

SERVICE ESTIMATE

96279 - C00001 SL: SERVICE SALES - PC

Mr Ung Chuong Hing

Blk 311 Ang Mo Kio Avenue 3

#08-2116

Singapore 560311

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 18/06/2018

WIP No. : 11608

Veh.In/Out:

*Tel.No. : Mobile: 92381018

Reg.No. : SJN6199D

Reg.date : 29/03/2018

Mileage : 0

Chassis No: YV1LF10ACJ1340009

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Ung Chuong Hing

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BONNET,FRT BUMPER,FRT BRACKET,FRT GRILL, FRT RH HEADLAMP,ETC	0	3200.00	0		3,200.00	S
800	TO PUTTY SPRAY PAINT ON FRT BONNET,FRT BUMPER,ETC	0	2100.00	0		2,100.00	S
R06	TO INSTALL FRONT NUMBER PLATE INCLUDE HOLDER	0	60.00	0		60.00	S
280	TO FOCUS HEADLAMP	0	150.00	0		150.00	S
280	TO CHECK WIRING INCLUDE RESETING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
	BUMPER COVER FRT XC9	1.0 EA	1714.40			1,714.40	S
	PROTECTING PLATE FRT	1.0 EA	562.70			562.70	S
	BUMPER BRACKET LHF X	1.0 EA	79.10			79.10	S
	BUMPER BRACKET RHF X	1.0 EA	79.10			79.10	S
	BUMPER BRACKET LHF X	1.0 EA	79.10			79.10	S
	BUMPER BRACKET RHF X	1.0 EA	79.10			79.10	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER FOAM FRT XC90	1.0 EA	337.30			337.30	S
	WIPER GRILLE CLIP XC	10.0 EA	7.10			71.00	S
	BONNET FRT XC90 16-	1.0 EA	3338.00			3,338.00	S
	HEADLAMP RH XC90 16-	1.0 EA	2315.60			2,315.60	S
	HEADLAMP DRIVE UNIT	1.0 EA	235.90			235.90	S
	HEADLAMP DRIVE UNIT	1.0 EA	250.50			250.50	S
	BUMPER RAIL (BEAM) F	1.0 EA	1022.30			1,022.30	S
	RADIATOR GRILLE	1.0 EA	780.00			780.00	S
	BLIND RIVET 4.0*21MM	10.0 EA	3.00			30.00	S
	BUMPER CLIP	10.0 EA	4.80			48.00	S
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	NOISE DEADENING PAD	1.0 EA	500.00			500.00	S
	D ADHESIVE SEALANT	1.0 EA	344.10			344.10	S
	BUMPER LOWER GRILLE	1.0 EA	251.20			251.20	S

Gross Total. 18,160.80

Labour Total 5,960.00
 Parts Total 12,200.80
 Package Total 0.00

Net..... 18,160.80
 GST @ 7.0% 1,271.26
 Total..... 19,432.05
 Paid..... 0.00
 Please Pay.. 19,432.05

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

11608

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	18/06/2018 11:54
Date Of Accident	18/06/2018 09:15
Exact Location Of Accident	COMPOUND OF NORTHSTAR @ AMK 7030 ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6199D
Insured/Policyholder	
Name Of Registered Owner	UNG CHUONG HING
NRIC No	S7684838F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92381018
Alternative Phone No	OTHERS-92381018

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90-2.0 T5 (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	CN 1800032980
Cover Note Number	

Driver

Name of Driver	UNG CHUONG HING
NRIC No	S7684838F
Date Of Birth	31/01/1976
Occupation	INDOOR
Date Of Driving Pass	04/08/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92381018
Fax Number	
Contact Number	OTHERS-92381018
EMail Address	NOEMAIL

Address	BLK 311 ANG MO KIO AVE 3 #08-2116
Postcode	560311
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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 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	YM9472Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM CHOON KIAT
NRIC/Passport Number	S1407371Z
Contact Number	83547316
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: 18/06/2018 Time: 0915hrs.
Exact Location of Accident	Compound of Nanyang Building @ Amk.
DETAILS OF OWN VEHICLE	7030 Ang Mo Kio Ave 5
Vehicle Registration Number	SJN 6199D

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Ung Chuong Hing
Personal Identification - NRIC (Singaporean/PR)	S768 4838F
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model XC90 T5
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" 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 type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	ALG
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	CN : 1800032980
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Ung Chuong Hing
Personal Identification - NRIC (Singaporean/PR)	S768 4838F
- FIN/Passport Number	
Date of Birth	31 dd/ 01 mm/ 1976 yy
Driving Date Pass	04 dd/ 08 mm/ 1999 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9238 1018

ut_engineering2009@yahoo.com.sg

Address of Driver	311 Ang Mo Kio Ave 3 #08-2116		Postcode (560311)
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)	Damaged whilst parked.		
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)	0		
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	YM 94724		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	Lim Choon Kiat.		
Personal Identification - NRIC (Singaporean/PR)	S14073712.		
- FIN/Passport Number	8354		
Contact Number	9258 7316.		
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.)			

SKETCH PLAN

IMPORTANT NOTICE

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

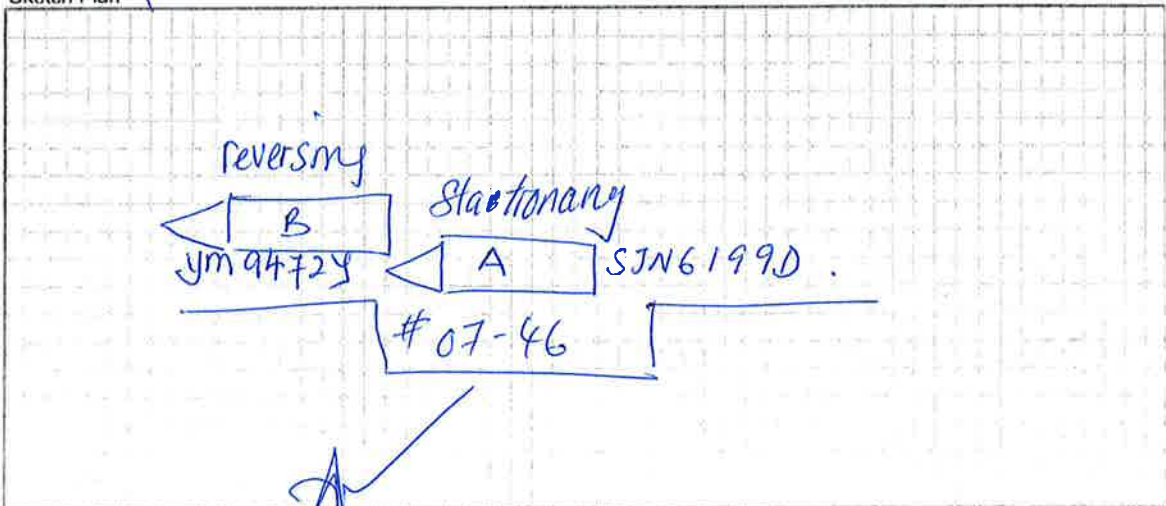
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

My car was parked stationary in front of my office unit #07-4b.

Vehicle B reversed and hit onto the front right portion of my stationary vehicle while reversing.

My neighbour saw the incident and stopped the driver of vehicle B from leaving and called for me.

As such, I came to my car and realize that it was damaged.

Nobody was injured.

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7684838F



Name
UNG CHUONG HING

翁 存 兴

Race
CHINESE

Date of birth
31-01-1976

Sex
M

Country of birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7684838F

Name
UNG CHUONG HING

Birth Date: 31 Jan 1976

Issue Date: 19 Mar 2007

001484425A

8648533



NRIC No. S7684838F



Nationality
MALAYSIAN

Date of issue
17-09-2004

APT. BLK 311 ANG MO KIO AVENUE 3 #08-2116
SINGAPORE 561311


NRIC No. S7684838F Date: 15/10/2008 No: 6034319

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


	PASS DATE
Class 2B Motorcycles <= 200 cc	04 Aug 1999
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Aug 1999

NP 428A

Licence No: S7684838F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1407371Z




Name
LIM CHOON KIAT

Race
CHINESE

Date of birth
30-07-1960

Sex
M

Country of birth
SINGAPORE



4890787



NRIC No. S1407371Z



Date of issue

APT BLK 384 BENDEMEER ROAD #10-816
SINGAPORE 331038

NRIC No. S1407371Z Date: 20/09/2016

~~9358 7316~~
8354 7316

REPUBLIC OF SINGAPORE DRIVING LICENCE

Expiry Number: S1407371Z

Name: LIM CHOON KIAT

Birth Date: 30 Jul 1960

Issue Date: 22 Jul 2010

001876430A




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class	Description	Effective Date
Class 3	Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	28 Nov 1981
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	22 Jul 2010
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

NP 428A

Licence No: S1407371Z





COVER NOTE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: UNG CHUONG HING	Vehicle No.	:
Period of Insurance	: 29 Mar 2018 to 28 Mar 2020	Cover Note No.	: 1800032980
Engine No.	: B4204T232330869	Endorsement No.	:
Chassis No.	: YV1LF10ACJ1340009	Issued Date	: 28 Mar 2018

ABOUT THE COVER

Make/Model	: VOLVO XC90 T5 Momentum	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,969.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*		Insuring with COE/PAF	: Yes

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" ("YIDER") 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 85 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)
UNG CHUONG HING - \$800 (Own Damage)

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

1. Wearn's Automotive Pte Ltd Add: 248 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: OVERSEA-CHINESE BANKING CORPN LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
We hereby certify that this Cover Note 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). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0503485745

WEARNES AUTOMOTIVE - FML (V)

46 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Jayne-MY Lye

AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3000 | F: +65 6415 3723 | www.aig.com.sg

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-092373

Date of Request: 18/06/2018

Your Ref No: Online Purchase

Wearnes Automotive Pte Ltd
28 Leng Kee Road
Singapore 159105

Dear Sir/Madam,

Enquiry Date 18/06/2018
Enquiry By Ong Siew Bee
TP Vehicle No. YM9472Y
Accident Date 18/06/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YM9472Y	AXA Insurance Pte Ltd	18/10/2017-17/10/2018	6338 7288

Thank You.

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