

### SERVICE ESTIMATE

86684 - C00001      SL: SERVICE SALES - PC

Ms Heng Soo Kiang Elizabeth  
37 Lenton Crescent

Singapore 786704

Closed by .... : Mandy Neo

Svc Consultant :

Remarks ..... : Ms Heng Soo Kiang El

Inv.No. : B&P      0      Page 1

Inv.date. : 27/03/2018

WIP No. : 52613

Veh.In/Out:

\*Tel.No. : Mobile: 98489380

Reg.No. : SLJ8855C

Reg.date : 29/12/2016

Mileage : 0

Chassis No: YV1MV28H0H2386508

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR BRACKET, REAR LOWER SPOILER ETC	0	1600.00	0		1,600.00	S
800	TO PUTTY SPRAY PAINT REAR BUMPER , ETC	0	1000.00	0		1,000.00	S
R06	TO SUPPLY REAR NUMBER PLATE INCLUDING HOLDER	0	60.00	0		60.00	S
280	TO CHECK WIRING INCLUDING RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
	BUMPER COVER REAR V4	1.0 EA	1428.70			1,428.70	S
	TOW COVER REAR V40 1	1.0 EA	73.90			73.90	S
	V031290587/BUMPER BR	1.0 EA	88.70			88.70	S
	BUMPER BRACKET RHR V	1.0 EA	88.70			88.70	S
	BUMPER SPOILER REAR	1.0 EA	486.40			486.40	S
	V031290576/FOG LAMP	1.0 EA	88.90			88.90	S
	FOG LAMP LHR V40 13-	1.0 EA	88.90			88.90	S

### SERVICE ESTIMATE

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Ms Heng Soo Kiang Elizabeth

37 Lantor Crescent

Singapore 786704

Closed by .... : Mandy Neo

Svc Consultant :

Remarks ..... : Ms Heng Soo Kiang El

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

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Reg.No. . : SLJ8855C

Reg.date. : 29/12/2016

Mileage . : 0

Chassis No: YV1MV28H0H2386508

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	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
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	EXTERIOR ADHESIVE GL	1.0 EA	142.20			142.20	S

Gross Total. 5,826.80

Labour Total 3,110.00  
 Parts Total 2,716.80  
 Package Total 0.00

Net..... 5,826.80  
 GST @ 7.0% 407.88  
 Total..... 6,234.70  
 Paid..... 0.00  
 Please Pay.. 6,234.70

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 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	15/01/2018 17:53
Date Of Accident	14/01/2018 09:00
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8855C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG SOO KIANG ELLZABELT
NRIC No	S1505136A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98489380
Alternative Phone No	HOME-94849380

### Vehicle Particulars

Manufacturer	VOLVO
Model	V40-1.5 T2 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	HENG SOO KIANG ELLZABELT
NRIC No	S1505136A
Date Of Birth	01/07/1961
Occupation	INDOOR
Date Of Driving Pass	24/08/1986
Driving Experience	31 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98489380
Fax Number	
Contact Number	HOME-94849380
Email Address	NOEMAIL

Address	37 LENTOR CRESCENT
Postcode	786704
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?	
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)	2
Passenger 1	NAME: : HENG LEW KIANG GENDER: : FEMALE

#### 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 STATEMENT

#### 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	GW2322D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MA ZHU ANG
NRIC/Passport Number	0 7379191
Contact Number	91305569
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Address

Postcode

Insurance Company Name

EQ INSURANCE COMPANY LTD

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 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 wilful 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: 14.1.18 Time: 9.00 am
Exact Location of Accident	PIE towards Turn

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ 8855C
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Heng Soo Kiang Elizabeth
Personal Identification - NRIC (Singaporean/PR)	S1505136A
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer VAO Model
Type of Vehicle*	<input checked="" 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 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 checked="" 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 *	ALU
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 checked="" type="radio"/> No
Policy Number	
Motor CI	

## DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	Heng Soo Kiang Elizabeth
Personal Identification - NRIC (Singaporean/PR)	S1505136A
- FIN/Passport Number	
Date of Birth	01 dd/ 07 mm/ 1961 /yy
Driving Date Pass	24 dd/ 08 mm/ 1986 /yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	98489380

Address of Driver	37 Lenton Crescent	
	Postcode (786704)	
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)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Penetration	
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>		
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)	02 Heng Lew Kiang Man's	
<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 checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	E8 6W2377D	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Ma Zhuang	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	07379191	
Contact Number	91305569	
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)		

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 yers/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

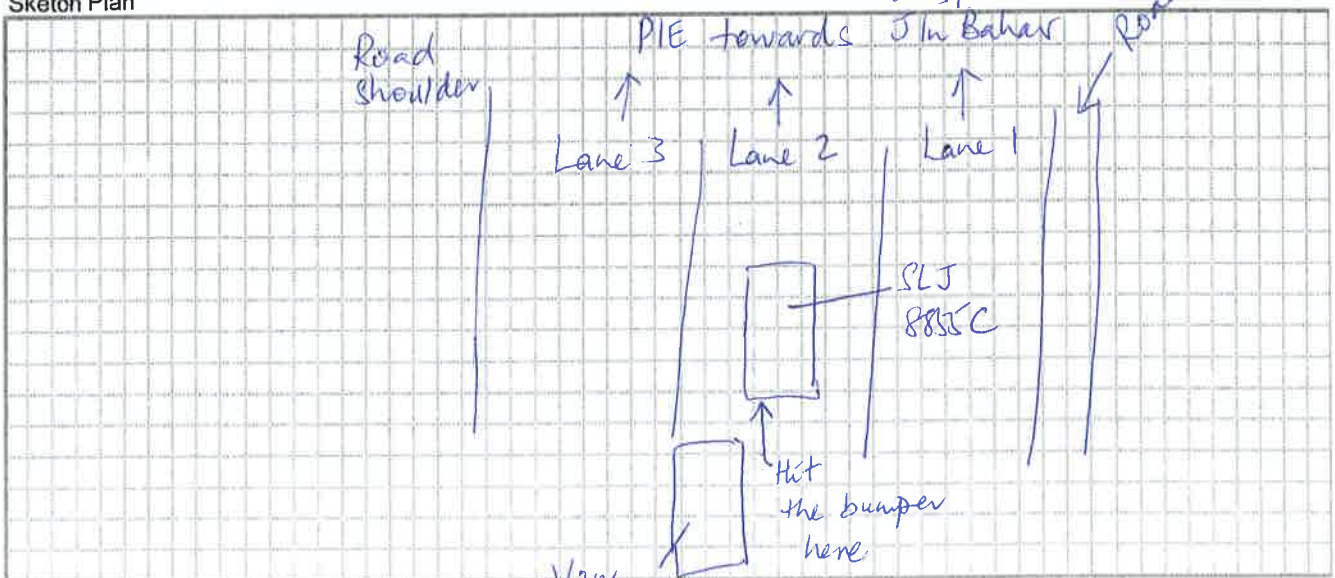
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Van  
GW 2322D

UBTS  
12 Tanjung Penjuru Crescent S608975  
ROC 19810319IN



**Describe Circumstance of the Accident**

I was driving along PIE in the direction of Jalan Bahar (Tuas) and was in lane 2.

The vehicles in front of me started to slow down and I followed suit.

I noticed the van behind me changed lane to lane 3 but it hit my bumper when doing so. I felt the bump and so I signalled to go to lane 3 and stopped at the road shoulder. The van also stopped behind me after seeing me there. Then one of the three police officers who were at lane 3, who were signalling to the oncoming traffic to slow down as there was a pot-hole in lane 3, came to my assistance.

I have taken photos of the van driver's particulars and of the van.

**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.

 15/1/18 4pm  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1505136A**



Name  
**HENG SOO KIANG ELIZABETH**  
**MRS. ELIZABETH FOO**  
**王素娟**

Race  
**CHINESE**

Date of Birth  
**01-07-1961**

Country of Birth  
**SINGAPORE**

**S1505136A**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1505136A**

Name  
**HENG SOO KIANG ELIZABETH**

Birth Date: **01 Jul 1961**

Issue Date: **15 Jun 2004**

**001237770D**

**0078652**

**S1505136A**

NRIC No: **S1505136A**

Blood Group: **O+** Date of issue: **00-09-1991**

**37 LENTOR CRESCENT**  
**SINGAPORE 786704**  
NRIC No: **S1505136A** Date: **20-01-2007** No: **8891883**

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	24 Aug 1986

NP 428A

Licence No: **S1505136A**



# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

**Name of Policyholder** : HENG SOO KIANG ELIZABETH  
**Period of Insurance** : 29 Dec 2017 To 28 Dec 2018  
**Engine No.** : B4154T51760789  
**Chassis No.** : YV1MV28H0H2386508

**Vehicle No.** : SLJ8855C  
**Policy No.** : 2100496052-01  
**Endorsement No.** :  
**Issued Date** : 13 Nov 2017

### ABOUT THE COVER

**Make/Model** : VOLVO V40 T2  
**Engine Capacity/Tonnage** : 1,498.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**Insuring with COE/PARF** : Yes

**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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

HENG SOO KIANG ELIZABETH - \$800 (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](http://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: OCBC Bank Ltd

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).

0503485742

WEARNES AUTOMOTIVE - DL (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSPEMC