

SERVICE ESTIMATE

98775 - C00001	SL: SERVICE SALES - PC	GST Reg.No:M28920628X
Mr Quek Kok Leong Joseph		Inv.No. . : B&P 0 Page 1
6 Pasir Ris Link		Inv.date. : 28/05/2019
#01-20		WIP No. . : 16730
		Veh.In/Out:
Singapore 518161		*Tel.No. . : Mobile: 91711097
		Reg.No. . : SMM9918X
Closed by : Michelle Ong Siew Be		Reg.date .: 11/10/2018
Svc Consultant :		Mileage .. : 0
Remarks : Mr Quek Kok Leong Jo		Chassis No: YV1FS40LDJ2462992

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR BRACKET,REAR LOWER SPOILER, REAR SENSOR,ETC	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER,REAR LOWER SPOILER,ETC	0	2100.00	0		2,100.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	480.00	0		480.00	S
	BUMPER COVER REAR S6	1.0 EA	1428.70			1,428.70	S
	TOW COVER REAR S60 1	1.0 EA	73.90			73.90	S
	BUMPER SPOILER REAR	1.0 EA	486.40			486.40	S
	PROTECTING PLATE REA	1.0 EA	178.10			178.10	S
	BUMPER BRACKET CTR R	1.0 EA	88.70			88.70	S
	BUMPER BRACKET LHR S	1.0 EA	54.30			54.30	S
	BUMPER BRACKET RHR S	1.0 EA	54.30			54.30	S
	BUMPER BRACKET LHR S	1.0 EA	54.30			54.30	S
	BUMPER BRACKET RHR S	1.0 EA	54.30			54.30	S

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Mr Quek Kok Leong Joseph

6 Pasir Ris Link

#01-20

Singapore 518161

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Quek Kok Leong Jo

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

Inv.date. : 28/05/2019

WIP No. . : 16730

Veh.In/Out:

*Tel.No. . : Mobile: 91711097

Reg.No. . : SMM9918X

Reg.date. : 11/10/2018

Mileage . : 0

Chassis No: YV1FS40LDJ2462992

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER RAIL (BEAM) R	1.0 EA	1277.20			1,277.20	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
	ADHESIVE TUBE CHEMIC	2.0 EA	151.60			303.20	S

Gross Total. 9,200.80

Labour Total 4,980.00

Parts Total 4,220.80

Package Total 0.00

Net..... 9,200.80

GST @ 7.0% 644.06

Total..... 9,844.85

Paid..... 0.00

Please Pay.. 9,844.85

GST: S=StdRated; O=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	27/05/2019 13:45
Date Of Accident	26/05/2019 08:00
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9918X
Insured/Policyholder	
Name Of Registered Owner	QUEK KOK LEONG JOSEPH
NRIC No	S1641457C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91711097
Alternative Phone No	OTHERS-91711097

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T5 (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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00550738
Cover Note Number	

Driver

Name of Driver	QUEK KOK LEONG JOSEPH
NRIC No	S1641457C
Date Of Birth	30/07/1964
Occupation	INDOOR
Date Of Driving Pass	29/10/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91711097
Fax Number	
Contact Number	OTHERS-91711097
E-Mail Address	NOEMAIL

Address	6 PASIR RIS LINK #01-20
Postcode	518161
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 (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 ATTACHMENT.

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	SGP4111U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUZAIMI BIN RAHMAN
NRIC/Passport Number	S1762409A
Contact Number	91891278
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
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 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: 26/07/2019 Time: 0800am
 Exact Location of Accident Loyang Avenue

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM 9918X

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Quek Kok Leng Joseph.
 Personal Identification - NRIC (Singaporean/PR) S1641457C
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Volvo Model S60 T5 2.0
 Type of Vehicle* Saloon MPV CRV Van Lorry
 Bus M/cycle 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? Yes No (If No, Pls select: Third Party Reporting)
 Vehicle Category* Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * Direct Asia
 Type of Policy Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy Yes No
 Policy Number MT/0550738
 Motor CI

DRIVER

Same as Insured above
 Name of Driver Quek Kok Leng Joseph
 Personal Identification - NRIC (Singaporean/PR) S1641457C
 - FIN/Passport Number
 Date of Birth 30 dd/ 07 mm/ 1969 /yy
 Driving Date Pass 201 dd/ 10 mm/ 1986 /yy
 Year of Driving Experience Year(s) Month(s)
 Occupation Indoor Outdoor
 Gender Male Female
 Contact Number / Mobile Phone / Fax No. 91711097

Address of Driver	6 Pasir Ris Link #01-20	Postcode (518161)
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	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?	<input type="radio"/> Yes <input type="radio"/> No	
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	SGP 4111AU	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Su Zaimi Bin Rahman	
Personal Identification - NRIC (Singaporean/PR)	S1762409A	
- FIN/Passport Number		
Contact Number	91891278	
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)		

Describe Circumstance of the Accident

On Sunday 26th May 19 while I was travelling on ~~the~~ Layan Avenue towards PIE to Jurong, I stop my vehicle at the Red Light junction. I was the fourth vehicle behind the Red light junction.

Traffic was ok and weather was ~~fine~~ fine. Vehicle number SGP 41114 driven ~~at~~ by Mr Sugaimi Bini Abdul Rahman bang my car at the back.

He admitted that he was tired and admit falling asleep and apologise for hitting my car.

~~My car is damaged~~

My car was damaged and as it is a new car I will send it to Volvo for car damage assessment.

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

SKETCH PLAN

IMPORTANT NOTICE

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6. This report will be forwarded by the insurers to the GIA Records Mangement 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 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

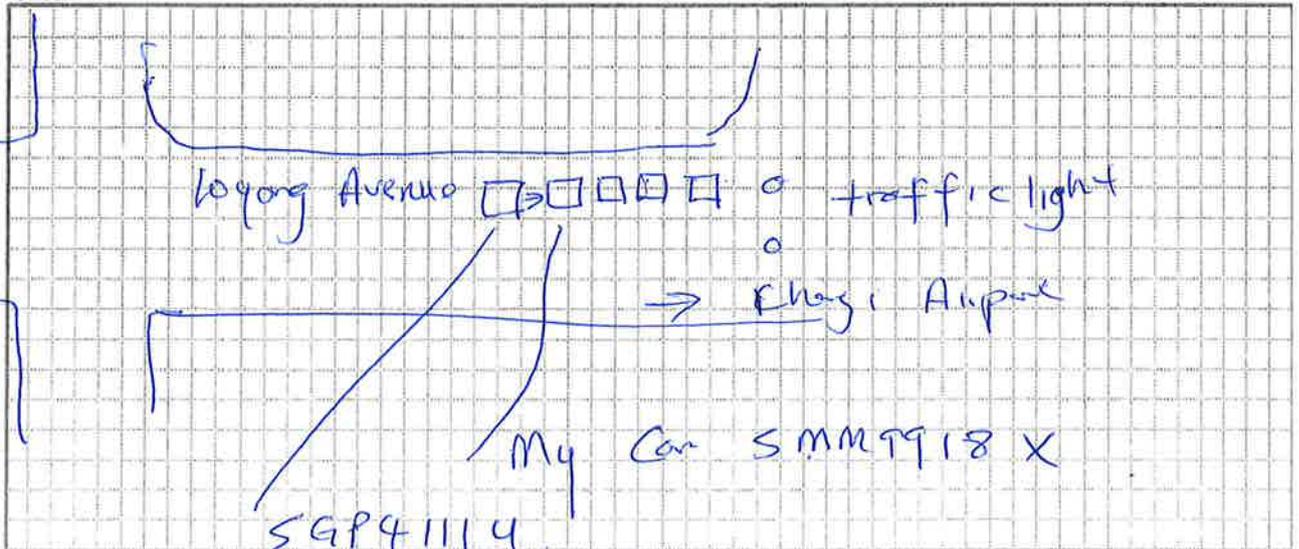
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Joseph Quele 91711097

Date: 26 May 2019

Driver name S 1762909 A SGP 4111a

Suzaimi Bin ~~Abdullah~~ Rehman

admit falling asleep and

hit the back of my car SMM928x

Signature



I declare the statement
is correct.

9/189 1278

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00550738
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SMM9918X
Chassis No.	: YV1FS40LDJ2462992
2) Name of Policy Holder	: QUEK, KOK LEONG JOSEPH
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 30/10/2018 00:00
4) Date/Time of Expiry of Insurance	: 29/10/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
<ul style="list-style-type: none"> (a) Any named person under the policy who is driving on the Policyholder's permission. (b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission 	
<p>The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.</p>	
6) Limitations as to use*	
<p>Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.</p>	
<p>*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.</p>	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 800.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: My Workshop/ My Authorised Distributor Workshop
Finance company / Hire Purchase	: Oversea-Chinese Banking Corporation Limited
Main driver	: QUEK, KOK LEONG JOSEPH
Named driver	: None
Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 08/05/2019

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur (Chief Underwriting Officer)

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
 www.DirectAsia.com

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1641457C



Name
 QUEK KOK LEONG JOSEPH

郭 国 良

Race
 CHINESE

Date of birth
 30-07-1964

Country/Place of birth
 SINGAPORE

S1641457C




REPUBLIC OF SINGAPORE DRIVING LICENCE

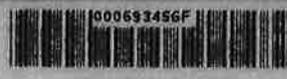
License Number S1641457C

Name
 QUEK KOK LEONG JOSEPH

Birth Date: 30 Jul 1964

Issue Date: 28 Jul 2003

000693456F

5453102



NRIC No. S1641457C



Date of issue
 13-04-2015

6 PASIR RIS LINK #01-20
 SINGAPORE 518181

NRIC No: S1641457C Date: 07/04/2015

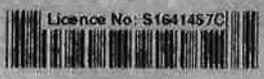
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE
 29 Oct 1986

NP 428A

License No: S1641457C





**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-19-083047
Date of Request: 27/05/2019

Your Ref No: Online Purchase

Wearnes Automotive Pte Ltd
28 Leng Kee Road
Singapore 159105

Dear Sir/Madam,

Enquiry Date 27/05/2019
Enquiry By Michelle Ong Siew Bee
TP Vehicle No. SGP4111U
Accident Date 26/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGP4111U	Lonpac Insurance Bhd	09/04/2019-08/04/2020	+65 62507388

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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**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

TAX INVOICE

Our Ref No: GR-19-083047
Date of Request: 27/05/2019

Your Ref No: Online Purchase

Wearnes Automotive Pte Ltd
28 Leng Kee Road
Singapore 159105

Dear Sir/Madam,

Enquiry Date 27/05/2019
Enquiry By Michelle Ong Siew Bee
TP Vehicle No. SGP4111U
Accident Date 26/05/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque