Tuesday, 13 March, 2018 8:28 AM
To: Christina Wong <Christina_Wong@sg.msig-asia.com>
Cc: Hasrianah Binte Hassan <hasrianah@sg.msig-asia.com>
Subject: RE: Direct Settlement - Our Ref: SKD8586Y ; Your Insured : SLL2207C ; DOA: 26/02/2018

Dear Christina,

Kindly follow up any status

Thanks

Best Regards,

Steve Chen
Service Consultant
Bodyshop & Paint

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 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 | 27/02/2018 18:53 |
| Date Of Accident | 26/02/2018 18:55 |
| Exact Location Of Accident | PIE EXITING TOWARD TPE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------------|
| Vehicle Registration Number | SKD8586Y |
| Insured/Policyholder | |
| Name Of Registered Owner | JAYASUNDAR S/O RAJ@VENGATTA |
| NRIC No | S2536239Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94242943 |
| Alternative Phone No | OTHERS-94242943 |
| Vehicle Particulars | |
| Manufacturer | VOLVO |
| Model | S80-2.0 T5 (A) |
| 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? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100286494-06 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KARTHIKAYEN S/O JAYASUNDAR |
| Passport No/FIN | S8817120I |
| Date Of Birth | 19/05/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/10/2009 |
| Driving Experience | 8 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94242943 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | APT BLK 247 PASIR RIS STREET 21 #09-151 |
| Postcode | 510247 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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 |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | 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) | 3 |
| Passenger 1 | NAME: : RIANNE WALLY MEURZEC GENDER: : FEMALE |
| Passenger 2 | NAME: : NABIL ZAINOL GENDER: : MALE |

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

KINDLY REFER THE STATEMENT.

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 | SLL2207C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NADHIRAH BINTE MOHAMED |
| NRIC/Passport Number | S8941509H |
| Contact Number | 96365437 |
| Address | |
| Postcode | |
| Insurance Company Name | MSIG INSURANCE (SINGAPORE) PTE. LTD. |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorized Reporting Centre ("ARC") for filing.
2. Please report promptly 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 fines recording may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident: Date: 26/2/18 Time: 1855
 1845 HRS
 Exact Location of Accident: PIE exit toward the TPE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SKD 8586Y

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Card): Jayasundar S/O Raj @ Vengattar
 Personal Identification - NRIC (Singaporean/PR): S2536239Z
 - FIN/Passport Number:
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model: Manufacturer Volvo Model S80 T5
 Type of Vehicle*
 Saloon MPV CRV Van Lorry
 Bus M/cycle 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?
 Yes No (If No, Pts select: Third Party Reporting)
 Vehicle Category*
 Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company*: AIG
 Type of Policy: Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy: Yes No
 Policy Number: 2100 286494-06
 Motor CI:

DRIVER

Same as insured above
 Name of Driver: Karthikayen S/O Jayasundar
 Personal Identification - NRIC (Singaporean/PR): S88171201
 - FIN/Passport Number:
 Date of Birth: 19 dd/05 mm/1988 yy
 Driving Date Pass: 02 dd/10 mm/2009 yy
 Year of Driving Experience: Year(s) Month(s)
 Occupation: Indoor Outdoor
 Gender: Male Female
 Contact Number / Mobile Phone / Fax No.: 94242943

| | | | |
|---|---|--|-------------------------------------|
| Address of Driver | APT BLK 247 Pasir Ris Street 21 # 09-151 | | Postcode (S10247) |
| Email Address | | | |
| 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 | Son | | |
| 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) | front & 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, _____ |
| 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 checked="" type="radio"/> Yes | <input 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) | Rianne Wally Meurzec, Nabil Zainol | | |
| 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 | SLL 2207C | | |
| Vehicle Make/ Model/ Colour | | | |
| Details of Properties | | | |
| Name of Driver | Nadhirah Rida Mohamed | | |
| Personal Identification - NRIC (Singaporean/PR) | S8941509H | | |
| - FIN/Passport Number | | | |
| Contact Number | 936 9636 5437 9636 5437 | | |
| Address | | | |
| Name of Insurance Company | MSTG | | |
| Nature of Damage | | | |
| 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 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 reassess 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' law firms/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. or (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.

Perthik

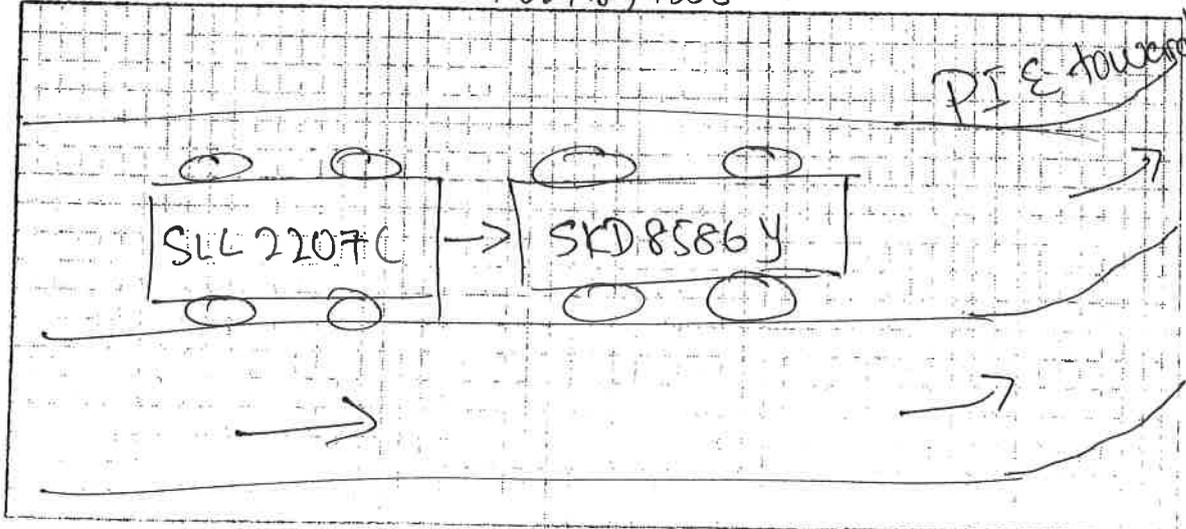
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

27/02/18, 1355



Describe Circumstance of the Accident

in vehicle SKD8586Y,
I was en route back home and was involved in an RTA. I was on the PIE exiting toward the TPE and was at a stop, waiting to proceed. I heard a screeching sound and saw a van pass me on the ~~at~~ right, about a second later a car, SLL2207C, collided with my rear. This occurred at about 1855 on the 26th of February 2018.

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

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

Bertlik

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

& Time

27/02/18, 1355



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

| | |
|---|-----------------------------------|
| Name of Policyholder : JAYASUNDAR S/O RAJ @ VENGATTA | Vehicle No. : SKD8586Y |
| Period of Insurance : 13 Jan 2018 To 12 Jan 2019 | Policy No. : 2100286494-06 |
| Engine No. : B4204T74103431 | Endorsement No. : |
| Chassis No. : YV1AS475BC1153103 | Issued Date : 31 Dec 2017 |

ABOUT THE COVER

| | | |
|--|-----------------------------------|--|
| Make/Model : VOLVO S80 2.0T | Sum Insured : Market Value | First Year of Registration : 2012 |
| Engine Capacity/Tonnage : 1,999.00 CC | Off Peak Car : No | Insuring with COE/PARF : Yes |
| Driver Restriction : NA | | |

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS

Section 1
 Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

JAYASUNDAR S/O RAJ @ VENGATTA - \$1600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: UOB LIMITED

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485734

WEARNES AUTOMOTIVE - FAY (V)
 45 LENG KEE ROAD
 SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE
 AIGSGMOBILEAPP

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S88171201



Name
KARTHIKAYEN S/O JAYASUNDAR

Race
INDIAN

Date of birth **19-05-1988** **Sex** **M**

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE

Identity Card No. S88171201

Name
KARTHIKAYEN S/O JAYASUNDAR

Birth Date **19 May 1988**
Issue Date **02 Oct 2009**

0017901740



3881028



NRIC No. S88171201



Date of Issue
24-06-2008

Address
APT BLK 247 PASIR RIS STREET 21
#09-151
SINGAPORE S10247



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

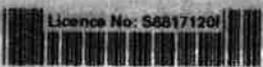
| CLASS | VEHICLE CLASSIFICATION | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 02 Oct 2009 |

NP 428A

0017901740

0017901740

Licence No. S88171201



ICE

SERVICE ESTIMATE

| | | |
|--------------------------------------|---|-----------------------|
| 0 - A00003 | SL: MSIG INSURANCE (SINGAPORE) PTE. LTD | GST Reg.No:M28920628X |
| MSIG INSURANCE (SINGAPORE) PTE. LTD. | Inv.No. . : B&P | 0 Page 1 |
| 4 SHENTON WAY #21-01 | Inv.date. : 21/03/2018 | |
| SGX CENTRE 2 | WIP No. . : 47520 | |
| SINGAPORE 068807 | Veh.In/Out: | |

| | |
|--------------------------------------|-------------------------------|
| Closed by : Steve Chen Tsue Yee | *Tel.No. . : 68277888 |
| Svc Consultant : | Reg.No. . : SKD8586Y |
| Remarks : Mr Jayasundar S/O Ra | Reg.date .. : 13/01/2012 |
| | Mileage .. : 0 |
| | Chassis No: YV1AS475BC1153103 |

| Op.No | Description | Mech Qty | Price | Disc% | Pkg | Amount | G |
|-------|---|----------|---------|-------|-----|----------|---|
| 802 | TO REPLACE REAR BUMPER,REAR LOWER SPOLIER,REAR BRACKET,ETC | 0 | 1200.00 | 0 | / | 1,200.00 | S |
| 800 | TO PUTTY SPRAY PAINT ON REAR BUMPER,REAR LOWER SPOLIER,ETC | 0 | 1400.00 | 0 | / | 1,400.00 | S |
| 280 | TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES | 0 | 450.00 | 0 | / | 450.00 | S |
| | BUMPER COVER REAR S8 1 | 1.0 EA | 1454.80 | 10 | | 1,309.32 | S |
| | BUMPER SPOILER REAR 2 | 1.0 EA | 434.30 | 10 | | 390.87 | S |
| | BLIND RIVET 4.0*21MM 9 | 10.0 EA | 3.00 | 10 | | 27.00 | S |
| | BUMPER EXPANSION PLU 10 | 10.0 EA | 3.30 | 10 | | 29.70 | S |
| | PLASTIC RIVET P/W RA 11 | 10.0 EA | 6.90 | 10 | | 62.10 | S |
| | BUMPER INSTALLING MT 12 | 1.0 EA | 83.40 | 10 | | 75.06 | S |
| | EXTERIOR ADHESIVE GL 13 | 1.0 EA | 142.20 | 10 | | 127.98 | S |

Gross Total. 5,072.03

| | | | |
|----------------------|----------|--------------|----------|
| Labour Total | 3,050.00 | Net..... | 5,072.03 |
| Parts Total | 2,022.03 | GST @ 7.0% | 355.04 |
| Package Total | 0.00 | Total..... | 5,427.07 |
| | | Paid..... | 0.00 |
| | | Please Pay.. | 5,427.07 |

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

SERVICE ESTIMATE

69059 - C00001 SL: SERVICE SALES - PC

Mr Jayasundar S/O Raj @Vengatta
Blk 247 Pasir Ris Street 21
#09-151

Singapore 510247

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 28/02/2018

WIP No. . : 47520

Veh.In/Out:

*Tel.No. . : Home: 64019588

Reg.No. . : SKD8586Y

Reg.date .: 13/01/2012

Mileage .. : 0

Chassis No: YV1AS475BC1153103

Closed by : Steve Chen Tsue Yee

Svc Consultant :

Remarks : Mr Jayasundar S/O Ra

| Op.No | Description | Mech Qty | Price | Disc% | Pkg | Amount | G |
|-------|---|----------|---------|-------|-----|----------------------------|---|
| 802 | TO REPLACE REAR BUMPER,REAR LOWER SPOILER,REAR BRACKET,ETC | 0 | 1600.00 | 0 | | 1,600.00 S 1200 | |
| 800 | TO PUTTY SPRAY PAINT ON REAR BUMPER,REAR LOWER SPOILER,ETC | 0 | 1600.00 | 0 | | 1,600.00 S 1400 | |
| 280 | TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES | 0 | 450.00 | 0 | | 450.00 S | |
| 1 | BUMPER COVER REAR S8 | 1.0 EA | 1454.80 | | | 1,454.80 S DE | |
| 2 | BUMPER SPOILER REAR | 1.0 EA | 434.30 | | | 434.30 S SC | |
| 3 | BUMPER BRACKET LHR S | 1.0 EA | 71.70 | | | 71.70 S ? | |
| 4 | BUMPER BRACKET RHR S | 1.0 EA | 73.90 | | | 73.90 S ? | |
| 5 | BUMPER BRACKET LHR C | 1.0 EA | 35.70 | | | 35.70 S ? | |
| 6 | VO30655125/BUMPER BR | 1.0 EA | 35.70 | | | 35.70 S ? | |
| 7 | BUMPER BRACKET REAR | 1.0 EA | 104.30 | | | 104.30 S ? | |
| 8 | BUMPER RAIL (BEAM) R | 1.0 EA | 1326.50 | | | 1,326.50 S ? | |
| 9 | BLIND RIVET 4.0*21MM | 10.0 EA | 3.00 | | | 30.00 S ME | |
| 10 | BUMPER EXPANSION PLU | 10.0 EA | 3.30 | | | 33.00 S ME | |

Rasa
Ap 9001068
3 days
19/03/18 @ 1030
Resy 54 part

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

SERVICE ESTIMATE

69059 - C00001 SL: SERVICE SALES - PC

Mr Jayasundar S/O Raj @Vengatta
Blk 247 Pasir Ris Street 21
#09-151

Singapore 510247

Closed by : Steve Chen Tsue Yee
Svc Consultant :
Remarks : Mr Jayasundar S/O Ra

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 2
Inv.date. : 28/02/2018
WIP No. . : 47520
Veh.In/Out:
*Tel.No. . : Home: 64019588
Reg.No. . : SKD8586Y
Reg.date. : 13/01/2012
Mileage . : 0
Chassis No: YV1AS475BC1153103

| Op.No | Description | Mech Qty | Price | Disc% | Pkg | Amount | G |
|-------|----------------------|----------|--------|-------|-----|--------|-------------|
| 11 | PLASTIC RIVET P/W RA | 10.0 EA | 6.90 | | | 69.00 | S <i>he</i> |
| 12 | BUMPER INSTALLING MT | 1.0 EA | 83.40 | | | 83.40 | S <i>he</i> |
| 13 | EXTERIOR ADHESIVE GL | 1.0 EA | 142.20 | | | 142.20 | S <i>he</i> |

| | | | |
|---------------|----------|--------------|----------|
| | | Gross Total. | 7,544.50 |
| Labour Total | 3,650.00 | Net..... | 7,544.50 |
| Parts Total | 3,894.50 | GST @ 7.0% | 528.12 |
| Package Total | 0.00 | Total..... | 8,072.60 |
| | | Paid..... | 0.00 |
| | | Please Pay.. | 8,072.60 |

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