

SERVICE ESTIMATE

95199 - C00001 SL: SERVICE SALES - PC

Ms Ng Hui Wah Lynn GST Reg.No:M28920628X

87 West Coast Drive

Inv.date.: 20/09/2018 #12-13

WIP No. . : 28524

Veh.In/Out: Singapore 128015

*Tel.No. . : Mobile: 65121114

Reg.No. . : SLV9657M Reg.date .: 24/01/2018 Closed by : Michelle Ong Siew Be

Svc Consultant : Mileage ..: 0

Remarks : Ms Ng Hui Wah Lynn Chassis No: YV1FZ40LDJ2049932

Op.No	Description	Mech Qty	Price Di	sc%	Pkg Amount G
802	TO REPLACE REAR BOOT LID, REAR	0	5600.00	0	5,600.00 S
EMBLEM, R	REAR BUMPER, REAR				
BRACKET,	REAR SENSOR, REAR				
LOWRE SF	POLIER, REAR BEAM, REAR				
END PANE	EL,ETC				
800	TO PUTTY SPRAY PAINT ON REAR	0	4900,00	0	4,900.00 S
	,REAR BUMPER,REAR				
LOWER SP	POLIER, REAR END PANEL,				
REAR RH	FENDER, ETC				
802	TO TRANSFER REAR BOOT LID PART	0	500.00	0	500.00 S
802	TO REMOVE & INSTALL REAR BOOT	0	2400.00	0	2,400.00 S
COMPARTM	IENT PARTS				
802	TO REPLACE REAR WINDSCREEN	0	800.00	0	800.00 S
89994	TO INSTALL REAR WINDSCREEN FIL	0	280.00	0	280.00 S
R06	TO INSTALL REAR NUMBER PLATE	0	60,00	0	60.00 S
INCLUDE	HOLDER				
280	TO CHECK WIRING INCLUDE	0	450.00	0	450.00 S



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

#12-13

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Chassis No: YV1FZ40L0J2049932

Op.No

Description

Mech Qty Price Disc% Pkg Amount G

RESETTING OF ALL ELECTRICAL MODULES

BUMPER COVER REAR V6	1.0	ĒΑ	1252.60	1,252.60	S
PROTECTING PLATE REA	1.0	EΑ	820.30	820.30	S
SKID PLATE RIM LH S6	1.0	EΑ	253.30	253.30	S
BUMPER BRACKET LHR V	1.0	EΑ	-45.50	45.50	S
BUMPER BRACKET RHR V	1.0	EΑ	45.50	45.50	S
BUMPER BRACKET REAR	1.0	EA	77.10	77.10	S
BUMPER BRACKET REAR	1.0	EΑ	88.70	88.70	S
BUMPER BRACKET CTR R	1.0	EΑ	88.70	88.70	S
TOW COVER REAR V60 1	1.0	EΑ	73.90	73.90	S
BUMPER RAIL (BEAM) R	1.0	EA	1277.20	1,277.20	S
REAR BOOT V60 11-	1.0	EΑ	2300.80	2,300.80	S
WINDSCREEN REAR V60	1.0	EΑ	1288.90	1,288.90	S
D WINDSCREEN SEALA	2.0	EΑ	122.10	244.20	S
D PRIMER GLASS & P	1.0	EΑ	37.40	37.40	S
V001161436/*D* GLASS	1.0	EΑ	55.40	55.40	S



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87 West Coast Drive Inv.No. . : B&P O Page 3

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Op.No	Description	Mech Qty	Price Disc%	Pkg Amount G
No. 20, 100 100 100 100 100 100 100 100 100 1		Committee and the series and the series and the series		A blest war year that are per year and good are per year.
	EMBLEM 'VOLVO' REAR	1.0 EA	92.00	92.00 S
	EMBLEM 'V60'	1.0 EA	92.00	92.00 S
	EMBLEM 'T5' XC60 S80	1.0 EA	88.00	88.00 S
	MUDGUARD WIDENER	1.0 EA	143.80	143.80 S
	TAILLAMP RH V60	1.0 EA	400.30	400.30 S
	BLIND RIVET 4.0*21 P	10.0 EA	3.00	30.00 S
	BUMPER CLIP	10.0 EA	5.40	54.00 8
	BUMPER INSTALLING MT	1.0 EA	83.40	83.40 S
	ADHESIVE TUBE CHEMIC	4.0 EA	75.80	303.20 S

			Gross Total.	24,226.20
Landon un m Para multas Para le arange	Totsl	14,990.00 9,236.20 0.00	Net GST @ 7.0% Total Paid Please Pay	24,226.20 1,695.83 25,922.05 0.00 25,922.05

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/09/2018 11:23
Date Of Accident	19/09/2018 17:15
Exact Location Of Accident	CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV9657M
Insured/Policyholder	
Name Of Registered Owner	NG HUI WAH LYNN
NRIC No	S7227750C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81266747
Alternative Phone No	OTHERS-81266747
Vehicle Particulars	
Manufacturer	VOLVO
Model	V60-2.0 T2 CROSS COUNTRY (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	1800013406
Cover Note Number	
Driver	
Name of Driver	LIM CHENG YEOW PERRY
NRIC No	\$7205245E
Date Of Birth	22/02/1972
Occupation	INDOOR
Date Of Driving Pass	30/08/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81266747
Fax Number	
Contact Number	

NOEMAIL

87 WEST COAST DRIVE Address

#12-13 128015

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions Road Surface WET

Other Information

Postcode

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

ASHLEY LIM

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PA2830M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

SUN YUGANG

NRIC/Passport Number

G6422999R

Contact Number

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 effling.
- 2. Please report <u>correctly</u> 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.

Any false reporting may be referred to the Traffic Police Der	ers not an admission of policy liability of the part of the insurance companies.
ACCIDENT STATEMENT	<u> </u>
Date and Time of Accident	Date: 1909 2018 Time: 1750 73
Exact Location of Accident	Climents Re 6
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SL19657M.
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Ng thúi wah lynn
Personal Identification - NRIC (Singaporean/PR)	STORFICE
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer
Type of Vehicle*	Saloon MPV CRV Van Lorry
	O Bus O M/cycle O Others,
Exact Purpose for which vehicle was being used at time of accident	Soual
Are you claiming under your own insurance policy for repair to your vehicle?	
Vehicle Category*	Private Commercial Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	1 Alb
Type of Policy	Comphensive
Fleet Policy	Yes No
Policy Number	8 8000 13406
Motor CI	
DRIVER	Same as Insured above
Name of Driver	Lim Cheng Year, Penny.
Personal Identification - NRIC (Singaporean/PR)	POTOSTASE
- FIN/Passport Number	
Date of Birth	2) dd/ D) mm/ Dyyy
Driving Date Pass	30 dd/ 08 mm/ 062/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	Indoor Outdoor
Gender	Male Female
Contact Number / Mobile Phone / Fax No.	81266747

Address of Driver	St West loast Drive
Farell Address	#12-13 Postcode (128015)
Email Address	Ov. Ou
Was driver an employee of the Insured's Company?	Yes No
If No, Relationship of the Driver with the Insured	Spouse
Vehicle Registration Number of Driver's Own	O'Yes O 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 collison, Head-On collision,Side Swipe, Front to Rear)	thead to Rear
Weather Conditions	Clear Raining Others,
Road Surface	O Dry Ø Wet O Others,
OTHER INFORMATION	
Was any foreign vehicle involved in this accident?	O Yes Q No ASMLY UM (F)
Was any body injured in the accident?	O Yes No
Was any other vehicle or property damaged?	Yes No
Was there any video captured by Car Camera?	○ Yes ○ No
Number of Passengers (Including Driver)	0>
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	Yes 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?	Yes No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	PA 2830M.
Vehicle Make/ Model/ Colour	
Details of Properties	31
Name of Driver	Sun Tugano
Personal Identification - NRIC (Singaporean/PR)	Sun Yugana 66422 999R.
- 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.
- 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 Mangement Centre establised by the General Insurence 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)

Lunderstand, 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 with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (li) 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

Witnessed by Reporting Centre Personnel

Sketch Plan

Clementi harop

Clementi Ave 6

My car

My car

traffic Link

Page 4

I was driving my car SLV9657M along Clementi Are 6 towards the ASE of around 5.15pm. My car
Are 6 towards the ASE of around 5.15 pm. My car
was in the leftmost line. At the T-traffic hight
Junction between Uchali Are 6 and Hemath Road, 1 braked to a seop when the light thrond amber and then red. At this moment, a but PA 28IOM which
then red. At this mount, a but PA 2630M which
was premonely in the middle lane switched to the left lane. The bus failed to stop in time and creched into my car from behind.
creched into my car from behind.

It was vaining and the road constitions were wet.

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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder

: NG HUI WAH LYNN

Period of Insurance

: 24 Jan 2018 To 23 Jan 2020

Engine No. Chassis No. : B4204T112364463

: YV1FZ40LDJ2049932

Vehicle No. Policy No.

: SLV9657M : 1800013406

Endorsement No.

Issued Date

: 09 Feb 2018

ABOUT THE COVER

Make/Model

: VOLVO V60 Cross Country T5

Engine Capacity/Tonnage: 1,969,00 CC Driver Restriction

Sum Insured 3 Market Value Off Peak Car ? No

First Year of Registration # 2018

Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience:

Age Condition

: All Age Condition

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, d 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

EXCESS

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NG HUI WAH LYNN - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearnes Automotive Pte Ltd. Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centros/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.

Hire Purchase Company/Employer's Loan: NA

I/We heraby 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 Companiation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485714

WEARNES AUTOMOTIVE - RC (V) 45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





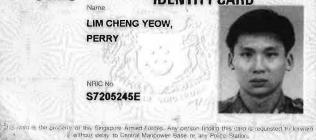


SINGAPORE ARMED FORCES **IDENTITY CARD**

LIM CHENG YEOW, PERRY

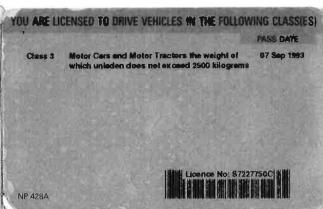
NRIC No

S7205245E

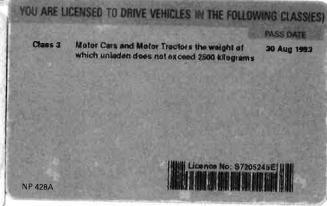


REPUBLIC OF SINGAPORE **DRIVING LICENCE** 00 Namber S7205245E LIM CHENG YEOW, PERRY (LIN QINGYAO, PERRY) Birm Date: 22 Feb 1972 Issue Date: 18 Aug 2003









9/20/2018 Invoice



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-18-145277

Date of Request:

20/09/2018

Your Ref No:

Online Purchase

Wearnes Automotive Pte Ltd 28 Leng Kee Road Singapore 159105

Dear Sir/Madam,

Enquiry Date

20/09/2018

Enquiry By

Ong Siew Bee

TP Vehicle No.

PA2830M

Accident Date

19/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PA2830M	AXA Insurance Pte Ltd	09/04/2018-08/04/2019	6338 7288

Thank You.

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