

SERVICE ESTIMATE

68755 - C00001 SL: SERVICE SALES - PC

Mr Carlton Phillip Anthony
147 Devonshire Road
#04-03 The Beaumont

Singapore 239894

Closed by : Mandy Neo
Svc Consultant :
Remarks : Mr Carlton Phillip A

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 1
Inv.date. : 08/06/2018
WIP No. . : 10163
Veh.In/Out:
*Tel.No. . : Mobile: 94521950
Reg.No. . : SKD5528K
Reg.date . : 15/12/2011
Mileage .. : 0
Chassis No: SALVA2AG0CH614359

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER BRACKET , RH FRONT HEADLAMP BUMPER INSERT, FOG LAMP	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON FRONT BUMPER	0	2200.00	0		2,200.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00	0		486.00	S
280	TO FOCUS FRONT HEADLAMP	0	162.00	0		162.00	S
	LLR028262/BUMPER COV	1.0 EA	2176.80			2,176.80	S
	BUMPER BRACKET FRT L	1.0 EA	46.70			46.70	S
	LLR026530/BUMPER BRA	1.0 EA	47.20			47.20	S
	LLR026531/BUMPER BRA	1.0 EA	80.50			80.50	S
	LLR026539/BUMPER MOU	1.0 EA	363.00			363.00	S
	LLR026533/BUMPER BRA	1.0 EA	396.70			396.70	S
	LLR026497/BUMPER BEA	1.0 EA	1003.00			1,003.00	S
	LLR035094/FOGLAMP BE	1.0 EA	88.20			88.20	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	LLR027246/WASHER COV	1.0 EA	70.60			70.60	S
	LLR024263/HEADLAMP B	1.0 EA	3285.30			3,285.30	S
	BULB HEADLAMP HID EV	1.0 EA	553.85			553.85	S
	ADHESIVE TUBE CHEMIC	4.0 EA	75.80			303.20	S

Gross Total. 13,663.05

Labour Total 5,248.00
 Parts Total 8,415.05
 Package Total 0.00

Net..... 13,663.05
 GST @ 7.0% 956.41
 Total..... 14,619.45
 Paid..... 0.00
 Please Pay.. 14,619.45

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	08/06/2018 11:05
Date Of Accident	07/06/2018 17:00
Exact Location Of Accident	145 DEVANSHIRE ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5528K
Insured/Policyholder	
Name Of Registered Owner	CARITON PHILLIP ANTHONY
NRIC No	S7484955E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94521950
Alternative Phone No	OTHERS-94521950

Vehicle Particulars

Manufacturer	LAND ROVER
Model	EVOQUE-2.0 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100283211-06
Cover Note Number	

Driver

Name of Driver	CARITON PHILLIP ANTHONY
NRIC No	S7484955E
Date Of Birth	08/01/1974
Occupation	INDOOR
Date Of Driving Pass	01/06/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94521950
Fax Number	
Contact Number	OTHERS-94521950
EEmail Address	NOEMAIL

Address	147 DEVONSHIRE ROAD #04-03
Postcode	239894
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	0

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 ACCIDENT 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	GBG5675J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SADEQUR
NRIC/Passport Number	D63912743
Contact Number	
Address	GOLD PLUS CONSTRUCTION PTE LTD 1 SOON LEE STREET PIONEER CENTRE #02-22
Postcode	627605
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

TP claim
10163

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorized 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 Authorized 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: 07.06.18 Time: 17.00 pm
Exact Location of Accident 145 Devonshire Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD 55281K

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) CARLTON PHILLIP ANTHONY
Personal Identification - NRIC (Singaporean/PR) S7484955E
- FIN/Passport Number
- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Land Rover Model Evoque

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 * AIG
Type of Policy Comprehensive Third Party Fire & Theft TP Only
Fleet Policy Yes No
Policy Number 9100283211-06
Motor Cl

DRIVER Same as Insured above

Name of Driver
Personal Identification - NRIC (Singaporean/PR)
- FIN/Passport Number

Date of Birth 08 dd/ 01 mm/ 1974 /yy

Driving Date Pass 01 dd/ 06 mm/ 2005 /yy

Year of Driving Experience Year(s) Month(s)

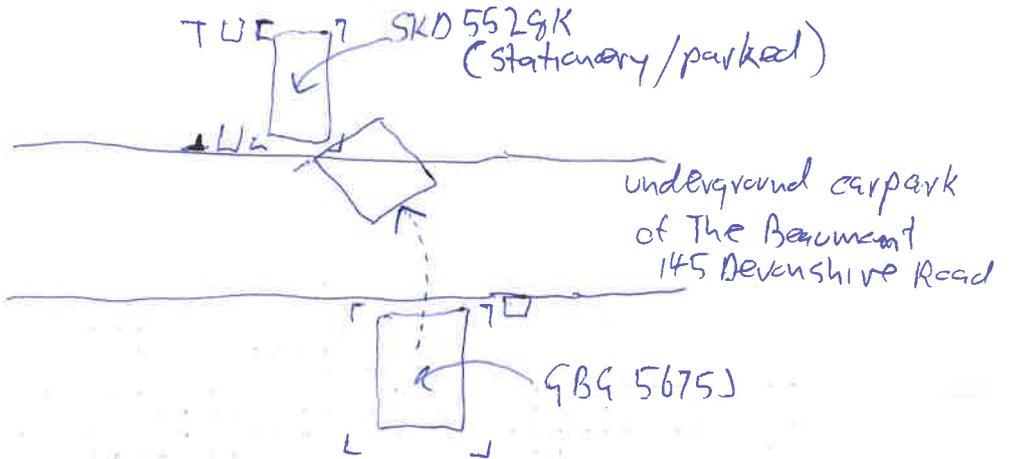
Occupation Indoor Outdoor

Gender Male Female

Contact Number / Mobile Phone / Fax No. 94521950

Address of Driver	147 DEVONSHIRE ROAD	
	#04-03	Postcode (239894)
Email Address	pccarlton74@gmail.com	
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)		
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	8B65675J	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	SADEJUR	
Personal Identification - NRIC (Singaporean/PR)	D6391274B	
- FIN/Passport Number		
Contact Number	Gold plus construction pte Ltd	
Address	1 SOON LEE STREET PIONEER CENTRE #02-22(S) 627605	
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The driver of the truck (registration # GBG 5675J) reversed into the left front corner of my car (SKD 5528K) while trying to exit the underground car park located at 145 Devonshire Road, The Beaumont. The driver, Sadequr, driving for Gold Plus Construction Pte Ltd, approached me at 5:00pm on 7 June 2018 at the entrance to the above car park and informed me that he had hit my stationary parked vehicle.

DECLARATION

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

P. Carter

Policyholder's Signature

Date & Time: 8/6/18 9:40am

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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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: 5/6/18
9:40 am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

8616177



NRIC No. S7484955E



Nationality
AUSTRALIAN

Date of Issue
05-05-2004

147 DEVONSHIRE ROAD #04-03
SINGAPORE 239894

NRIC No: S7484955E Date: 18/05/2018

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

	PASS DATE
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors / vehicles \leq 2500 kg	01 Jun 2005

NP 428A

Licence No: S7484955E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7484955E



Name
CARLTON PHILLIP ANTHONY

Race
CAUCASIAN

Date of birth **08-01-1974** Sex **M**

Country of birth
AUSTRALIA

S7484955E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7484955E**

Name:
CARLTON PHILLIP ANTHONY

Birth Date: **08 Jan 1974**

Issue Date: **01 Jun 2005**



001346090K



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder : CARLTON PHILLIP ANTHONY
Period of Insurance : 15 Dec 2017 To 14 Dec 2018
Engine No. : 040711070835204PT
Chassis No. : SALVA2AG0CH614359

Vehicle No. : SKD5528K
Policy No. : 2100283211-06
Endorsement No. :
Issued Date : 08 Nov 2017

ABOUT THE COVER

Make/Model : LANDROVER RANGE ROVER EVOQUE (5DR/COUPE)
Engine Capacity/Tonnage : 1,999,00 CC **Sum Insured** : Market Value **First Year of Registration** : 2011
Driver Restriction : NA **Off Peak Car** : No **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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CARLTON PHILLIP ANTHONY - \$500 (Own Damage)

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

1. Weames Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63788333

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: NA

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).

0503486615

WEARNES AUTOMOTIVE - DEF (J)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCDSK