

SERVICE ESTIMATE

89420 - C00001 SL: SERVICE SALES - PC

Ms Kek Xing Yi

Blk 461 Choa Chu Kang Avenue 4
#03-75

Singapore 680461

Closed by : Derek Oh Siong Wee

Svc Consultant :

Remarks : Ms Kek Xing Yi

GST Reg.No:M28920628X

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

Inv.date. : 20/09/2018

WIP No. . : 28434

Veh.In/Out: 19/09/2018

*Tel.No. . : Mobile: 97562403

Reg.No. . : SLN3451X

Reg.date . : 28/04/2017

Mileage ... : 0

Chassis No: YV1MV28H0H2420427

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR BRACKET, REAR LOWER SPOILER, REAR SENSOR, ETC	0	1600.00	0		1,600.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER, ETC	0	1000.00	0		1,000.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
	V039814190/BUMPER CO	1.0 EA	1186.50			1,186.50	S
	TOW COVER REAR V40 1	1.0 EA	73.90			73.90	S
	BUMPER SPOILER REAR	1.0 EA	486.40			486.40	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
	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*21 P	10.0 EA	3.00			30.00	S
	BUMPER CLIP	10.0 EA	5.40			54.00	S

SERVICE ESTIMATE

89420 - C00001 SL: SERVICE SALES - PC

Ms Kek Xing Yi

Blk 461 Choa Chu Kang Avenue 4
#03-75

Singapore 680461

Closed by : Derek Oh Siong Wee

Svc Consultant :

Remarks : Ms Kek Xing Yi

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

Inv.date. : 20/09/2018

WIP No. . : 28434

Veh.In/Out: 19/09/2018

*Tel.No. . : Mobile: 97562403

Reg.No. . : SLN3451X

Reg.date. : 28/04/2017

Mileage . : 0

Chassis No: YV1MV28H0H2420427

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	ADHESIVE TUBE CHEMIC	4.0 EA	75.80			303.20	S

Gross Total. 5,622.60

Labour Total 3,050.00
Parts Total 2,572.60
Package Total 0.00

Net..... 5,622.60
GST @ 7.0% 393.58
Total..... 6,016.20
Paid..... 0.00
Please Pay.. 6,016.20

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: 18.09.18 Time: 1740
Exact Location of Accident	AYE to P15

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN 3451X
-----------------------------	-----------

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	HEK Xing Yi
Personal Identification - NRIC (Singaporean/PR)	S8340662C
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>Volvo</u> Model <u>V40 T2</u>
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 *	Liberty
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	
Motorist <u>lover note</u>	60071019

DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	HEK Xing Yi
Personal Identification - NRIC (Singaporean/PR)	S8340662C
- FIN/Passport Number	
Date of Birth	21 dd/ 12 mm/ 1983/yy
Driving Date Pass	29 dd/ 02 mm/ 2008/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.	97562403

Address of Driver	31K 461 Lhoah Chu Hong Ave 4 #03-75 Postcode (680461)	
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	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)	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 type="radio"/> Yes <input checked="" type="radio"/> No Ang Hui Cheng (F)	
Number of Passengers (Including Driver)	03 Foo Shi Jun (F)	
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	SFE 3263 R	
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

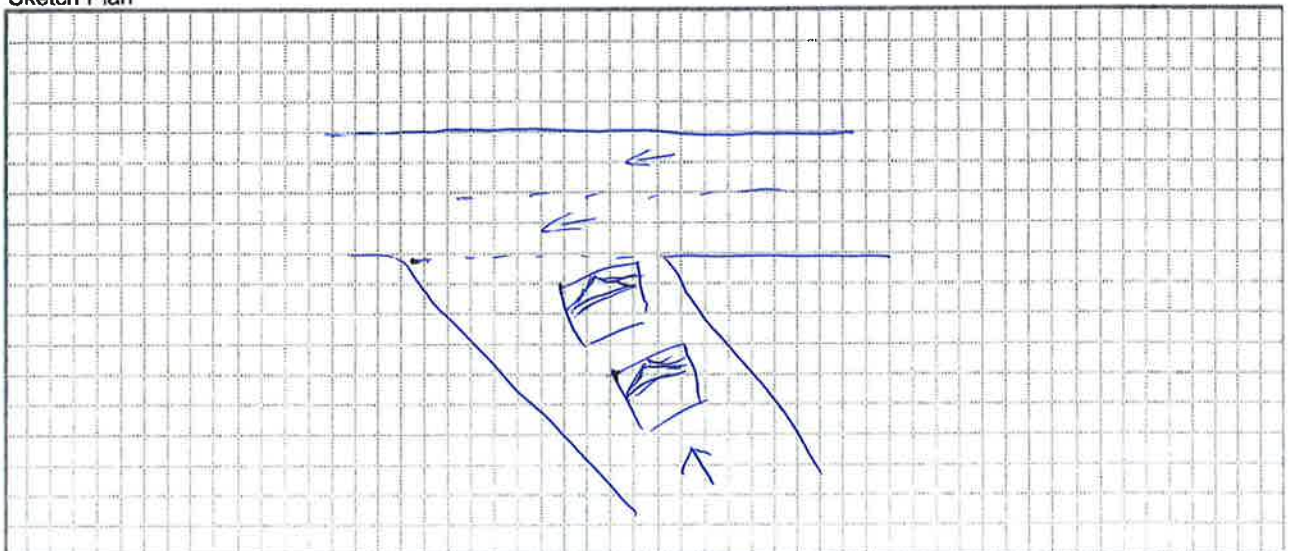
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Date: 18 Sep 18 , time: 1730 - 1745.

stop my vehicle at slip road , another car bumped into back.

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

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	19/09/2018 19:29
Date Of Accident	18/09/2018 17:40
Exact Location Of Accident	AYE TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3451X
Insured/Policyholder	
Name Of Registered Owner	KEK XING YI
NRIC No	S8340662C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97562403
Alternative Phone No	OTHERS-97562403

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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0071019

Driver

Name of Driver	KEK XING YI
NRIC No	S8340662C
Date Of Birth	25/12/1983
Occupation	INDOOR
Date Of Driving Pass	29/02/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97562403
Fax Number	
Contact Number	OTHERS-97562403
EMail Address	NOEMAIL

Address	BLK 461 CHOA CHU KANG AVE 4 #03-75
Postcode	680461
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	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)	3
Passenger 1	NAME: : ANG HUI CHENG GENDER: : FEMALE
Passenger 2	NAME: : FOO SHI YUN 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 ATTACH

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	SFE3263R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Motor Cover Note

Name of Producer: WEARNES AUTOMOTIVE PTE LTD (A1716)	Cover Note No.: C0071019
Date of Issue: 27 Apr 2017	Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

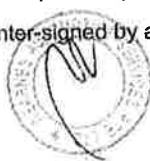
Details of Schedule

Name of Insured:	KEK XING YI (GUO XINGYI)
Period of Insurance:	From: 28 Apr 2017 00:00 To: 27 Apr 2019 23:59
Registration No.:	
Make and Model:	VOLVO V40 T2
Type of Body:	HATCHBACK
Capacity/Tonnage:	1498
Year of Manufacture/Registration:	2016/2017
Chassis No.:	YV1MV28H0H2420427
Engine No.:	B4154T51949969
Sum Insured:	MARKET VALUE AT TIME OF LOSS
Name of Finance Company:	OVERSEA-CHINESE BANKING CORPORATION LTD
Type of Plan:	Comprehensive
Excess:	AS AGREED

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Not valid unless counter-signed by authorized person.



Date: 27 Apr 2017 19:18



For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8340662C




Name
KEK XING YI
(GUO XINGYI)
郭 星 怡

Race
CHINESE

Date of birth
25-12-1983

Country/Place of birth
SINGAPORE

Sex
F

S8340662C

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S8340662C**
Name
KEK XING YI
(GUO XINGYI)

Birth Date: **25 Dec 1983**
Issue Date: **29 Feb 2008**

 0015758558

5351255


NRIC No. **S8340662C**



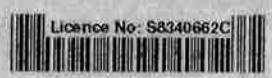
Date of issue
11-09-2014

Address
APT BLK 461 CHOA CHU KANG AVENUE 4
#03-75
SINGAPORE 680461

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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **29 Feb 2008**

 Licence No: **S8340662C**

NP 428A