

### SERVICE ESTIMATE

96286 - C00001 SL: SERVICE SALES - PC

Ms Polly Ning Li-Hsiung  
32 Chai Chee Avenue  
#14-198

Singapore 461032

Closed by .... : Derek Oh Siong Wee  
Svc Consultant :  
Remarks ..... : Ms Polly Ning Li-Hsi

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1  
Inv.date. : 11/01/2019  
WIP No. . : 47159  
Veh.In/Out: 11/01/2019  
\*Tel.No. . : Mobile: 94510036  
Reg.No. . : SLA3022U  
Reg.date . : 29/03/2018  
Mileage . : 0  
Chassis No: YV1FS28L0J2462477

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT HEADLAMP,FRT RH GRILL,FRT RH FOG LAMP & FRT BUMPER,ETC	0	3200.00	0		3,200.00	S
800	TO PUTTY SPRAY PAINT ON FRT BUMPER,ETC	0	1400.00	0		1,400.00	S
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
	BUMPER COVER FRT SV6	1.0 EA	1519.90			1,519.90	S
	BUMPER AIR COVER FRT	1.0 EA	634.60			634.60	S
	BUMPER FOAM FRT SV60	1.0 EA	345.20			345.20	S
	BUMPER BRACKET LHF S	1.0 EA	88.70			88.70	S
	BUMPER BRACKET RH F V	1.0 EA	88.70			88.70	S
	BUMPER BRACKET LHF S	1.0 EA	88.70			88.70	S
	BUMPER BRACKET RH F S	1.0 EA	88.70			88.70	S
	TOW COVER FRT S60 14	1.0 EA	73.90			73.90	S
	RADIATOR GRILLE T2 D	1.0 EA	605.00			605.00	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER COVER LHF BLA	1.0 EA	105.80			105.80	S
	BUMPER COVER RHF BLA	1.0 EA	105.80			105.80	S
	BUMPER CASING COVER	1.0 EA	80.40			80.40	S
	BUMPER CASING COVER	1.0 EA	76.90			76.90	S
	BUMPER GRILLE LOWER	1.0 EA	119.50			119.50	S
	BUMPER UNDERTRAY FRT	1.0 EA	173.80			173.80	S
	BUMPER TRAY AIR GUID	1.0 EA	173.80			173.80	S
	BUMPER CLIP S80 07-	10.0 EA	4.80			48.00	S
	BUMPER AIR GUIDE LHF	1.0 EA	35.70			35.70	S
	BUMPER AIR GUIDE RHF	1.0 EA	35.70			35.70	S
	BLIND RIVET 4.0*21 P	10.0 EA	3.00			30.00	S
	BUMPER CLIP GREEN S6	10.0 EA	4.80			48.00	S
	BUMPER RAIL (BEAM) F	1.0 EA	1158.80			1,158.80	S
	FRAME PANEL FRT SV60	1.0 EA	1707.10			1,707.10	S
	EXTERIOR ADHESIVE GL	1.0 EA	142.20			142.20	S

Gross Total. 12,624.90

Labour Total 5,050.00  
Parts Total 7,574.90  
Package Total 0.00

Net..... 12,624.90  
GST @ 7.0% 883.74  
Total..... 13,508.65  
Paid..... 0.00  
Please Pay.. 13,508.65

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

47159

# SINGAPORE ACCIDENT STATEMENT

## 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: 06/01/2019 Time: 1630
Exact Location of Accident	32 CHAM CHIEF AVE CAR PARK
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SLA30224
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	POLLY MINK LI - HSIUNG
Personal Identification - NRIC (Singaporean/PR)	S6976725G
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer VOLW Model S60
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	ALL ASIA PACIFIC
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	1860032292
Motor CI	
<b>DRIVER</b>	
	<input type="checkbox"/> Same as Insured above
Name of Driver	POLLY MINK LI - HSIUNG
Personal Identification - NRIC (Singaporean/PR)	S6976725G
- FIN/Passport Number	
Date of Birth	05 dd/ 09 mm/ 1969 /yy
Driving Date Pass	18 dd/ 06 mm/ 2004 /yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	9451 0036

Address of Driver	32 CHAL CHEE AVE #14-198
	Postcode ( 461032 )
Email Address	NOEMAIL
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)	DAMAGE WITH PARKER
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 type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	0

#### 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	SHD 98238
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Ng Ah Meng
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 :

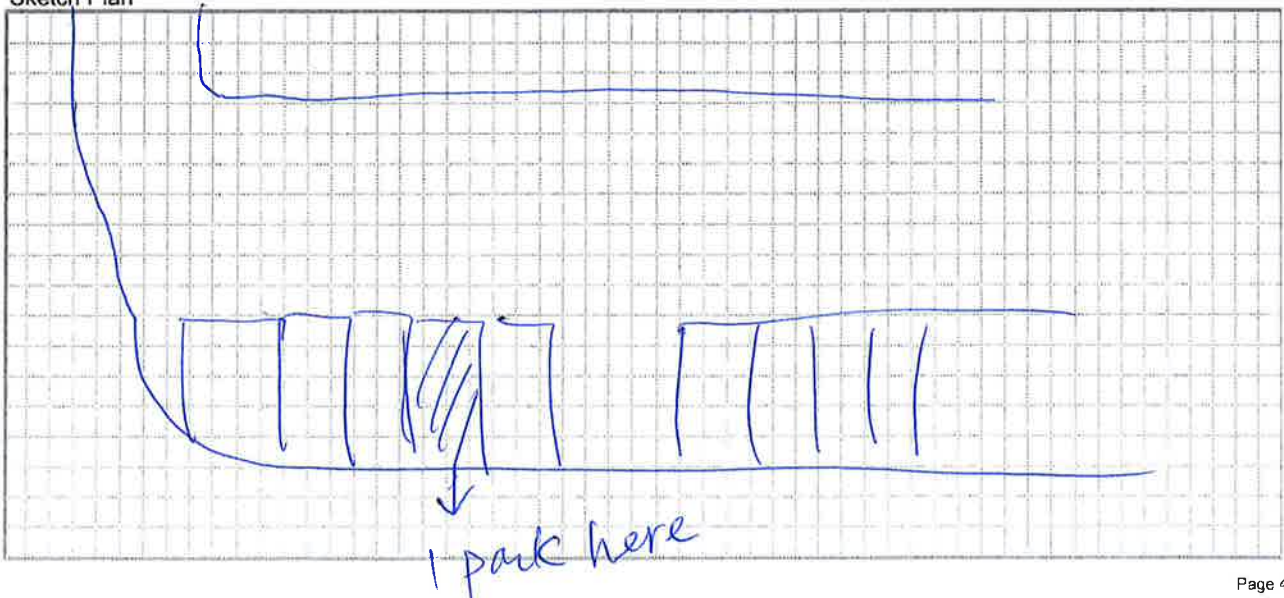
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 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.

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**

upon driving my car on 7th Jan, I noticed a note placed  
on my car and stated that MR George hit 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.

1/10/13  
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



## SINGAPORE ACCIDENT STATEMENT

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1. Please report correctly the details of the accident to speed up the claims process.
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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	11/01/2019 10:29
Date Of Accident	06/01/2019 16:30
Exact Location Of Accident	32 CHAI CHEE AVE CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3022U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POLLY MING LI-HSIUNG
NRIC No	S6976725G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94510036
Alternative Phone No	OFFICE-94510036

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.5 T2 (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	1800032292
Cover Note Number	

### Driver

Name of Driver	POLLY MING LI-HSIUNG
NRIC No	S6976725G
Date Of Birth	05/09/1969
Occupation	INDOOR
Date Of Driving Pass	18/06/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94510036
Fax Number	
Contact Number	OFFICE-94510036
EMail Address	NOEMAIL

Address	32 CHAI CHEE AVE #14-198
Postcode	461032
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	SHD9823S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG AH MENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6976725G



Name

POLLY NING LI-HSIUNG

甯麗雄

Race

CHINESE

Date of birth

05-09-1969

Country/Place of birth

TAIWAN

Sex

F

S6976725G



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S6976725G

Name:

POLLY NING LI-HSIUNG

Birth Date: 05 Sep 1969

Issue Date: 30 Jan 2018



002768773D

5856061



NRIC No. S6976725G



Date of issue

23-01-2018

Address

32 CHAI CHEE AVENUE  
#14-198  
SINGAPORE 461032

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  18 Jun 2004

NP 428A



License No: S6976725G