



Our Reference: **SDQ6228J/7014820**
Your Reference: **SFE1519S**

By Email / Mail

25 January 2019

CHINA TAIPING INSURANCE (SINGAPORE) PTE. C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SDQ6228J & SFE1519S ON 16 Oct 2018.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		4,066.91
Loss Of Rental	139.10 x 3 days	417.30
Others		
TOTAL		4,484.21

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

(PAYMENT BREAKDOWN)

Vehicle No	:	SDQ 6228J (Insd veh)	Model	:	S80
	:	SFE 159S (TP veh)			
Date of Accident	:	16 th Oct 2018			

Global Sum Settlement	:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
Liability	:	100	%	(Agreed/Assessed)	

Repair Estimate	:	\$ 9584.55	
Final Repair Cost	:	\$ 4066.91	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 417.30	3 days at \$139.10 (incls of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 4484.21	

Remarks:			

Payment Instruction: Payee's Breakdown			
1)	Wearnes Automotive P/L	:	\$ 4484.21
2)		:	\$
3)		:	\$
4)		:	\$

SERVICE TAX INVOICE

0 - C00010 SL: CHINA TAIPING INSURANCE (SINGAPORE) CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD 3 ANSON ROAD #16-00, SPRINGLEAF TOWER SINGAPORE 079909	GST Reg.No:M28920628X Inv.No. . : B&P 7014820 Page 1 Inv.date. : 13/11/2018 WIP No. . : 33204 Veh.In/Out: 01/11/2018 04/11/2018 *Tel.No. . : 63896111 Reg.No. . : SDQ6228J Reg.date .: 30/11/2010 Mileage ..: 172,158 Chassis No: YV1AS445BB1138397
Closed by : Derek Oh Siong Wee Svc Consultant : ACC Remarks : Mr Chan Weng Seng	

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR LO		0	800.00	0		800.00	S
	SPOILER,REAR BRACKET,REAR							
	SENSOR,ETC							
800	TO PUTTY SPRAY PAINT ON REAR		0	700.00	0		700.00	S
	BUMPER,REAR LOWER SPOILER,ETC							
280	TO CHECK WIRING INCLUDE		0	450.00	0		450.00	S
	RESETTING OF ALL ELECTRICAL							
	MODULES							
039870500	BUMPER COVER REAR S8	1.0	EA	1454.80	10		1,309.32	S
039878327	BUMPER SPOILER REAR	1.0	EA	434.30	10		390.87	S
031316401	BUMPER INSTALLING MT	1.0	EA	83.40	10		75.06	S
000979878	BLIND RIVET 4.0*21 P	10.0	EA	3.00	10		27.00	S
003541113	BUMPER CLIP	10.0	EA	5.40	10		48.60	S

Gross Total. 3,800.85

Labour Total	1,950.00
Parts Total	1,850.85
Package Total	0.00

Net.....	3,800.85
GST @ 7.0%	266.06
Total.....	4,066.91
Paid.....	0.00
Please Pay..	4,066.91

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

AUTHORIZATION TO ACT

I, Chan Weng Seng ("the third party Claimant")
of Blk 32 Serangoon Ave 2 #10-174151 550132 (address),
owner of SDQ 6228J (vehicle no.)
hereby authorize Wearnes Automotive P/L ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SDQ 6228J that was damaged
pursuant to the accident which occurred on 16th Oct 2018 (date) along
Slip Road from Hougang Ave 8 to Hougang Ave 2 (location)
involving Vehicle No/s SPE 15195 ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 16 day of 10 (month) 20 18 (year)

[Signature]

Signed by "the third party claimant"

[Signature]


Signed by "the workshop"

Tax Invoice

China Taiping Insurance (Singapore)
 3 Anson Road
 #16-00
 Springleaf Tower
 Singapore 079909

Inv No. : R1802286
Inv Date : 05 Nov 2018
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA18/01437
 Billing Period : 01/11/2018 11:15 - 04/11/2018 18:20
 Driver Name : Chan Weng Seng

Car Information

Registration No. : SKD7255J
 Make : VOLVO
 Model : XC60 T5 2.0 AT ABS
 D/AB 2WD 5DR TURBO

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	3.00	Days	130.00	390.00

Remarks:

SDQ6228J_China_Derek

Payment method:

Interbank Giro: deduction will take place between 9th to 13th of the month.
 Credit Card payments: deduction will take place between 5th to 10th of the month.

Cheque payments: all cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

Bank Transfers:

Oversea-Chinese Banking Corporation Limited
 Bank Code: 7339
 Branch Code: 501
 Bank Account Name: Wearnes Automotive Pte Ltd
 Bank Account: 296727-001
 SWIFT CODE: OCBCSGSG

Subtotal : S\$ 390.00
 GST 7.0% : S\$ 27.30
Total : S\$ 417.30

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date the payment is due, compounded daily, plus an administrative fee of \$50 each time.

This is a computer generated document. No signature is required.

Derek Oh Siong Wee

From: Catherine Thia <catherine.thia@sg.cntaiping.com>
Sent: Wednesday, 31 October, 2018 4:13 PM
To: Derek Oh Siong Wee
Cc: Lucas Lee
Subject: RE: PRI FOR SFE1519S (CTI REF: SNM18D04958C02)

Dear Derek

☞ Without Prejudice –

We refer to the above reference

Liability is clear, pending insured concurrence on damages and quantum

We can proceed to do direct settlement

Thanks

Catherine Thia
Senior Executive
Motor Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Direct (65) 6389 6193
www.sg.cntaiping.com



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From: Derek Oh Siong Wee [mailto:derek.oh@wearnes.com]
Sent: Monday, 29 October, 2018 3:35 PM
To: Catherine Thia <catherine.thia@sg.cntaiping.com>
Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>
Subject: RE: PRI FOR SFE1519S (CTI REF: SNM18D04958C02)
Importance: High

Hi

Any update

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4895 M (65) 9818 7217
www.wearnes.com derek.oh@wearnes.com

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From: Derek Oh Siong Wee
Sent: Friday, 26 October, 2018 5:23 PM
To: 'Catherine Thia' <catherine.thia@sg.cntaiping.com>
Cc: 'Lucas Lee' <lucas.lee@sg.cntaiping.com>
Subject: RE: PRI FOR SFE1519S (CTI REF: SNM18D04958C02)
Importance: High

Hi

Any update

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
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www.wearnes.com derek.oh@wearnes.com

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From: Derek Oh Siong Wee
Sent: Wednesday, 24 October, 2018 8:58 PM
To: 'Catherine Thia' <catherine.thia@sg.cntaiping.com>
Cc: 'Lucas Lee' <lucas.lee@sg.cntaiping.com>
Subject: RE: PRI FOR SFE1519S (CTI REF: SNM18D04958C02)
Importance: High

Hi

Any update, your insured car no. is SFE1519S, thank you

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4895 M (65) 9818 7217
www.wearnes.com derek.oh@wearnes.com

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From: Derek Oh Siong Wee
Sent: Friday, 19 October, 2018 3:56 PM
To: Catherine Thia <catherine.thia@sg.cntaiping.com>
Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>
Subject: RE: PRI FOR SFE1519S (CTI REF: SNM18D04958C02)
Importance: High

Hi Catherine

Can we do direct for this case

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4895 M (65) 9818 7217
www.wearnes.com derek.oh@wearnes.com

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From: Lucas Lee <lucas.lee@sg.cntaiping.com>
Sent: Friday, 19 October, 2018 1:09 PM
To: Derek Oh Siong Wee <derek.oh@wearnes.com>
Cc: Catherine Thia <catherine.thia@sg.cntaiping.com>
Subject: PRI FOR SFE1519S (CTI REF: SNM18D04958C02)

Dear Sirs,

Kindly refer to the above attachment.

Case Handler: Catherine Thia

Lucas Lee
Claims Department (Motor)
China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Direct (65) 6389 6181
Fax (65) 6222 7175/6224 7478
Email: lucas.lee@sg.cntaiping.com
Website: www.sg.cntaiping.com



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From: Derek Oh Siong Wee [<mailto:derek.oh@wearnes.com>]
Sent: Tuesday, 16 October, 2018 8:54 PM
To: Claims Dept of CTI
Subject: DIRECT SETTLEMENT FOR SDQ6228J AND SFE1519S
Importance: High

Hi

Please refer to the above attachment and check if possible for direct settlement

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4895 M (65) 9818 7217
www.wearnes.com derek.oh@wearnes.com

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RECORDS MANAGEMENT CENTRE

**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-18-160171

Date of Request: 16/10/2018

Your Ref No: Online Purchase

Wearnes Automotive Pte Ltd
28 Leng Kee Road
Singapore 159105

Dear Sir/Madam,

Enquiry Date 16/10/2018
Enquiry By Ho Ruimeng Richmond
TP Vehicle No. SFE1519S
Accident Date 16/10/2018**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SFE1519S	China Taiping Insurance (Singapore) Pte. Ltd.	25/01/2018-24/01/2019	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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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	16/10/2018 14:04
Date Of Accident	16/10/2018 07:00
Exact Location Of Accident	SLIP ROAD FROM HOUGANG AVE 8 TO HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ6228J
Insured/Policyholder	
Name Of Registered Owner	CHAN WENG SENG
NRIC No	S7210199E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96811188
Alternative Phone No	OTHERS-96811188

Vehicle Particulars

Manufacturer	VOLVO
Model	S80-2.0 T (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	2100239158-07
Cover Note Number	

Driver

Name of Driver	CHAN WENG SENG
NRIC No	S7210199E
Date Of Birth	20/03/1972
Occupation	INDOOR
Date Of Driving Pass	08/01/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96811188
Fax Number	
Contact Number	OTHERS-96811188
EMail Address	NOEMAIL

Address	BLK 312 SERANGOON AVENUE 2 #10-174
Postcode	550312
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

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	SFE1519S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
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 filling.
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: 16/10/18 Time: 0700
Exact Location of Accident	411 rd from Hongay Ave 8 to Hongay Ave 2
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDQ 6288J
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Chan Weng Seng
Personal Identification - NRIC (Singaporean/PR)	S7210199E
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>VOLVO</u> Model <u>S80 2.0</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	<u>social</u>
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 *	<u>AIG</u>
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	2100239158
Motor CI	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Chan Weng Seng
Personal Identification - NRIC (Singaporean/PR)	S7210199E
- FIN/Passport Number	
Date of Birth	20 dd/ 03 mm/ 1972/yy
Driving Date Pass	08 dd/ 01 mm/ 2002/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<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.	96811188

Address of Driver	81K 312 Serangoon Ave 2 #10-174		Postcode (550312)
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?	Yes <input checked="" type="radio"/> No <input type="radio"/>		
Number of Passengers (Including Driver)	01		
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	4F12 1219 S		
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 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 lth 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

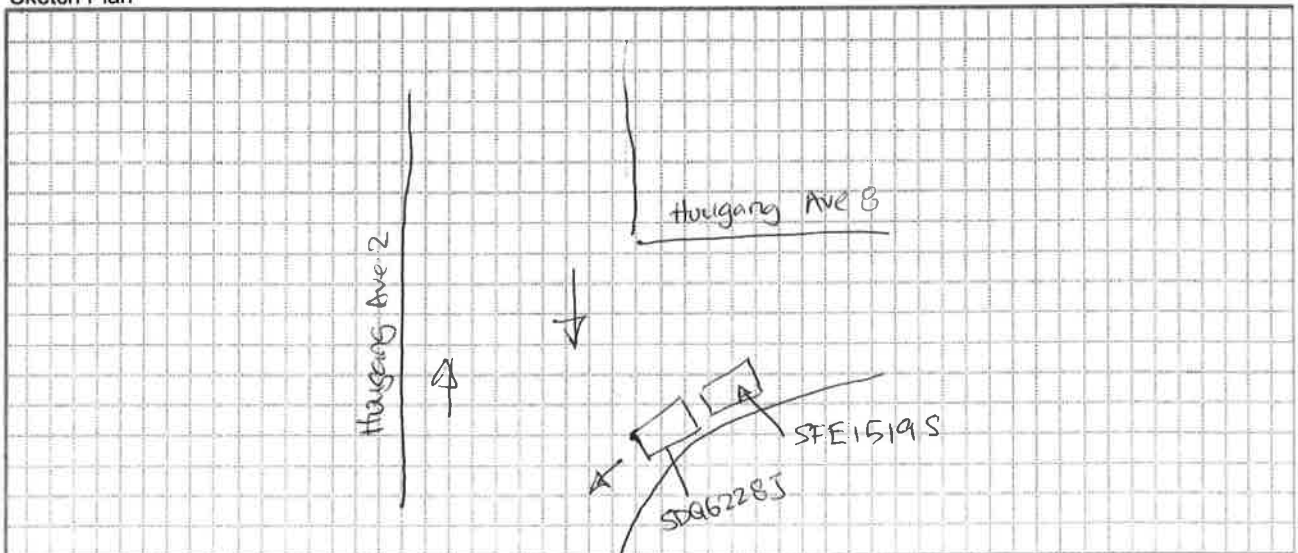
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

On 16-10-2018, 7.03am, I stopped my car SDQ6228J at
Hugang Ave 8, before moving into Hugang Ave 2. Vehicle SFE1519S
hit my rear. There is no injury.

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



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : CHAN WENG SENG
 Period of Insurance : 30 Nov 2017 To 29 Nov 2018
 Engine No. : B4204T64000746
 Chassis No. : YV1AS445BB1138397

Vehicle No. : SDQ6228J
 Policy No. : 2100230158-07
 Endorsement No. :
 Issued Date : 30 Oct 2017

ABOUT THE COVER

Make/Model : VOLVO S80 2.0T
 Engine Capacity/Tonnage : 1,999.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2010
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any 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" (YIDRE) 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, driving test, racing, pace-making, reliability test or speed-testing, the carriage of goods other than samples in connection with any trade or 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 included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen 16100

Named Driver and Excess (where applicable)

CHAN WENG SENG - \$1600 (Own Damage)

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

1 Wearnes Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159235 64304890 63769350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. 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.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby 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 Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0603485716

WEARNES AUTOMOTIVE - RL (V)
 45 LENG KEE ROAD
 SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SEP18M

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7210199E

Name

CHAN WENG SENG
(CHEN YONGCHENG)

陈永成

Place

CHINESE

Date of Birth 20-03-1972 Sex M

Country of Birth SINGAPORE

67210199E

0390692

Barcode

NRIC No. S7210199E

Fingerprint

Blood Group AB+ Date of issue 19-06-1992

APT BLK 312 SERANGOON AVENUE 2 #10-174
SINGAPORE 550312
NRIC No: S7210199E Date: 16-10-2001 No: 4043800

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7210199E**

Name:

**CHAN WENG SENG
(CHEN YONGCHENG)**

Birth Date: **20 Mar 1972**

Issue Date: **21 Feb 2018**



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

EFFECTIVE DATE

Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	08 Jan 2002
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Licence No: S7210199E

NP 428A

To Mr Chan Weng Seng - Just in

SERVICE ESTIMATE

5863 - C00001 SL: SERVICE SALES - PC
Mr Chan Weng Seng GST Reg.No:M28920628X
Blk 312 Serangoon Avenue 2 Inv.No. . : B&P 0 Page 1
#10-174 Inv.date. : 16/10/2018
Singapore 550312 WIP No. . : 33204
Veh.In/Out: 16/10/2018
*Tel.No. . : Mobile: 96811188
Reg.No. . : SDQ6228J
Closed by : Derek Oh Siong Wee Reg.date .: 30/11/2010
Svc Consultant : Mileage ..: 0
Remarks : Mr Chan Weng Seng Chassis No: YV1AS445BB1138397

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR LO SPOLIER,REAR BRACKET,REAR SENSOR,ETC	0	2400.00	0		2,400.00 S	<i>for</i>
800	TO PUTTY SPRAY PAINT ON REAR BUMPER,REAR LOWER SPOLIER,ETC	0	2100.00	0		2,100.00 S	<i>for</i>
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	450.00	0		450.00 S	
1	BUMPER COVER REAR S8 <i>cut</i>	1.0 EA	1454.80			1,454.80 S	
2	BUMPER SPOILER REAR <i>DE</i>	1.0 EA	434.30			434.30 S	
3	BUMPER BRACKET LHR C <i>?</i>	1.0 EA	35.70			35.70 S	
4	VO30655125/BUMPER BR <i>?</i>	1.0 EA	35.70			35.70 S	
5	BUMPER BRACKET LHR S <i>?</i>	1.0 EA	71.70			71.70 S	
6	BUMPER BRACKET RHR S <i>?</i>	1.0 EA	73.90			73.90 S	
7	BUMPER BRACKET REAR <i>?</i>	1.0 EA	104.30			104.30 S	
8	BUMPER RAIL (BEAM) R <i>?</i>	1.0 EA	1326.50			1,326.50 S	
9	BUMPER INSTALLING MT <i>new</i>	1.0 EA	83.40			83.40 S	

SERVICE ESTIMATE

5863 - C00001 SL: SERVICE SALES - PC
 Mr Chan Weng Seng
 Blk 312 Serangoon Avenue 2
 #10-174

Singapore 550312

Closed by : Derek Oh Siong Wee
 Svc Consultant :
 Remarks : Mr Chan Weng Seng

GST Reg.No:M28920628X
 Inv.No. : B&P 0 Page 2
 Inv.date. : 16/10/2018
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 Veh.In/Out: 16/10/2018
 *Tel.No. : Mobile: 96811188
 Reg.No. : SDQ6228J
 Reg.date. : 30/11/2010
 Mileage : 0
 Chassis No: YV1AS445BB1138397

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	10 BLIND RIVET 4.0*21 P	10.0 EA	3.00			30.00	S
	" BUMPER CLIP	10.0 EA	5.40			54.00	S
	12 ADHESIVE TUBE CHEMIC	4.0 EA	75.80			303.20	S

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

From
HP 90010068
3 days
01/11/18 @ 1345
Rebuy 64 paint

Labour Total 4,950.00
 Parts Total 4,007.50
 Package Total 0.00

Gross Total. 8,957.50
 Net..... 8,957.50
 GST @ 7.0% 627.03
 Total..... 9,584.55
 Paid..... 0.00
 Please Pay.. 9,584.55

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