

SERVICE ESTIMATE

73986 - C00001 SL: SERVICE SALES - PC

Ms Ho Ho Colette
50 Holland Road
#04-09

Singapore 258853

Closed by : Michelle Ong Siew Be
Svc Consultant :
Remarks : Ms Ho Colette

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 1
Inv.date. : 03/01/2019
WIP No. . : 46166
Veh.In/Out:
*Tel.No. . : Mobile: 98255879
Reg.No. . : SKJ6469J
Reg.date . : 26/04/2013
Mileage . : 0
Chassis No: YV1CZ2457D1662504

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT BUMPER, FRT LH FENDER, HEADLAMP, FRT BUMPER GRILLE, WIDENER, LHF WHEELARCH, REPAIR BONNET, ETC	0	3200.00	0		3,200.00	S
800	TO PUTTY SPRAYPAINT ON FRT BUMPER, FRT LH FENDER, BONNET, ETC	0	2800.00	0		2,800.00	S
280	TO FOCUS HEADLAMP	0	150.00	0		150.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
	BUMPER COVER FRT XC9	1.0 EA	1698.00			1,698.00	S
	BUMPER FOAM FRT XC90	1.0 EA	216.90			216.90	S
	BUMPER REINFORCEMENT	1.0 EA	325.70			325.70	S
	BUMPER MOULDING LHF	1.0 EA	347.50			347.50	S
	BUMPER GRILLE LHF XC	1.0 EA	54.30			54.30	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER BRACKET LHF X	1.0 EA	88.70			88.70	S
	BUMPER BRACKET RHF X	1.0 EA	88.70			88.70	S
	FENDER WINDENER FRT	1.0 EA	142.90			142.90	S
	FENDER FRT LH XC90 -	1.0 EA	1456.70			1,456.70	S
	FENDER BRACKET FRT L	1.0 EA	138.10			138.10	S
	WHEELARCH LHF XC90	1.0 EA	198.30			198.30	S
	WHEELARCH PLASTIC NU	10.0 EA	6.10			61.00	S
	FRAME PANEL FRT XC90	1.0 EA	1585.90			1,585.90	S
	BUMPER RAIL (BEAM) F	1.0 EA	1390.60			1,390.60	S
	BLIND RIVET 4.0*21 P	10.0 EA	3.00			30.00	S
	BUMPER CLIP 8x8,5	10.0 EA	5.40			54.00	S
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	V009437654/*D* VOLVO	2.0 EA	40.50			81.00	S
	D AUTO TRANS OIL 4	1.0 EA	232.70			232.70	S

Gross Total. 14,874.40

Labour Total 6,600.00
Parts Total 8,274.40
Package Total 0.00

Net..... 14,874.40
GST @ 7.0% 1,041.21
Total..... 15,915.60
Paid..... 0.00
Please Pay.. 15,915.60

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated

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	28/12/2018 15:35
Date Of Accident	27/12/2018 13:00
Exact Location Of Accident	ALONG HOLLAND AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6469J
Insured/Policyholder	
Name Of Registered Owner	HO COLETTE
NRIC No	S2695382J
Email Address	COLETTEFM.910@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98255879
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10007309R01
Cover Note Number	

Driver

Name of Driver	HO COLETTE
NRIC No	S2695382J
Date Of Birth	10/09/1967
Occupation	INDOOR
Date Of Driving Pass	19/08/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98255879
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	COLETTEFM.910@GMAIL.COM

Address	50 HOLLAND ROAD #04-09
Postcode	258853
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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 SKETCH PLAN

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	SJR4977S
Vehicle Make/Model/Colour	BMW 120I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BLYTHE NEO
NRIC/Passport Number	S9817247E
Contact Number	92995847
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SKJ 6469 J
ACCIDENT DATE: 27/12/2018 @ 13:00

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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time:

28/Dec/2018
2:20pm.

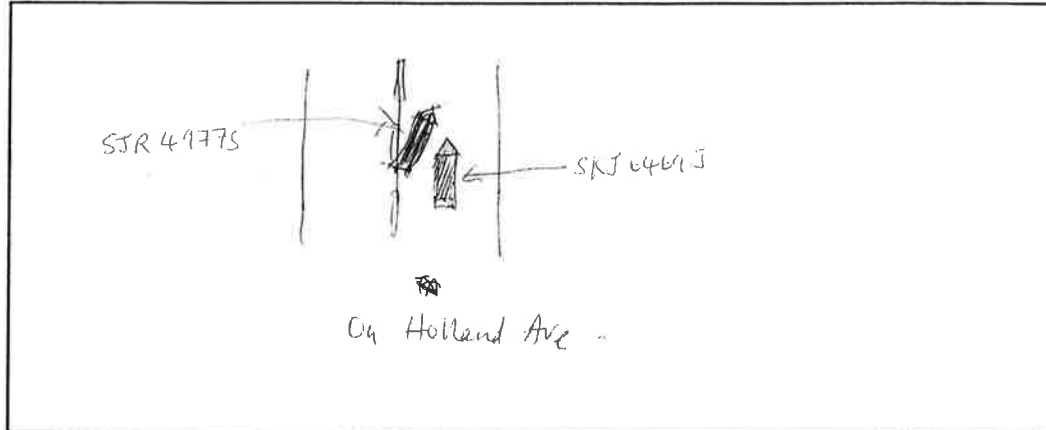
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the right hand lane. Suddenly, the car on the left lane reversed into my lane. I immediately emergency stopped my car but she was so fast, the car was already in my lane. A collision happened. She did not signal. She apologized and says she didn't see my car when she looked into her wing mirror. She saw nothing but clearly it was a blind spot. She apologized and says she didn't see my car.

* The current tapes on the car was done by a repair shop in Ubi yesterday because a warped metal was scraping on my tyre.

OWN DAMAGE ☒ 3RD PARTY CLAIM ☒ REPORTING ONLY () OWN WORKSHOP ()

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:
28/ Dec/2018
2:20pm

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

CHARNES CUSTOMCRAFT
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) (Republic of Singapore), Motor Vehicles (Third-Party Risks And Compensation) Rules, 1996 Edition (Republic of Singapore), Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10007309R01 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number	:	SKJ6469J
Chassis Number	:	YV1CZ2457D1662504
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	26/04/2018 (00:00)
3) Date / Time of Expiry of Insurance	:	25/04/2019 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	Colette Ho
6) Persons or Classes of Persons Entitled to Drive*		
Drivers named as a Main / Named Driver in this Certificate of Insurance only.		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.		
Main Driver / Date of Birth	:	Colette Ho (10/09/1967)
Named Driver(s) / Date of Birth	:	Ho Chung Yin Alan (15/07/1959)
7) Limitation as to use*		
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
<i>Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</i>		
8) Finance Company	:	NA

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
27/03/2018

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2695382J



Name
HO COLETTE

Race
CHINESE

Date of birth
10-09-1967

Sex
F

Country of birth
UNITED KINGDOM



S2695382J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2695382J**

Name
HO COLETTE

Birth Date: **10 Sep 1967**

Issue Date: **28 Feb 2004**



001142836G

4608930



NRIC No. **S2695382J**



Date of Issue
27-07-2010


**50 HOLLAND ROAD #04-09
SINGAPORE 258853**

NRIC No: **S2695382J** Date: **03/01/2012** No: **6906870**

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Aug 2000

NP 428A



Licence No: S2695382J