

### SERVICE ESTIMATE

94349 - C00001 SLF SERVICE SALES - PC

Mr Wu Xialu

Blk 254 Bishan Street 22

#23-452

Singapore 570254

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date : 02/07/2018

WIP No. : 12812

Veh.In/Out:

\*Tel.No. : Mobile: 91059158

Reg.No. : SLV8926T

Reg.date : 19/01/2018

Mileage : 0

Chassis No: VF1RFB00059266511

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Wu Xialu

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR LH FENDER,	0	2700.00	0		2,700.00	\$
800	TO PUTTY SPRAY PAINT ON REAR	0	1600.00	0		1,600.00	\$
LH FENDER, REAR END PANEL, LH							
ROCKER PANEL, ETC							
802	TO REPLACE REAR WINDSCREEN	0	450.00	0		450.00	\$
802	TO REMOVE & INSTALL REAR BOOT	0	1350.00	0		1,350.00	\$
COMPARTMENT PARTS							
802	TO REMOVE & INSTALL INTERIOR P	0	1800.00	0		1,800.00	\$
0080	TO INSTALL REAR WINDSCREEN FIL	0	280.00	0		280.00	\$
280	TO CHECK WIRING INCLUDE	0	330.00	0		330.00	\$
RESETTING OF ALL ELECTRICAL							
MODULES							
	FENDER REAR LH M43	1.0 EA	1539.00			1,539.00	\$
	QTR GLASS LH	1.0 EA	269.40			269.40	\$
	WINDSCREEN REAR	1.0 EA	633.20			633.20	\$
	WINDSCREEN SEALANT	3.0 EA	112.10			336.30	\$
	PRIMER	3.0 EA	176.60			529.80	\$

### SERVICE ESTIMATE

94349 - 000001 SL: SERVICE SALES - PC

Mr Wu Xialu

Blk 254 Bishan Street 22

#23-452

Singapore 570254

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 2

Inv.date. : 02/07/2018

WIP No. : 12812

Veh.In/Out:

\*Tel.No. : Mobile: 91059158

Reg.No. : SLV89267

Reg.date. : 19/01/2018

Mileage : 0

Chassis No: VF1RFB00059266511

Closed by .... : Michelle Ong Siew Be

Svc Consultant :

Remarks ..... : Mr Wu Xialu

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	ADHESIVE SEALER FL2	1.0 EA	425.40			425.40	S
	BODY PANEL SEALANT X	1.0 EA	937.50			937.50	S

Gross Total. 13,180.60

Labour Total 8,510.00  
 Parts Total 4,670.60  
 Package Total 0.00

Net..... 13,180.60  
 GST @ 7.0% 922.64  
 Total..... 14,103.25  
 Paid..... 0.00  
 Please Pay.. 14,103.25

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

12812

## 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	23/06/2018 13:33
Date Of Accident	22/06/2018 19:50
Exact Location Of Accident	YISHUN RING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8926T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU XIALU
NRIC No	S8784533H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91059158
Alternative Phone No	OTHERS-91059158

### Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE TCE-1.2 (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V01288/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	WU XIALU
NRIC No	S8784533H
Date Of Birth	29/07/1987
Occupation	INDOOR
Date Of Driving Pass	27/07/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91059158
Fax Number	
Contact Number	OTHERS-91059158
EMail Address	NOEMAIL

Address	BLK 254 BISHAN STREET 22 #23-452
Postcode	570254
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?	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: : SONG JIE 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL9436E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD ZAZRI BIN DUPREE
NRIC/Passport Number	S7613911C
Contact Number	85352370
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 e-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: 27/06/2018 Time: 1950hrs.  
 Exact Location of Accident Yishun Ring Road.

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV 8926T

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Wu Xialu  
 Personal Identification - NRIC (Singaporean/PR) S8784533H  
 - FIN/Passport Number  
 - Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Renault Model Megane 1.2  
 Type of Vehicle\* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ 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? ☐ Yes ☒ No (If No, PLS select: ☒ Third Party ☐ Reporting)  
 Vehicle Category\* ☒ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \* UBA  
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only  
 Fleet Policy ☐ Yes ☒ No  
 Policy Number 8D18V 01288 / VPC2 / R00  
 Motor CI

## DRIVER

☒ Same as Insured above  
 Name of Driver Wu Xialu  
 Personal Identification - NRIC (Singaporean/PR) S8784533H  
 - FIN/Passport Number  
 Date of Birth 29 dd/ 07 mm/ 1987 yy  
 Driving Date Pass 27 dd/ 07 mm/ 2016 yy  
 Year of Driving Experience Year(s) Month(s)  
 Occupation ☒ Indoor ☐ Outdoor  
 Gender ☒ Male ☐ Female  
 Contact Number / Mobile Phone / Fax No 9105 9158

Address of Driver	Blk 254 Bishan Street 22 #23-152		Postcode ( 570254)
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)			
<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	Sang Jie
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 checked="" type="radio"/> No	
Number of Passengers (Including Driver)	02		
<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	FBL 9436E		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	Muhammad Azri Bin Dupree		
Personal Identification - NRIC (Singaporean/PR)	S 7613911C		
- FIN/Passport Number			
Contact Number	8535 2370		
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**

2 lanes on Yishun Ring Road about 6:50 pm


The car in front slow down and stop for right turn, so I slow down, the driver (motorcyclist) looked somewhere else (not in front), and did not slow down, after he noticed my car, tried to pass from left, but hit my car & left behind.

**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.

 2018-06-23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



## SKETCH PLAN

### IMPORTANT NOTICE

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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

