

SERVICE ESTIMATE

88160 - C00001 SL: SERVICE SALES - PC

Mr Jacky Choo See Wee

12A Cairnhill Rise

#10-06

Singapore 229746

Closed by : Richmond Ho

Svc Consultant :

Remarks : Mr Jacky Choo See Wee

GST Reg.No:M28920628X

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

Inv.date. : 10/10/2018

WIP No. . : 31743

Veh.In/Out: 08/10/2018

*Tel.No. . : Mobile: 98155389

Reg.No. . : SLS636Z

Reg.date . : 01/11/2017

Mileage ... : 0

Chassis No: SJAAB14V6HC015589

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR BRACKET,REAR CHROME TRIM, REAR SPOILER,ETC	0	5600.00	0		5,600.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER,ETC	0	3300.00	0		3,300.00	S
287	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	1750.00	0		1,750.00	S
	BUMPER COVER PRIMED	1.0 EA	11638.40			11,638.40	S
	FRAME	1.0 EA	2193.70			2,193.70	S
	MOUNTING PLATE	1.0 EA	160.90			160.90	S
	MOUNTING PLATE	1.0 EA	160.90			160.90	S
	MOUNTING	1.0 EA	160.90			160.90	S
	MOUNTING	1.0 EA	160.90			160.90	S
	RETAINER FOR ULTRASO	1.0 EA	102.40			102.40	S
	RETAINER FOR ULTRASO	1.0 EA	102.40			102.40	S
	RETAINER FOR ULTRASO	1.0 EA	102.40			102.40	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	RETAINER FOR ULTRASO	1.0 EA	102.40			102.40	S
	COVER FOR TOWING EYE	1.0 EA	255.60			255.60	S
	COVER FOR TOWING EYE	1.0 EA	255.60			255.60	S
	HOLDING STRAP	1.0 EA	188.40			188.40	S
	GUIDE PROFILE	1.0 EA	555.80			555.80	S
	GUIDE PROFILE	1.0 EA	555.80			555.80	S
	GUIDE PROFILE	1.0 EA	175.20			175.20	S
	GUIDE PROFILE	1.0 EA	175.20			175.20	S
	BUMPER CARRIER	1.0 EA	1901.20			1,901.20	S
	GUIDE SECTION	1.0 EA	555.80			555.80	S
	TRIM FOR BUMPER CTR	1.0 EA	381.40			381.40	S
	TRIM FOR BUMPER RHR	1.0 EA	409.60			409.60	S
	TRIM FOR BUMPER LHR	1.0 EA	409.60			409.60	S
	TRIM FOR LICENCE PLA	1.0 EA	410.20			410.20	S
	REFLECTOR LHR	1.0 EA	68.30			68.30	S
	REFLECTOR RHR	1.0 EA	68.30			68.30	S
	TRIM FOR EXHAUST TAI	1.0 EA	1407.60			1,407.60	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BODY PANEL SEALANT X	1.0 EA	942.20			942.20	S
	ADHESIVE SEALER FL2	1.0 EA	549.10			549.10	S
	REAR SPOILER	1.0 EA	11802.50			11,802.50	S

Gross Total. 46,602.70

Labour Total 10,650.00
 Parts Total 35,952.70
 Package Total 0.00

Net..... 46,602.70
 GST @ 7.0% 3,262.19
 Total..... 49,864.90
 Paid..... 0.00
 Please Pay.. 49,864.90

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

SINGAPORE ACCIDENT STATEMENT

31743

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: 07/10/2018 Time: 1530

Exact Location of Accident

ALONG DUNNAN RD.

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SL6 636Z.

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

CHOO SFF NFF

Personal Identification - NRIC (Singaporean/PR)

S7607597B.

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer: Hyundai Model: Hyundai W12

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 *

LIBERTY

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

SD17V12646

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver

CHOO SFF NFF.

Personal Identification - NRIC (Singaporean/PR)

S7607597B

- FIN/Passport Number

Date of Birth

20 dd/03 mm/1976 /yy

Driving Date Pass

25 dd/05 mm/2005 /yy

Year of Driving Experience

Year(s) Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

98155389

Address of Driver	92 VICTORIA PARK GROVE
	Postcode (266125)
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 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-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)	1

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input 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 type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SLD6500X.
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	LEE JSE SIONG
Personal Identification - NRIC (Singaporean/PR)	S1462422H
- 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.

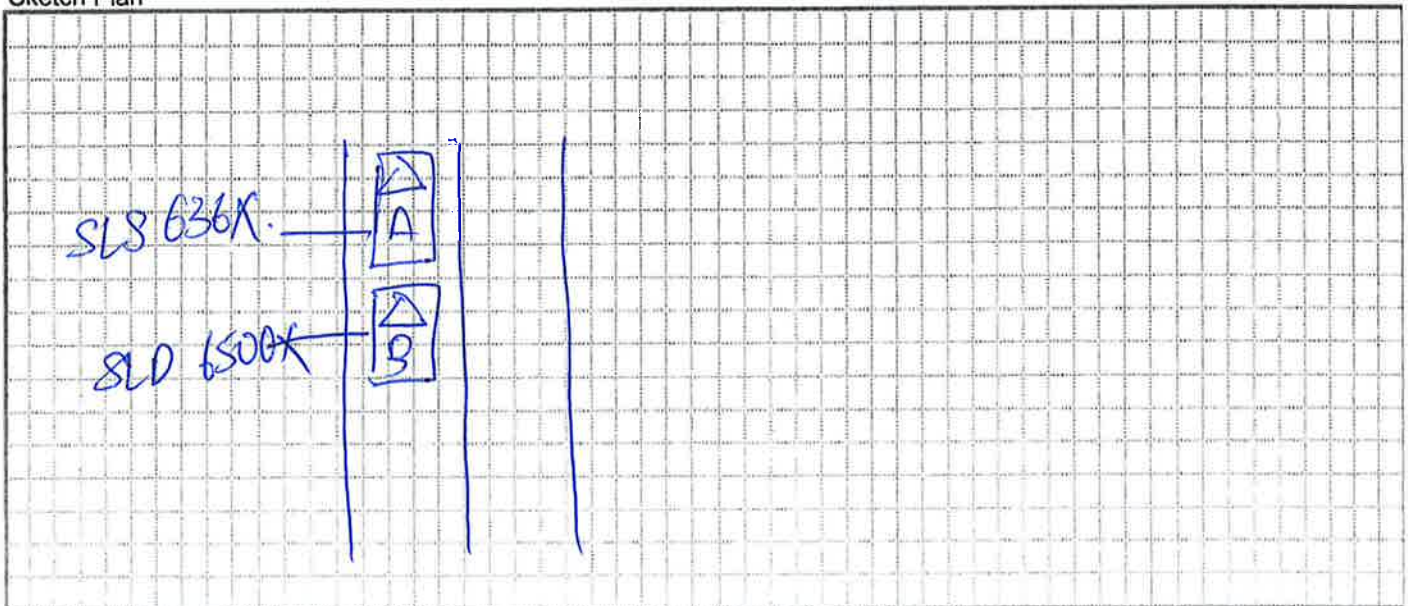
Seemee

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Stationary @ traffic Light Junction, when light turned green. When was about to moved off, vehicle B hit the rear 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.

Seemee

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 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 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	08/10/2018 15:41
Date Of Accident	07/10/2018 15:30
Exact Location Of Accident	ALONG DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS636Z
Insured/Policyholder	
Name Of Registered Owner	CHOO SEE WEE
NRIC No	S7607597B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98155389
Alternative Phone No	OTHERS-98155389

Vehicle Particulars

Manufacturer	BENTLEY
Model	BENTAYGA W12
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	SD17V12646
Cover Note Number	

Driver

Name of Driver	CHOO SEE WEE
NRIC No	S7607597B
Date Of Birth	20/03/1976
Occupation	INDOOR
Date Of Driving Pass	25/05/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98155389
Fax Number	
Contact Number	OTHERS-98155389
EMail Address	NOEMAIL

Address	92 VICTORIA PARK GROVE
Postcode	266175
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)	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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD6500X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SSE SIONG
NRIC/Passport Number	S1462422H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7607597B**

Name
**CHOO SEE WEE
(ZHU SHIWEI)**

Birth Date: 20 Mar 1976
Issue Date: 25 May 2005

1001343530A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7607597B**

Name
**CHOO SEE WEE
(ZHU SHIWEI)
朱诗伟**

Race
CHINESE

Date of birth 20-03-1976 Sex **M**

Country of birth
SINGAPORE



S7607597B


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

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE
25 May 2005

NP 428A

Licence No: **S7607597B**



4888018

NRIC No: **S7607597B**

Date of Issue
24-09-2012

82 VICTORIA PARK GROVE
SINGAPORE 268175

NRIC No: **S7607597B** Date: **05/08/2018**

