

ESTIMATE

Company Reg No. 200609327M
 GST Reg No. MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
Sun Zhuoran	Cust No/Name /Sun Zhuoran
BLK 119B KIM TIAN-RD	Reg No/Reg Date SLB6553D / 18/04/2016
#14-232	Date In/Mileage / 0
SINGAPORE 162119	Chassis No VF73DBHZTFJ863149
Contact No Mobile: 97659601	Engine No 10JBHD3027713
	Make/Model CIT/C4P 1.6 BLUEHDI EAT6 SEDUCTION
	Colour/Trim WPP / 8MF

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00073	Cash	09/11/2019/ 12:50	QUK	282 / Kevin Leong	14910

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 TO REPAIR ON REAR BUMPER & AFFECTED AREA				1200.00
E PNT98000 PAINT WORK ON REAR BUMPER				420.00
E PNT88000 TO REMOVE & INSTALL REAR PARKING ASSIST				150.00
M SUNDRY TO APPLY BODY SEALANT				80.00
M SUNDRY PERFORM RUST PREVENTION				80.00
M SUNDRY TO TRANSFER REAR RH RIM INCLUDING-BALANCING				80.00
A WHEELALIGNMENTBP To Conduct Computerize Full Wheel Alignment				240.00
A 54900099 CHECK ELECTRICAL SYSTEM				80.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				240.00
M SUNDRY SUNDRIES				50.00
M ALLOY WHEEL 6.5 J16 CH5-47	1.00	588.00	0.00	588.00

Estimate

Confirm & accepted by

Parts	588.00
Labour	2,330.00
Standard Menu	0.00
Specialist Job	0.00
Diagnostics Job	0.00
Sundry/Others	290.00
Total (w/o GST)	3,208.00

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

For
signature

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 06/11/2019 13:42
Date Of Accident 05/11/2019 17:20
Exact Location Of Accident COLLYER QUAY TOWARDS FINLAYSON GREEN
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB6553D
Insured/Policyholder
Name Of Registered Owner SUN ZHUORAN
NRIC No S8579311Z
Email Address ZHUORAN.SUN@ECOXPLORE.COM.SG
Mobile Phone No (LOCAL) +65-97659601
Alternative Phone No OFFICE-97659601

Vehicle Particulars

Manufacturer CITROEN
Model PICASSO
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 UNITED OVERSEAS INSURANCE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DHOM120028151702
Cover Note Number N.A.

Driver

Name of Driver SUN ZHUORAN
NRIC No S8579311Z
Date Of Birth 06/06/1985
Occupation INDOOR
Date Of Driving Pass 27/10/2014
Driving Experience 5 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97659601
Fax Number OFFICE-97659601
Contact Number ZHUORAN.SUN@ECOXPLORE.COM.SG
Email Address

Address
 Postcode NA
 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?
 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

I was travelling along COLLYER QUAY TOWARDS FINLAYSON GREEN suddenly third party vehicle on my right swerve into my lane and collided onto my vehicle side right rear rim area. No injuries involved

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA2025R
 Vehicle Make/Model/Colour HYUNDAI/40 1.7 CRDI F/L/BLU
 Details Of Properties NA
 Vehicle Category TAXI
 Name of Driver NO DETAILS
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please report correctly the nature of the incident in which the rights of privacy
2. The report must be completed by the Policyholder and/or the Authorized Agent
3. Information provided must be as truthful and accurate as possible. Any false representation or misstatement of facts
4. may cause coverage to be denied or result in repudiation of policy liability.
5. The Policyholder and Authorized Agent agree to cooperate completely and in accordance with proper requests for the purpose of this investigation.
6. Any false reporting may be referred to the Police for investigation.
7. The report will be forwarded by the members of the Insurance Investigation Committee submitted by the Insurance Company
8. to the Insurance Company for analysis and that copies of the report will be sent to the Insurance Company for their
9. review and for the purpose of the investigation. The Insurance Company will be responsible for the investigation of the report and for the
10. purpose of the investigation. The Insurance Company will be responsible for the investigation of the report and for the purpose of the investigation.

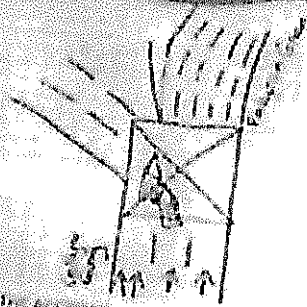
[illegible]

APPROVED 22 JUL 68 BY CDR J. H. HARRIS

Trial	Control	MCI	AD
1	85	75	65
2	88	78	68
3	90	80	70
4	92	82	72
5	95	85	75

1. What is the purpose of the document?
 2. What are the main points of the document?
 3. What are the main points of the document?

Sketch Plan #2



WALK-A 51665300

WALK-B 51665300

VERIFY BY MAXMARS (ARC)

REPORTING OFFICER

Common Statement

ACCIDENT STATEMENT (Common Statement)

I was travelling along COLLYER QUAY TOWARDS FINLAYSON GREEN suddenly third party vehicle on my right swerve into my lane and collided onto my vehicle side right rear rim area. No injuries involved

The Vehicle No:

DECLARATION

I/We declare that the above particulars & information provided above are true to the best of my/our knowledge.

VERIFIED BY ALAN MAKE REPRESENTING OFFICER
MOHAMED SAIFULLAH SYED MASOUD



Special Officer

At: I signed Date Time

16 November 2019 at 9:41 AM

Date Time

16 November 2019 at 9:41 AM



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
#28-01 Springleaf Tower
Singapore 079909

Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg

Co. Reg. No. 197100152R

Certificate of Insurance

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

ORIGINAL

CERTIFICATE NO.	DHOM120028151701	Excess:	\$750/-NAMED DRIVERS - OPTION 2
Type of Cover	COMPREHENSIVE		\$1500/-OTHERS
Vehicle Number	SLB6553D		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Name of Insured	SUN ZHUORAN		\$100/-WINDSCREEN DAMAGE CLAIM
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 18 April 2018 to 17 April 2019

Hire Purchase UNITED OVERSEAS BANK LIMITED

Engine# 10JBHD3027713

Chassis# VF73DBHZTFJ863149

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX 1]
AUTHORISED DRIVER

- (1) The Insured
- (2) Any other person who is driving on the Insured's order or with his permission
- (3) In the event of the death of the Insured
 - (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 - (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation 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/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).

UNITED OVERSEAS INSURANCE LTD

For the Company

FCTTS Date : 12/03/2018