

### SERVICE ESTIMATE

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

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 16/11/2018

WIP No. : 38639

Veh.In/Out: 15/11/2018

\*Tel.No. : Work: 68765063

Reg.No. : SKK8433T

Reg.date : 05/09/2013

Mileage : 0

Chassis No: SALVA2AG9DH820104

Singapore 159105

Closed by .... : Derek Oh Siong Wee

Svc Consultant :

Remarks ..... : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR	0	2400.00	0		2,400.00	S
	BRACKET,REAR SKID PLATE,REAR						
	SENSOR,ETC						
800	TO PUTTY SPRAY PAINT ON REAR	0	2000.00	0		2,000.00	S
	BUMPER,ETC						
280	TO CHECK WIRING INCLUDE	0	486.00	0		486.00	S
	RESETTING OF ALL ELECTRICAL						
	MODULES						
	LLR048300/BUMPER - R	1.0 EA	2652.50			2,652.50	S
	LLR044061/BUMPER BEA	1.0 EA	1225.20			1,225.20	S
	HEAT SHIELD REAR EVO	1.0 EA	124.40			124.40	S
	BUMPER MOULDING REAR	1.0 EA	131.20			131.20	S
	BUMPER BRACKET REAR	1.0 EA	67.00			67.00	S
	BUMPER BRACKET REAR	1.0 EA	67.00			67.00	S
	BUMPER BRACKET REAR	1.0 EA	120.40			120.40	S
	BUMPER BRACKET REAR	1.0 EA	80.40			80.40	S
	ADHESIVE SEALER FL2	1.0 EA	549.10			549.10	S

Gross Total. 9,903.20

Labour Total 4,886.00  
 Parts Total 5,017.20  
 Package Total 0.00

Net..... 9,903.20  
 GST @ 7.0% 693.22  
 Total..... 10,596.40  
 Paid..... 0.00  
 Please Pay.. 10,596.40

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

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to: Authorized 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 Authorized Driver.
4. 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.
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: 09/11/18 Time: 2 PM  
 Exact Location of Accident: ON PIE AT SIMEI AVE INTERCHANGE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number: SKK 8433T

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.): Wenwei Automotive Pte  
 Personal Identification - NRIC (Singaporean/PR):  
 - FIN/Passport Number: 99501400R  
 - Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model: MANUFACTURER RANGE ROVER Model EVOQUE  
 Type of Vehicle\*: ☐ Saloon ☐ MPV ☒ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ Motorcycle ☒ Others SUV  
 Exact Purpose for which vehicle was being used at time of accident: TRANSPORT FROM TAMANES TO ORCHARD  
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☒ No (If No, Pte 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:  
 Motor CI:

DRIVER ☒ ☐ Same as Insured above

Name of Driver: MEGAN YEM  
 Personal Identification - NRIC (Singaporean/PR): G5179033U  
 - FIN/Passport Number:

Date of Birth: 27 dd / 11 mm / 6 yy  
 Driving Date Pass (SINGAPORE): 11 dd / 05 mm / 15 yy  
 Year of Driving Experience: 40 Year(s) Month(s)  
 Occupation: HOUSEWIFE ☒ Indoor ☐ Outdoor  
 Gender: ☐ Male ☒ Female  
 Contact Number / Mobile Phone / Fax No.: +65 9002 4493

Address of Driver	9 ARDMORE PARK #28-03 SINGAPORE	Postcode (259955)
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	Driver	
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)	N/A	
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)	Minor into major
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

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 type="radio"/> Yes <input checked="" 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	SMD4282B
Vehicle Make/ Model/ Colour	HYUNDAI / ELANTRA / RED
Details of Properties	
Name of Driver	NG SHAO ZHEE, JEROME
Personal Identification - NRIC (Singaporean/PR)	S8525929F
- FIN/Passport Number	
Contact Number	+65 9138 5004
Address	62 JALAN LIMAU MANIS SINGAPORE 468390
Name of Insurance Company	AXA INSURANCE PTE LTD
No. of Passenger (Including Driver)	1

(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 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.

12/11/2018

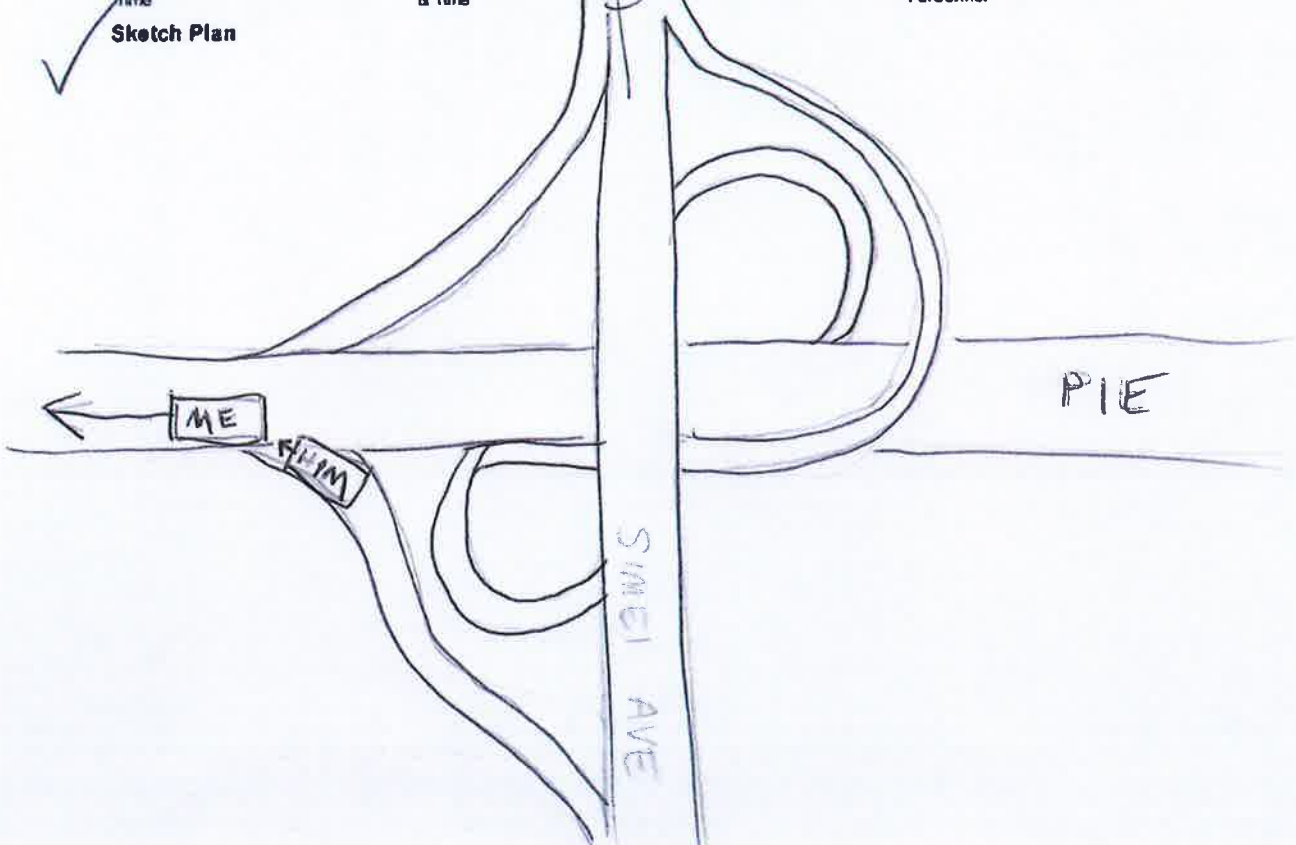
Policyholder's Signature / Date & Time

Sketch Plan

X

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

Witnessed by Reporting Centre Personnel



✓ Describe Circumstances of the Accident

I was driving on the PIE from Tampines to Orchard. At the Simei Avenue interchange, the red Hyundai was merging onto the PIE. As I drove past, his car (right front corner) clipped my rear tire.

There is no damage to my vehicle. The red Hyundai has a small crack near front right wheel & has some black scraping on that side as well.

**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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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	15/11/2018 17:57
Date Of Accident	09/11/2018 14:00
Exact Location Of Accident	PIE AT SIMEI AVE INTERCHANGE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8433T
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#### Insured/Policyholder

Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Co Reg No	199501400R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93873837

#### Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE-2.0 DYNAMIC (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	MEGAN YEM
Passport No/FIN	G5179033U
Date Of Birth	27/11/1961
Occupation	INDOOR
Date Of Driving Pass	11/05/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90024493
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	9 ARDMORE PARK #28-03
Postcode	259955
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 - MAJOR/MINOR RD
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4282B
Vehicle Make/Model/Colour	HYUNDAI ELANTRA / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SHAO ZHEE JEROME
NRIC/Passport Number	S8525929F
Contact Number	91385004
Address	62 JALAN LIMAU MANIS
Postcode	468390
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

REPUBLIC OF SINGAPORE

FIN G5179033U



Name  
YEM MEGAN ELIZABETH

Date of Birth  
27-11-1961

Sex  
F

Nationality  
AMERICAN



REPUBLIC OF SINGAPORE DRIVING LICENCE



Unique Number: G5179033U

Name: YEM MEGAN ELIZABETH

Birth Date: 27 Nov 1961

Issue Date: 11 May 2015

Valid Till: 10 May 2020



002426060A





FA1287386

**DEPENDANT'S PASS**  
Immigration Regulations



PN G5179033U

Date of Issue 13-01-2015 Date of Expiry 24-01-2017



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 11 May 2015

NP 428A



9 ardmore Park

# 28 - 03

S'pore. 259 955