

SERVICE ESTIMATE

88704 - C00001 SL: SERVICE SALES - PC

Mr Jamaji Rustom
137 Sunset Way
#07-07

Singapore 597159

Closed by : Mandy Neo
Svc Consultant :
Remarks : Mr Jamaji Rustom

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 1
Inv.date. : 19/03/2018
WIP No. . : 50749
Veh.In/Out:
*Tel.No. . : Mobile: 90464161
Reg.No. . : SJB849P
Reg.date . : 28/02/2017
Mileage .. : 0
Chassis No: SALCA2AG3HH668964

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID,REAR EMBLEM,REAR BUMPER,REAR SKID PLATE,REAR SENSOR,REAR BRACKET, ETC	0	6000.00	0		6,000.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,ETC	0	4000.00	0		4,000.00	S
802	TO REPLACE REAR WINDSCREEN	0	1000.00	0		1,000.00	S
802	TO TRANSFER REAR BOOT LID PART	0	500.00	0		500.00	S
0080	TO INSTALL REAR WINDSCREEN FIL	0	280.00	0		280.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00	0		486.00	S
	TAILGATE PANEL DSPOR	1.0 EA	3265.10			3,265.10	S
	BUMPER COVER REAR DS	1.0 EA	1918.60			1,918.60	S
	BUMPER - COVER LOWER	1.0 EA	430.00			430.00	S
	BRACKET - BUMPER MOU	1.0 EA	114.60			114.60	S
	BRACKET - BUMPER MOU	1.0 EA	114.60			114.60	S

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Mileage . : 0
Chassis No: SALCA2AG3HH668964

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BRACKET - BUMPER MOU	1.0 EA	106.80			106.80	S
	BRACKET - BUMPER MOU	1.0 EA	106.80			106.80	S
	BRACKET - BUMPER	1.0 EA	187.50			187.50	S
	BRACKET - BUMPER	1.0 EA	187.50			187.50	S
	REINFORCEMENT BAR RE	1.0 EA	816.30			816.30	S
	TOW HOOK COVER REAR	1.0 EA	27.30			27.30	S
	SENSOR - PARKING AID	4.0 EA	395.40			1,581.60	S
	FOG LAMP REAR RH DSP	1.0 EA	335.40			335.40	S
	FOG LAMP REAR LH DSP	1.0 EA	350.80			350.80	S
	BADGE REAR "DISCO" D	1.0 EA	171.30			171.30	S
	BADGE REAR "VERY" DS	1.0 EA	153.70			153.70	S
	BADGE OVAL REAR RR3	1.0 EA	91.20			91.20	S
	ADHESIVE SEALER FL2	1.0 EA	425.40			425.40	S
	GLASS - BACK WINDOW	1.0 EA	1119.60			1,119.60	S
	ADHESIVE AND SEALER	2.0 EA	116.10			232.20	S
	D PRIMER GLASS & P	1.0 EA	37.40			37.40	S

Gross Total. 24,039.70

Labour Total 12,266.00
Parts Total 11,773.70
Package Total 0.00

Net..... 24,039.70
GST @ 7.0% 1,682.78
Total..... 25,722.50
Paid..... 0.00
Please Pay.. 25,722.50

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

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	16/03/2018 16:16
Date Of Accident	16/03/2018 12:55
Exact Location Of Accident	PIE TOWARDS TOH GAUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB849P
Insured/Policyholder	
Name Of Registered Owner	JAMAJI RUSTOM
NRIC No	S6882049I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90464161
Alternative Phone No	OTHERS-94464161

Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY-3.0 D TSS SR (A)
Exact Purpose for which vehicle was being used at time of accident	SOCAIL
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V03600/VPC2/R00
Cover Note Number	

Driver

Name of Driver	JAMAJI RUSTOM
NRIC No	S6882049I
Date Of Birth	04/01/1968
Occupation	INDOOR
Date Of Driving Pass	23/09/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90464161
Fax Number	
Contact Number	OTHERS-94464161
Email Address	NOEMAIL

Address	137 SUNSET WAY #07-07
Postcode	597159
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
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)	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

REFER REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ3440H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON PIN
NRIC/Passport Number	S1439649G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-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: 16-03-18 Time: 12.55pm.
 Exact Location of Accident PIE Towards TON Gaur

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB 849P

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Jama'i Kustom
 Personal Identification - NRIC (Singaporean/PR) S68820491
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Land Rover Model Discovery
 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, Pls select: ☒ Third Party ☐ Reporting)
 Vehicle Category* ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

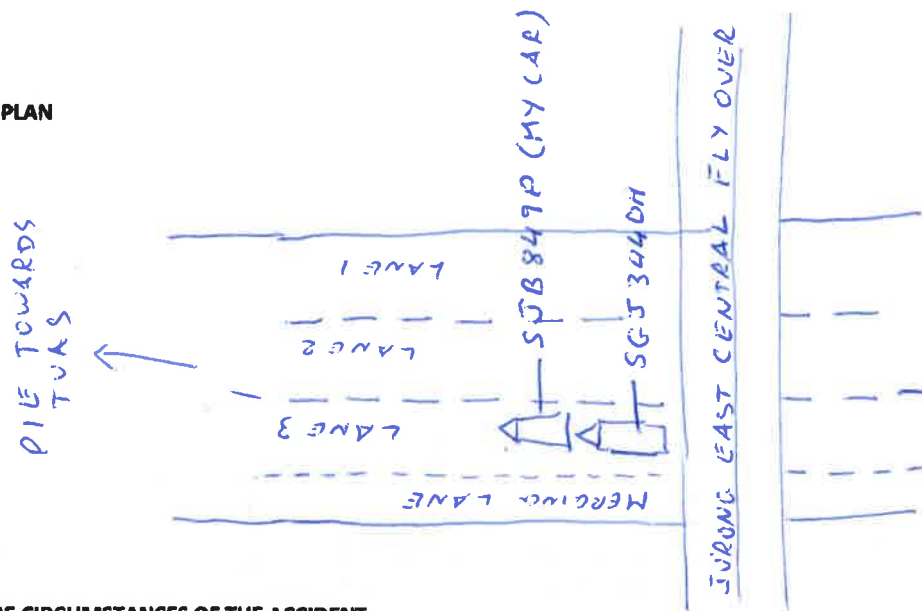
Name of Insurance Company * Liberty Insurance
 Type of Policy ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☐ No
 Policy Number SN17V03600 (VPC2/K00
 Motor CI

DRIVER

☒ Same as Insured above
 Name of Driver
 Personal Identification - NRIC (Singaporean/PR)
 - FIN/Passport Number
 Date of Birth 04 dd/ 01 mm/ 1968 /yy
 Driving Date Pass 23 dd/ 09 mm/ 2009 /yy
 Year of Driving Experience Year(s) Month(s)
 Occupation ☐ Indoor ☐ Outdoor
 Gender ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. 9046 4161

Address of Driver	137 Sunset way #07-07		
	Postcode (597159)		
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			
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 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 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)			
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	SG7 3440H.		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	Tan Moon Pin		
Personal Identification - NRIC (Singaporean/PR)	S1439649G		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company	AXA Insurance		
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

SKETCH PLAN

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING IN LANE 3 WITH HEAVY TRAFFIC IN FRONT OF ME THAT CAME TO A ~~SHARP~~ SUDDEN STOP. I MANAGED TO SLOW DOWN ON TIME BUT THE CAR BEHIND ME (SGJ344OH) SLAMMED INTO ~~THE~~ MY VEHICLE (-SJB849P)

THE DRIVER OF SGJ344OH CLAIMED THAT HE WAS RUSHING FOR A MEETING AND DID NOT SEE ME SLOWING DOWN AND STOPPING.

DECLARATION

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

Policyholder's Signature _____
Date & Time: 16-03-18

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN

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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: 16-03-18

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD17V03600 /NPC2 /R00
Form	MX1
Date of Issue	16-MAR-2017
1.Index Mark and Registration No. of Vehicle:	SJB849P
2.Chassis number of Vehicle:	SALCA2AG3HH668964
3.Name of Policyholder:	JAMAJI RUSTOM
4.Effective date of Commencement of Insurance for the purposes of the Act:	28-FEB-2017 00:00 AM
5.Date of Expiry of Insurance:	27-FEB-2019 23:59 PM
6.Persons 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 permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.The Policy does not cover:	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials or speed-testing.	
C) Use for the carriage of goods (other than samples) in connection with any trade or business.	
D) Use for any purpose in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Ncd Protection
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	OVERSEA-CHINESE BANKING CORPORATION LTD
PRODUCER NAME:	WEARNES AUTOMOTIVE PTE LTD

PLDZ/PLDZ/16-MAR-17

S1_CI_T1_T3_OE_Template2-Ver1.

16-MAR-17

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6882049I



Name

JAMAJI RUSTOM

Race

PARSEE

Date of birth

04-01-1968

Sex

M

Country of birth

INDIA

S6882049I

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6882049I

Name

JAMAJI RUSTOM

Birth Date: 04 Jan 1968

Issue Date: 18 Dec 2003





NRIC No. S6882049I

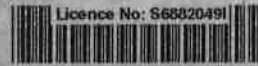
Nationality
CANADIAN
Date of Issue
23-09-2009

Address
137 SUNSET WAY
#07-07
SINGAPORE 597159

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 27 Feb 1997



Licence No: S6882049I

NP 428A