

SERVICE ESTIMATE

82205 - C00001 SL: SERVICE SALES - PC

Mr Eddy Lau Kim Yam

Blk 111 Bedok North Road

#09-331

Singapore 460111

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date : 24/08/2018

WIP No. : 23376

Veh.In/Out: 23/08/2018

*Tel.No. : Mobile: 97833011

Reg.No. : SKW3153X

Reg.date : 27/10/2015

Mileage : 0

Chassis No: YV1AS40CDG1196863

Closed by : Derek Oh Siong Wee

Svc Consultant :

Remarks : Mr Eddy Lau Kim Yam

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR	0	4000.00	0		4,000.00	S
	BRACKET,REAR LOWER SPOLIER,REAR						
	TAIL LAMP,REAR SENSOR,REAR						
	END PANEL,ETC						
800	TO PUTTY SPRAY PAINT ON REAR	0	4200.00	0		4,200.00	S
	BUMPER,REAR LOWER SPOLIER,						
	REAR BOOT LID,REAR PANEL,ETC						
802	TO TRANSFER REAR BOOT LID PART	0	250.00	0		250.00	S
802	TO REMOVE & INSTALL REAR BOOT	0	1600.00	0		1,600.00	S
	COMPARTMENT PARTS						
802	TO REPLACE REAR EXHUST SYSTEM	0	1000.00	0		1,000.00	S
280	TO CHECK WIRING INCLUDE	0	450.00	0		450.00	S
	RESETTING OF ALL ELECTRICAL						
	MODULES						
	BUMPER COVER REAR S8	1.0 EA	1454.80			1,454.80	S
	BUMPER SPOILER REAR	1.0 EA	434.30			434.30	S
	BUMPER BRACKET LHR S	1.0 EA	71.70			71.70	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER BRACKET RHR S	1.0 EA	73.90			73.90	S
	BUMPER BRACKET LHR C	1.0 EA	35.70			35.70	S
	V030655125/BUMPER BR	1.0 EA	35.70			35.70	S
	BUMPER BRACKET REAR	1.0 EA	104.30			104.30	S
	BUMPER RAIL (BEAM) R	1.0 EA	1326.50			1,326.50	S
	BUMPER PANEL REAR S8	1.0 EA	876.90			876.90	S
	WHEELARCH REAR LH S8	1.0 EA	216.90			216.90	S
	TAILLAMP LH S80 14~	1.0 EA	510.90			510.90	S
	PARK ASSIST, REAR S8	1.0 EA	1068.20			1,068.20	S
	SILENCER LH D.E S80	1.0 EA	741.60			741.60	S
	SILENCER RH D.E S80	1.0 EA	741.60			741.60	S
	EXHAUST CLAMP 60mm S	1.0 EA	126.30			126.30	S
	HEAT SHIELD REAR T5	1.0 EA	340.80			340.80	S
	BOOT REAR S80 07~	1.0 EA	2619.90			2,619.90	S
	EMBLEM <VOLVO> REAR	1.0 EA	92.00			92.00	S
	EMBLEM 'S80' 13~ CH	1.0 EA	84.00			84.00	S
	EMBLEM 'T5' XC60 S80	1.0 EA	88.00			88.00	S

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Reg.No. . : SKW3153X

Reg.date. : 27/10/2015

Mileage . : 0

Chassis No: YV1AS40CDG1196863

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BLIND RIVET 4.0*21 P	10.0 EA	3.00			30.00	S
	BUMPER CLIP	10.0 EA	5.40			54.00	S
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	SOUND DEADENING PAD	2.0 EA	250.00			500.00	S
	ADHESIVE TUBE CHEMIC	4.0 EA	75.80			303.20	S

Gross Total. 23,514.60

Labour Total 11,500.00
 Parts Total 12,014.60
 Package Total 0.00

Net..... 23,514.60
 GST @ 7.0% 1,646.02
 Total..... 25,160.60
 Paid..... 0.00
 Please Pay.. 25,160.60

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

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: 21.08.18 Time: 1730
Exact Location of Accident	cross junction along rothor lamar rd and selegie rd opps Bukit Timah L rd
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW 3123 X

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Edely Lau Kim Yam
Personal Identification - NRIC (Singaporean/PR)	S6807639J
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Yoda Model S80 75
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 *	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	2100 4355 00
Motor CI	

DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	Allison Yeo hi Hwa
Personal Identification - NRIC (Singaporean/PR)	S7331143 H
- FIN/Passport Number	
Date of Birth	28 dd/ 08 mm/ 1973/yy
Driving Date Pass	09 dd/ 01 mm/ 1995/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.	97833011

Address of Driver	31K 111 Gedok North rd	
	# 09-331	Postcode (760111)
Email Address	no email	
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)		
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 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 checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	01	
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	6B7A 6948 Y	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
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

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 liability.
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' 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

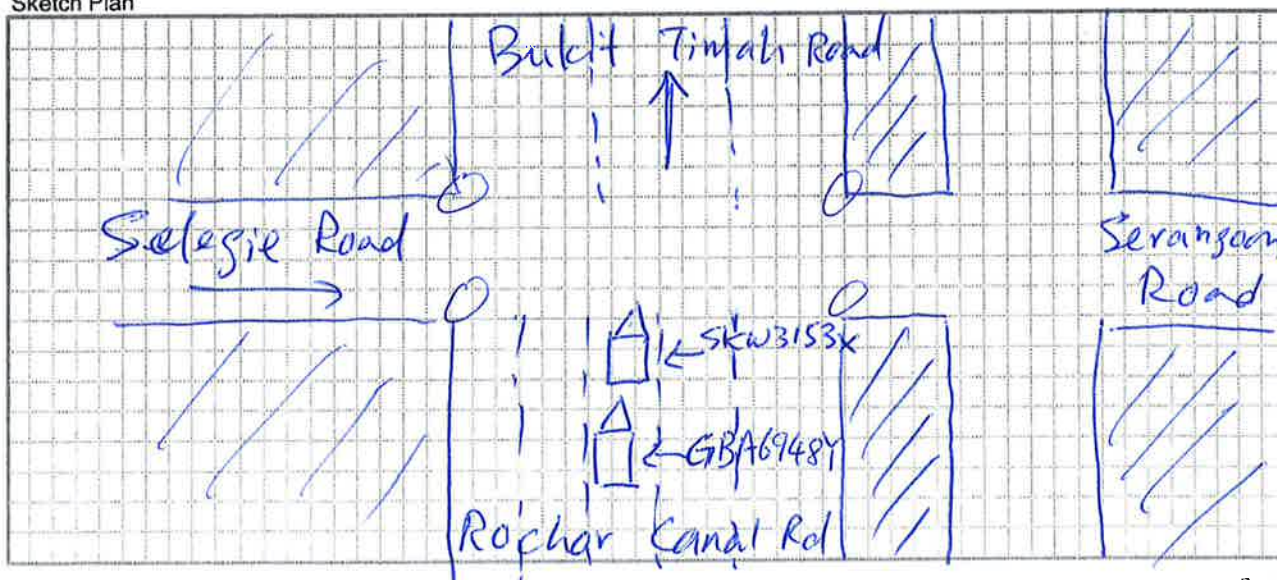
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

On the above date, time and location mentioned,
I stopped at the traffic light. Suddenly I feel a
huge impact on the rear of my car. When I
alighted to check, vehicle GBA 6948Y had hit
the rear portion of 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

 23/8/2018

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

Witnessed by Reporting Centre Personnel

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	23/08/2018 21:53
Date Of Accident	21/08/2018 17:30
Exact Location Of Accident	JUNCTION ALONG ROCHOR CANAL RD AND SELEGIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3153X
Insured/Policyholder	
Name Of Registered Owner	EDDY LAU KIM YAM
NRIC No	S6807639J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97833011
Alternative Phone No	OTHERS-97833011

Vehicle Particulars

Manufacturer	VOLVO
Model	S80-2.0 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	2100435500
Cover Note Number	

Driver

Name of Driver	ALLISON YEO LI HWA
NRIC No	S7331143H
Date Of Birth	28/08/1973
Occupation	INDOOR
Date Of Driving Pass	09/01/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97833011
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 111 BEDOK NORTH RD #09-331
Postcode	460111
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 ATTACH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA6948Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : EDDY LAU KIM YAM
Period of Insurance : 27 Oct 2017 To 26 Oct 2018
Engine No. : B4204T111361353
Chassis No. : YV1AS40CDG1196863

Vehicle No. : SKW3153X
Policy No. : 2100435500-02
Endorsement No. :
Issued Date : 02 Oct 2017

ABOUT THE COVER

Make/Model : VOLVO S80 T5 DRIVE-E
Engine Capacity/Tonnage : 1,969.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAF : 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)

EDDY LAU KIM YAM - \$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 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

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).

0503485747

WEARNES AUTOMOTIVE - FLC (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPMLU

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6807639J**

Name: **EDDY LAU KIM YAM**

Birth Date: **21 Feb 1968**

Issue Date: **27 Oct 2003**

000951815G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6807639J**

Name: **EDDY LAU KIM YAM**

劉鏗堦

Race: **CHINESE**

Date of Birth: **21-02-1968**

Sex: **M**

Country of Birth: **SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7331143H**

Name: **ALLISON YEO LI HWA**

Birth Date: **28 Aug 1973**

Issue Date: **20 Dec 2002**

000950014F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7331143H**

Name: **ALLISON YEO LI HWA**

楊蕊華

Race: **CHINESE**

Date of Birth: **28-08-1973**

Sex: **F**

Country of Birth: **SINGAPORE**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Feb 1991
Class 2A	Motorcycles between 201 cc and 400 cc	31 Aug 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Nov 1989

NP 428A

Licence No: **S6807639J**

A0106923

S6807639J

Blood Group: **O+** Date of issue: **22-02-2002**

APT BLK 111 BEDOK NORTH ROAD #09-331
SINGAPORE 460111

13-01-2007 No: **6613**

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	09 Jan 1995

NP 428A

Licence No: **S7331143H**

A0106922

S7331143H

Blood Group: **B+** Date of issue: **22-02-2002**

APT BLK 111 BEDOK NORTH ROAD #09-331
SINGAPORE 460111

NP No: **S7331143H** Dates: **13-01-2007** No: **6613572**