

SERVICE ESTIMATE

63413 - C00001 SL: SERVICE SALES - PC
 Wearnes Automotive Pte Ltd (159-f&L)
 28 Leng Kee Road

Singapore 159105

Closed by : Derek Oh Siong Wee
 Svc Consultant :
 Remarks : Wearnes Automotive P

GST Reg.No:M28920628X
 Inv.No. : B&P 0 Page 1
 Inv.date. : 17/10/2018
 WIP No. : 33336
 Veh.In/Out: 17/10/2018
 *Tel.No. : Work: 68765063
 Reg.No. : SDJ311C
 Reg.date .. : 18/01/2017
 Mileage ... : 0
 Chassis No: SJKDAAH15U1019577

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR BRACKET,REAR SENSOR,ETC	0	1800.00	0		1,800.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER,ETC	0	1000.00	0		1,000.00	S
280	TO CHECK WIRING INLCUDE RESETTING 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	604.80			604.80	S
	RETAINER LH-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
	BUMPER BRACKET RR LH	1.0 EA	121.00			121.00	S
	ADHESIVE SEALER FL2	1.0 EA	549.10			549.10	S

Gross Total. 7,208.70

Labour Total 3,190.00
 Parts Total 4,018.70
 Package Total 0.00

Net..... 7,208.70
 GST @ 7.0% 504.61
 Total..... 7,713.30
 Paid..... 0.00
 Please Pay.. 7,713.30

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

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to: <u>Authorised Reporting Centres (ARC)</u> for filing. 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 <u>Policyholder and/or the Authorised Driver</u> . 4. Information provided must be as <u>truthful and accurate as possible</u> . Any willful 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. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: <u>10/10/18</u> Time: <u>1900hr</u>
Exact Location of Accident	<u>PASIR RIS DR. 3</u>
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	<u>SDJ 34C / Q30</u>
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	<u>WEARNES AUTOMOTIVE PTE LTD</u>
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	<u>199501400R</u>
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>INFINITI</u> Model <u>Q30</u>
Type of Vehicle*	<input 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"/> Motorcycle <input type="radio"/> Others _____
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Please 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*	<u>Liberty Insurance</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor CI	
DRIVER <u>X</u>	<input type="radio"/> Same as Insured above
Name of Driver	<u>SELAMAT BIN ALVIE</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S012669114</u>
- FIN/Passport Number	
Date of Birth	<u>03</u> day <u>01</u> month <u>1947</u> year
Driving Date Pass	<u>03</u> day <u>07</u> month <u>72</u> year
Year of Driving Experience	<u>46</u> Year(s) Month(s)
Occupation	<u>RETIRED Civil SERVICE</u> <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>9660 0282</u>

Address of Driver	7 JALAN MATAN MAN #01-38 5759153	Postcode ()
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	HIVER	
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)	FRONT TO REAR	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
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	SKA 101G	
Vehicle Make/ Model/ Colour	VW RED - SCIROCCO	
Details of Properties		
Name of Driver	TAM CHUA GUAN	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	9751 2633	
Address		
Name of Insurance Company		
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.

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' lawyers/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;
 - (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 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.



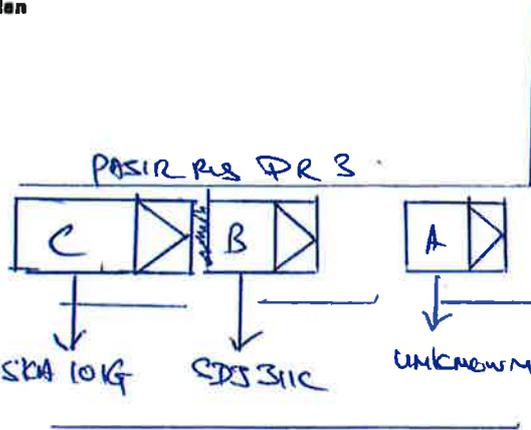
X

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Bus
TERMINAL

Describe Circumstances of the Accident

1. VERY HEAVY RAIN @ PASIR RIS DR 3.
2. SLOW MOVING HEAVY TRAFFIC.
3. INSURED CAR STOPPED.
4. A RED CAR SKIDING REAR ENDED WE AND VERY HEAVY RAIN
5. REAR IS DAMAGED.
6. EXCHANGE PARTICULARS.
7. AGREED TO GET CAR CHECK WITH MY AGENCY.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	17/10/2018 09:35
Date Of Accident	10/10/2018 19:00
Exact Location Of Accident	ALONG PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ311C
Insured/Policyholder	
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Co Reg No	199501400R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96600262
Alternative Phone No	OFFICE-96600262

Vehicle Particulars

Manufacturer	INFINITI
Model	Q30-1.5 PREMIUM (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	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	SELAMAT BIN ALVIE
NRIC No	S0126691H
Date Of Birth	03/01/1944
Occupation	INDOOR
Date Of Driving Pass	03/07/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96600262
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	7 JALAN MATAR AYER
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

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

Please refer attachments.

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	SKA101G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHUAN GUAN
NRIC/Passport Number	
Contact Number	97512633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number **S 0 1 2 6 6 9 1 H**

Name

SELAMAT BIN ALVIE

Birth Date: **03 Jan 1944**

Issue Date: **10 Oct 2003**



000907838E



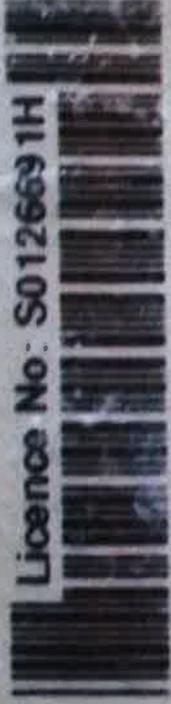
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

PASS DATE

03 Jul 1972

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S012669 1H



NP 428A