

### SERVICE ESTIMATE

80172 - C00001 SL: SERVICE SALES - PC

Mr Herman Prasetya Sutanto  
Blk 495F Tampines Street 43  
#11-358

Singapore 525495

GST Reg.No:M28920628X

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

Inv.date. : 01/06/2018

WIP No. . : 63630

Veh.In/Out: .

\*Tel.No. . : Mobile: 97504055

Reg.No. . : SKS532B

Reg.date . : 24/03/2015

Mileage . : 0

Chassis No: YV1MV845BF2233958

Closed by .... : Paul Ong Qing Yong

Svc Consultant :

Remarks ..... : Mr Herman Prasetya S

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR SPOILER, TOW COVER, REAR FOG LAMP, ETC	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER, ETC	0	1600.00	0		1,600.00	S
R06	REAR NUMBER PLATE & 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
	BUMPER COVER REAR V4	1.0 EA	1428.70			1,428.70	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
	TOW COVER REAR V40 1	1.0 EA	73.90			73.90	S
	BUMPER RAIL (BEAM) R	1.0 EA	1336.30			1,336.30	S
	FOG LAMP LHR V40 13~	1.0 EA	88.90			88.90	S
	FOG LAMP RHR V40 13~	1.0 EA	88.90			88.90	S
	BLIND RIVET 4.0*21MM	10.0 EA	3.00			30.00	S

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 Remarks ..... : Mr Herman Prasetya S

Chassis No: YV1MV845BF2233958

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. 8,427.70

Labour Total 4,510.00  
 Parts Total 3,917.70  
 Package Total 0.00

Net..... 8,427.70  
 GST @ 7.0% 589.94  
 Total..... 9,017.65  
 Paid..... 0.00  
 Please Pay.. 9,017.65

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	31/05/2018 14:47
Date Of Accident	31/05/2018 08:20
Exact Location Of Accident	TAMPINES AVE 7 TO TPE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS532B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HERMAN PRASETYA SUTANTO
NRIC No	S7379484F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98332506
Alternative Phone No	OTHERS-98332506

### 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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100406847-03
Cover Note Number	

### Driver

Name of Driver	LUISA LILY TJONG
NRIC No	S7281431B
Date Of Birth	23/10/1972
Occupation	INDOOR
Date Of Driving Pass	26/05/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98332506
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	495F TAMPINES ST 43 #11-358
Postcode	525495
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 TO ATTACHMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX2154G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD HELMIE SHAFIRQ BIN SUHAIMI
NRIC/Passport Number	S8630889D
Contact Number	81807651
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

63620

# 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: 31/05/2018 Time: 0820hrs.
Exact Location of Accident	Tampines Ave 7 to TPE (Changi)

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS 532 B
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Herman Sutaranto.
Personal Identification - NRIC (Singaporean/PR)	S7379484F
- 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	8001M
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 *	AIG
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	210040684A-03
Motor CI	

## DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	Luisa Lily Tiong
Personal Identification - NRIC (Singaporean/PR)	S7287431B
- FIN/Passport Number	
Date of Birth	23 dd/ 10 mm/ 1972 yy
Driving Date Pass	26 dd/ 05 mm/ 2004 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	9833 2506

Address of Driver	445F Tampines St 43 #11-358		Postcode (525495)
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	Spouse		
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)	Head 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, _____
<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 checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	01		
<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	# SJX 21546		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	Muhammad Helmie Shafiq Bin Suhaimi		
Personal Identification - NRIC (Singaporean/PR)	S66 30889D		
- FIN/Passport Number			
Contact Number	8180 7657		
Address			
Name of Insurance Company	EQ Insurance		
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.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

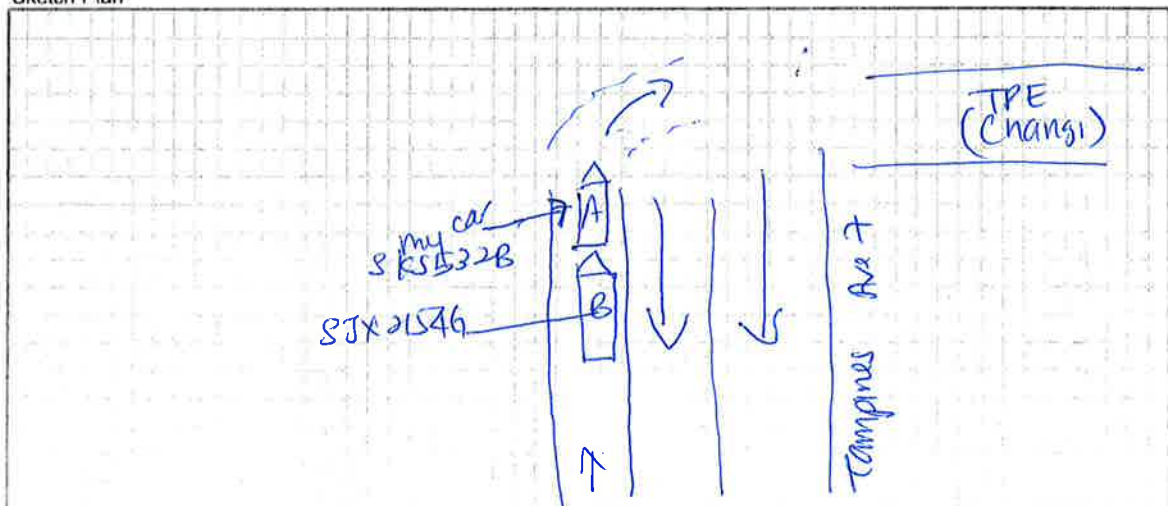
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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**

I was at the Tampines Ave 7 → extremely right lane  
going to ~~turning~~ turn<sup>right</sup> toward TPE Changi - city  
When the right turn traffic light turn amber  
I was braking to stop and the car behind me  
hit my 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

 31/5/18  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



## WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

**Name of Policyholder** : HERMAN PRASETYA SUTANTO  
**Period of Insurance** : 24 Mar 2018 To 23 Mar 2019  
**Engine No.** : D4162T3211090  
**Chassis No.** : YV1MV845BF2233958

**Vehicle No.** : SKS532B  
**Policy No.** : 2100406847-03  
**Endorsement No.** :  
**Issued Date** : 08 Mar 2018

## ABOUT THE COVER

**Make/Model** : VOLVO V40 D2  
**Engine Capacity/Tonnage** : 1,560.00 CC  
**Driver Restriction** : NA

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2015  
**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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above

## 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)

HERMAN PRASETYA SUTANTO - \$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

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).

0503485745

WEARNES AUTOMOTIVE - FML (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

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

SSPJ00

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7281431B**



Name  
**LUISA LILY TJONG**

Race  
**CHINESE**  
Date of birth  
**23-10-1972**  
Country of birth  
**INDONESIA**

Sex  
**F**

**S7281431B**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7281431B**

Name

**LILY**

Birth Date: **23 Oct 1972**

Issue Date: **26 May 2004**



**001225255E**



4458892

NRIC No. **S7281431B**



Date of issue  
**04-09-2009**

APT BLK 495F TAMPINES STREET 43 #11-358  
SINGAPORE 525495

NRIC No: **S7281431B**

Date: **28/12/2010**

No: **6883956**

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

**26 May 2004**



Licence No: **S7281431B**

NP 428A