

### SERVICE ESTIMATE

87054 - C00001 SL: SERVICE SALES - PC

Ms FOO MEI YAN  
210B PUNGGOL FIELD  
#14-220

Singapore 822201

Closed by .... : Michelle Ong Siew Be  
Svc Consultant :  
Remarks ..... : Ms FOO MEI YAN

GST Reg.No:M28920628X  
Inv.No. . : B&P 0 Page 1  
Inv.date. : 18/09/2018  
WIP No. . : 27406  
Veh.In/Out:  
\*Tel.No. . : Mobile: 97677686  
Reg.No. . : SJQ5310P  
Reg.date . : 29/09/2016  
Mileage .. : 0  
Chassis No: SJKDAAH15U1012255

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR LOWER BUMPER, ETC	0	2700.00	0		2,700.00	S
802	TO PUTTY & SPRAY PAINT ON REAR BUMPER, REAR LOWER BUMPER, ETC	0	2400.00	0		2,400.00	S
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	390.00	0		390.00	S
	BUMPER SET-RR Q30	1.0 EA	1440.20			1,440.20	S
	S MLDG RR BMPR	1.0 EA	504.00			504.00	S
	RETAINER LH-RR BUMPE	1.0 EA	50.40			50.40	S
	RETAINER RH-RR BUMPE	1.0 EA	50.40			50.40	S
	RETAINER-BUMPER Q30	1.0 EA	231.90			231.90	S
	REINFORCEMENT-BUMPER	1.0 EA	1021.30			1,021.30	S
	BRACKET-BUMPER	1.0 EA	55.50			55.50	S
	BRKT-RR BUMPER	1.0 EA	12.40			12.40	S
	BUMPER BRACKET RR LH	1.0 EA	121.00			121.00	S

### SERVICE ESTIMATE

87054 - C00001 SL: SERVICE SALES - PC

Ms FOO MEI YAN  
210B PUNGGOL FIELD  
#14-220

Singapore 822201

Closed by .... : Michelle Ong Siew Be  
Svc Consultant :  
Remarks ..... : Ms FOO MEI YAN

GST Reg.No:M28920628X  
Inv.No. . : B&P 0 Page 2  
Inv.date. : 18/09/2018  
WIP No. . : 27406  
Veh.In/Out:  
\*Tel.No. . : Mobile: 97677686  
Reg.No. . : SJQ5310P  
Reg.date. : 29/09/2016  
Mileage . : 0  
Chassis No: SJKDAAH15U1012255

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER BRACKET RR LH	1.0 EA	121.00			121.00	S
	REFLECTER LAMP REAR	1.0 EA	56.80			56.80	S
	REFLECTER LAMP REAR	1.0 EA	56.80			56.80	S
	BODY PANEL SEALANT X	1.0 EA	942.20			942.20	S
	ADHESIVE SEALER FL2	1.0 EA	549.10			549.10	S

			Gross Total.	10,703.00
Labour Total	5,490.00	Net.....	10,703.00	
Parts Total	5,213.00	GST @ 7.0%	749.21	
Package Total	0.00	Total.....	11,452.20	
		Paid.....	0.00	
		Please Pay..	11,452.20	

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	13/09/2018 16:50
Date Of Accident	13/09/2018 06:40
Exact Location Of Accident	KPE TOWARDS CITY BEFORE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5310P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO MEI YEN
NRIC No	S7031025B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97970253
Alternative Phone No	OTHERS-97970253

### Vehicle Particulars

Manufacturer	INFINITI
Model	Q30-1.5 D PREM DCT EU6 (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	2100484960-02
Cover Note Number	

### Driver

Name of Driver	GOH TECK KHOON
NRIC No	S7006340I
Date Of Birth	15/02/1970
Occupation	INDOOR
Date Of Driving Pass	25/08/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97677686
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 5 PUNGGOL FIELD WALK #14-12
Postcode	828741
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	CHAIN COLLISION
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: : FOO MEI YEN 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	SJA7620R
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARINAH UMIHARTY BTE ABDULLAH
NRIC/Passport Number	S8439749J
Contact Number	
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

27806

## 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: 13/09/2018 Time: 0643hrs.

Exact Location of Accident

KPE towards City BT Tunnel

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJQ 5310P

### INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Too Azeem Yeh

Personal Identification - NRIC (Singaporean/PR)

S7031025B

- FIN/Passport Number

- Not Applicable

### VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer Infiniti Model Q30

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 \*

AGU

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

2100484960.02

Motor CI

### DRIVER

☐ Same as Insured above

Name of Driver

Goh Teck Khom

Personal Identification - NRIC (Singaporean/PR)

S7006340I

- FIN/Passport Number

Date of Birth

15 dd/ 03 mm/ 1970 yy

Driving Date Pass

25 dd/ 08 mm/ 1999 yy

Year of Driving Experience

Year(s)

Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

9767 7686 . / 902 902 9797 0253

9767 7686

Address of Driver	Bt 5 Punggol Field Walk #14-12		Postcode (828741)
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)	Chain Collision		
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)	02 Foo Mei Yen (P)		
<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	SJA 7600R		
Vehicle Make/ Model/ Colour	Mitsubishi		
Details of Properties			
Name of Driver	Marinah Umihary Bte Abdullah		
Personal Identification - NRIC (Singaporean/PR)	S8439749J		
- 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 )			

**DETAILS OF OTHER VEHICLE / PROPERTY 2**

Vehicle Registration Number	SKP 963JP
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)	

**DETAILS OF OTHER VEHICLE / PROPERTY 3**

Vehicle Registration Number	
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)	

**DETAILS OF OTHER VEHICLE / PROPERTY 4**

Vehicle Registration Number	
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)	



## 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 well 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

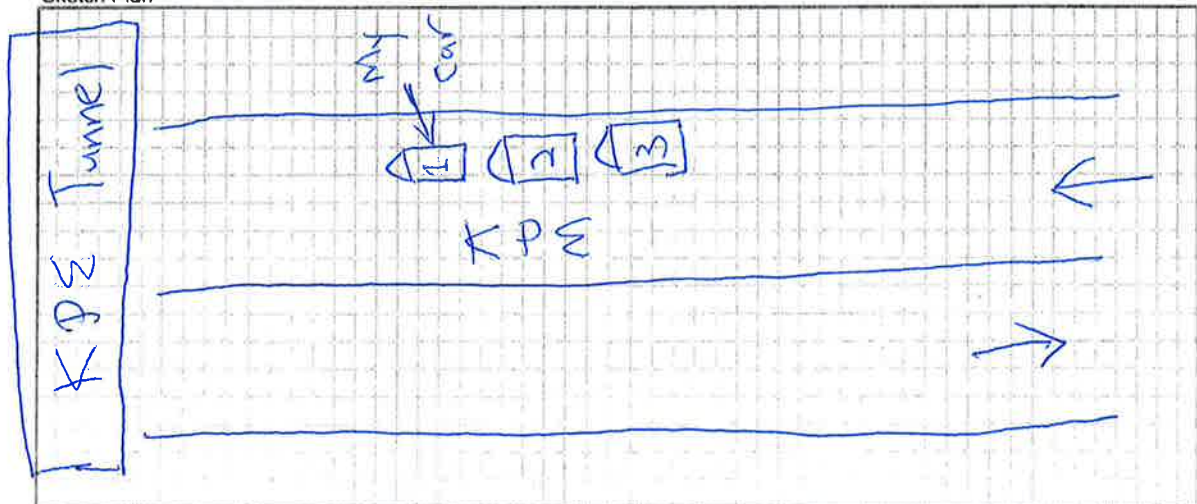
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



No. 1 ⇒ SJQ 5310 P

No. 2 ⇒ SJA 7620 R

No. 3 ⇒ S/KP 9637 P



**Describe Circumstance of the Accident**

I was travelling on KPE after Punnagol toward City.  
I was braking in advance to slow down as the traffic  
almost came to a halt.

I was Car No. 1

My Rear was hit by Car No. 2 as the driver failed  
to stop in time. The Car No. 2 claimed that she  
was forced to hit me caused by the impact of  
the No. 3 car on her rear.

In all, this accident involved 3 cars

**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 DRIVING LICENCE

License Number **S70063401**  
Name: **GOH TECK KHOON**

Birth Date: **13 Feb 1970**  
Issue Date: **20 Aug 2003**

**1000762707F**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 2B Motorcycles $\leq 200$ CC	11 Mar 2010
Class 3 Motor cars $\leq 3000$ kg with $\leq 7$ passengers, exclusive of the driver; and motor tractors/vehicles $\leq 2500$ kg	25 Aug 1999

S70063401

S / No. 9000095995

NP 428A

Licence No. S70063401

