

SERVICE ESTIMATE

86974 - C00001 SL: SERVICE SALES - PC

Ms Van Burm Kristin Maria Willy
107 Mariam Way

GST Reg.No:M28920628X

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

Inv.date. : 04/06/2018

WIP No. . : 63936

Veh.In/Out:

*Tel.No. . : Mobile: 97487909

Reg.No. . : SLD2506G

Reg.date . : 09/06/2016

Mileage . : 0

Chassis No: YV1MV28H0G2330016

Singapore 508610

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Ms Van Burm Kristin

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR BRACKET, REAR SPOILER, REAR SENSOR, 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
R06	TO INSTALL REAR NUMBER PLATE INCLUDE HOLDER	0	60.00	0		60.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
	V039814190/BUMPER CO	1.0 EA	1186.50			1,186.50	S
	TOW COVER REAR V40 1	1.0 EA	73.90			73.90	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
	BUMPER SPOILER REAR	1.0 EA	486.40			486.40	S
	BUMPER RAIL (BEAM) R	1.0 EA	1336.30			1,336.30	S
	BLIND RIVET 4.0*21MM	10.0 EA	3.00			30.00	S



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GST Reg.No:M28920628X
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Inv.date. : 04/06/2018
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Veh.In/Out:
*Tel.No. . : Mobile: 97487909
Reg.No. . : SLD2506G
Reg.date. : 09/06/2016
Mileage . : 0
Chassis No: YV1MV28H0G2330016

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER CLIP	10.0 EA	4.80			48.00	S
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	ADHESIVE TUBE CHEMIC	1.0 EA	75.80			75.80	S

			Gross Total.	6,607.70
Labour Total	3,110.00	Net.....	6,607.70	
Parts Total	3,497.70	GST @ 7.0%	462.54	
Package Total	0.00	Total.....	7,070.25	
		Paid.....	0.00	
		Please Pay..	7,070.25	

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	01/06/2018 20:07
Date Of Accident	01/06/2018 08:00
Exact Location Of Accident	PIE TOWARDS TUAS (TO CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2506G
Insured/Policyholder	
Name Of Registered Owner	VAN BURM KRISTIN MARIA WILLY
NRIC No	S2729303D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97487909
Alternative Phone No	OTHERS-97487909

Vehicle Particulars

Manufacturer	VOLVO
Model	V40-1.5 T2 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 28870843 DMA
Cover Note Number	

Driver

Name of Driver	VAN BURM KRISTIN MARIA WILLY
NRIC No	S2729303D
Date Of Birth	16/01/1961
Occupation	INDOOR
Date Of Driving Pass	30/10/1990
Driving Experience	27 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97487909
Fax Number	
Contact Number	OTHERS-97487909
EMail Address	NOEMAIL

Address	107 MARIAM WAY
Postcode	508610
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: ARASSI MARIA RAJKUMAR 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 TO ATTACHMENT.

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	SKE5864J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOEY TAN
NRIC/Passport Number	
Contact Number	97856196
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE 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: 01/06/2018 Time: 0800am
Exact Location of Accident	PIE towards Tuas (To City)

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD 2506G
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Kristin Maria Willy Van Burm
Personal Identification - NRIC (Singaporean/PR)	S2729303D
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model V40
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	Social
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 *	MSIG
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	P 28870843 DMA
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above	
Name of Driver	Van Burm Kristin	
Personal Identification - NRIC (Singaporean/PR)	S2729303D	
- FIN/Passport Number		
Date of Birth	16 dd/ 01 mm/ 1961 yy	
Driving Date Pass	30 dd/ 10 mm/ 1990 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.	9748 7909	

Address of Driver	107 Mariam Way	
	Postcode (508610)	
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	Owner	
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)	Head to Rear	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" 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 # Arassu Maria Rajkumar	
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	
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	SEE5864J .	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Joey Tan	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	9785 6196	
Address		
Name of Insurance Company	AXA	
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles.)		

Describe Circumstance of the Accident

Was driving on PIE, direction from Changi to Tuas, with my daughter next to me. It was raining and roads were wet. Traffic was heavy and slow. After Paya Lebar Exit on extreme right lane.

Suddenly I felt hit in the back of the car. (hit my head against my seat - no injury)
The car behind me failed to stop and hit the rear of my car. Lady driver came out and apologized. We exchanged contact details, and she agreed to be contacted later in the day for settlement. She had her daughter in the car.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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

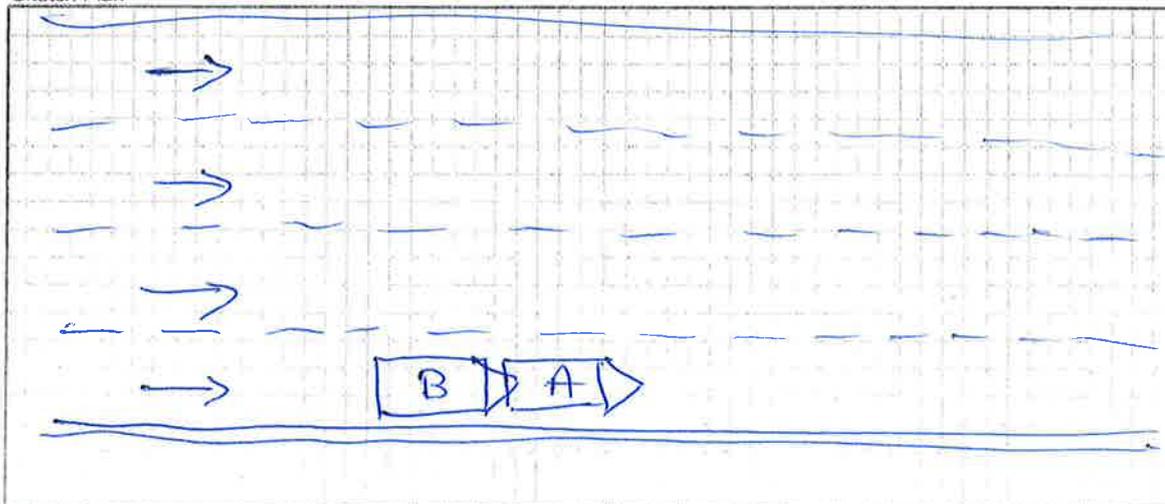
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PIE TOWARDS TUAS (TO CITY)

A = SLD 2506 G

B = SKE 5864 J



MSIG

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

DRIVESHIELD - PREMIER PLAN
Comprehensive

Certificate No. P 28870843 DMA

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLD2506G

2. Name of Policyholder

Kristin Maria Willy Van Burm

3. Effective Date of the Commencement of Insurance for the purposes of the Act

29/12/2017

4. Date of Expiry of Insurance

28/12/2018

5. Persons or Classes of Persons entitled to drive*

Kristin Maria Willy Van Burm

Rajagopal Rajkumar

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2729303D



Name
**VAN BURM KRISTIN MARIA
WILLY**

Race
CAUCASIAN
Date of birth
16-01-1961
Country of birth
BELGIUM

Sex
F

S2729303D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2729303D**

Name

**VAN BURM KRISTIN MARIA
WILLY**

Birth Date: **16 Jan 1961**

Issue Date: **30 Jul 2005**



8886092



NRIC No. **S2729303D**



Nationality

BELGIAN

Date of issue

14-01-2005

**107 MARIAM WAY
SINGAPORE 508610**

NRIC No: **S2729303D**

Date: **03/01/2015**

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

PASS DATE

Class 3 **Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg**

30 Oct 1990



NP 428A