

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Ms Winnie Tan Bee Hoon
29 Seagull Walk

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 15/01/2020

WIP No. . : 58554

Veh.In/Out: 13/01/2020

*Tel.No. . : Mobile: 96697966

Reg.No. . : SMQ36D

Reg.date . : 25/09/2019

Mileage .. : 0

Chassis No: SJAAL14V1LC028000

Singapore 486744

Closed by : Richmond Ho

Svc Consultant :

Remarks : Ms Winnie Tan Bee Ho

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR BRACKET,REAR SENSOR,REAR DIFFUSER,REAR LH TRIM,ETC	0	7000.00	0		7,000.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER,REAR LH TRIM,ETC	0	4400.00	0		4,400.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	1820.00	0		1,820.00	S
	BUMPER COVER PRIMED	1.0 EA	12984.70			12,984.70	S
	SPOILER PRIMED	1.0 EA	3882.70			3,882.70	S
	MOUNTING PLATE	1.0 EA	176.00			176.00	S
	MOUNTING PLATE	1.0 EA	176.00			176.00	S
	MOUNTING	1.0 EA	179.50			179.50	S
	MOUNTING	1.0 EA	179.50			179.50	S
	RETAINER FOR ULTRASO	1.0 EA	114.10			114.10	S
	RETAINER FOR ULTRASO	1.0 EA	114.10			114.10	S
	RETAINER FOR ULTRASO	1.0 EA	114.10			114.10	S

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Singapore 486744		Veh.In/Out: 13/01/2020
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Closed by : Richmond Ho		Reg.No. . : SMQ36D
Svc Consultant :		Reg.date. : 25/09/2019
Remarks : Ms Winnie Tan Bee Ho		Mileage . : 0
		Chassis No: SJAAL14V1LC028000

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	RETAINER FOR ULTRASO	1.0 EA	114.10			114.10	S
	COVER FOR TOWING EYE	1.0 EA	285.10			285.10	S
	COVER FOR TOWING EYE	1.0 EA	279.60			279.60	S
	GUIDE PROFILE	1.0 EA	607.90			607.90	S
	GUIDE PROFILE	1.0 EA	607.90			607.90	S
	GUIDE PROFILE	1.0 EA	191.70			191.70	S
	GUIDE PROFILE	1.0 EA	191.70			191.70	S
	BUMPER CARRIER	1.0 EA	2079.60			2,079.60	S
	HOLDING STRAP	1.0 EA	243.70			243.70	S
	GUIDE SECTION	1.0 EA	607.90			607.90	S
	BUMPER CARRIER	1.0 EA	2079.60			2,079.60	S
	REAR DIFFUSER	1.0 EA	13167.80			13,167.80	S
	TRIM FOR EXHAUST TAI	1.0 EA	2506.00			2,506.00	S
	TRIM FOR EXHAUST TAI	1.0 EA	2506.00			2,506.00	S
	SENSOR PRIMED	4.0 EA	432.60			1,730.40	S
	BODY PANEL SEALANT X	1.0 EA	900.90			900.90	S
	ADHESIVE SEALER FL2	1.0 EA	682.50			682.50	S

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Singapore 486744

Closed by : Richmond Ho
Svc Consultant :
Remarks : Ms Winnie Tan Bee Ho

GST Reg.No:M28920628X
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Inv.date. : 15/01/2020
WIP No. . : 58554
Veh.In/Out: 13/01/2020
*Tel.No. . : Mobile: 96697966
Reg.No. . : SMQ36D
Reg.date. : 25/09/2019
Mileage . : 0
Chassis No: SJAAL14V1LC028000

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	TRIM FOR BUMPER	1.0 EA	457.00			457.00	S
	TRIM FOR BUMPER RH B	1.0 EA	457.00			457.00	S
	TRIM FOR BUMPER	1.0 EA	425.40			425.40	S
	B36A853817AGRU/TRIM	1.0 EA	2350.10			2,350.10	S
	GROMMET	8.0 EA	5.30			42.40	S

Gross Total. 63,655.00
Net..... 63,655.00
GST @ 7.0% 4,455.85
Total..... 68,110.85
Paid..... 0.00
Please Pay.. 68,110.85

Labour Total 13,220.00
Parts Total 50,435.00
Package Total 0.00

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

88554

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report promptly 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: 10/01/2020 Time: 1730.

Exact Location of Accident SLIP RD OF UPPER CHONGI RD TNDJ

DETAILS OF OWN VEHICLE XILIN AVE.

Vehicle Registration Number SMQ 268.

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) WINNIE TAN DEE HOIN.

Personal Identification - NRIC (Singaporean/PR) S1423757G.
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer SEVILET Model _____

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 * LIBERTY

Type of Policy Comprehensive Third Party Fire & Theft TP Only

Fleet Policy Yes No

Policy Number

Motor CI

Same as Insured above

Name of Driver EDDY QUEK KOK HANG.

Personal Identification - NRIC (Singaporean/PR) S1524861J.
 - FIN/Passport Number

Date of Birth 11 dd/ 11 mm/ 1962 yy

Driving Date Pass 24 dd/ 01 mm/ 1984 yy

Year of Driving Experience Year(s) _____ Month(s) _____

Occupation Indoor Outdoor

Gender Male Female

Contact Number / Mobile Phone / Fax No 93398692.

Address of Driver	29 SPAGULL WALK	Postcode (486744)
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	SPOUSE	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input 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-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	WINNIE TAN BFF HONG (F).
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 checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	02.	

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	SHC 8238 T.
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

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.

[Handwritten Signature]

[Handwritten Signature]

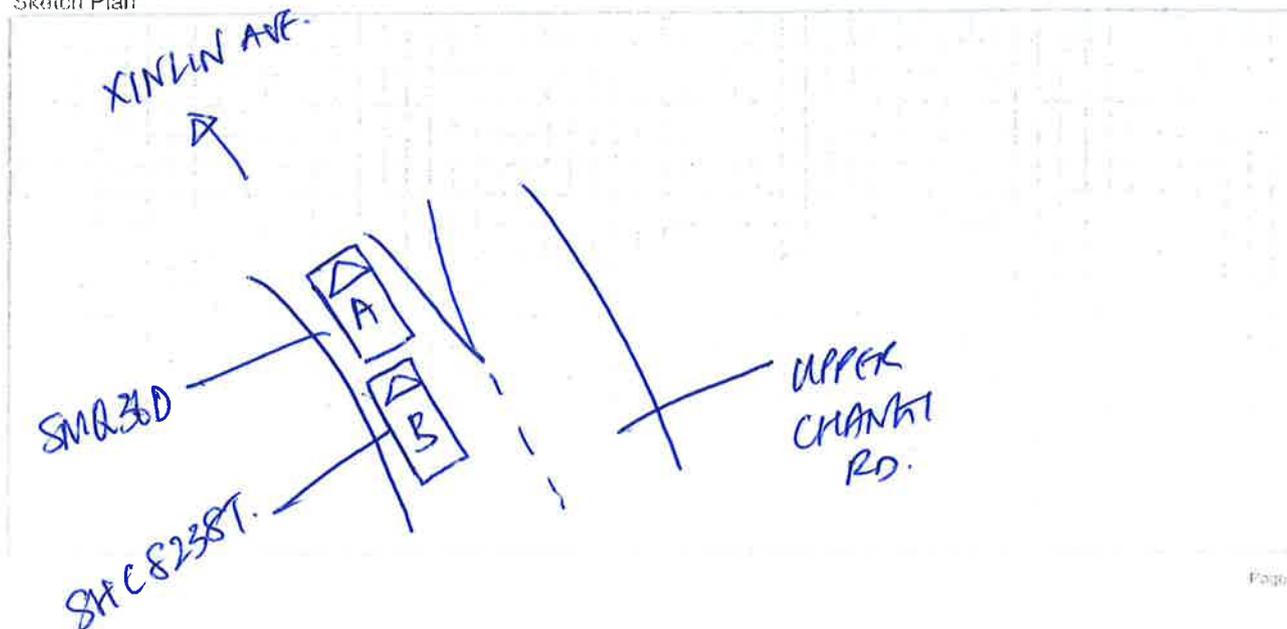
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

& Time

Sketch Plan



Describe Circumstance of the Accident

Traveling along upper Changi Rd ~~to~~ towards Kintinave.
Stopped at slip road to give way to on coming traffic
before entering into Kintin Ave. Vehicle B (PIC 8238T) did
not stopped in time & collided into the rear of 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1524861J**



Name
EDDY QUEK KOK HENG
郭 国 兴

Race
CHINESE

Date of birth
11-10-1962

Sex
M

Country of birth
SINGAPORE

S1524861J

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1524861J**

Name:
EDDY QUEK KOK HENG

Birth Date: **11 Oct 1962**

Issue Date: **06 Nov 2003**



000982527H

4 5 1 9 7 0 8



NRIC No. **S1524861J**

Date of Issue
01-02-2010

Address
**29 SEAGULL WALK
SINGAPORE 486744**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Jan 1983
Class 2A	Motorcycles between 201 cc and 400 cc	04 Jan 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Jan 1984



Licence No. **S1524861J**

NP 428A

SINGAPORE ACCIDENT STATEMENT

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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	13/01/2020 13:18
Date Of Accident	10/01/2020 17:20
Exact Location Of Accident	SLIP ROAD OF UPPER CHANGI ROAD TWDS XILIN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ36D
Insured/Policyholder	
Name Of Registered Owner	WINNIE TAN BEE HOON
NRIC No	SXXXX757G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93398692
Alternative Phone No	OFFICE-93398692

Vehicle Particulars

Manufacturer	BENTLEY
Model	NEW BENTAYGAV8P
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	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	EDDY QUEK KOK HENG
NRIC No	SXXXX861J
Date Of Birth	11/11/1962
Occupation	INDOOR
Date Of Driving Pass	24/01/1984
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93398692
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 29 SEAGULL WALK
 Postcode 486744
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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) 2
 Passenger 1 NAME: WINNIE TAN BEE HOON
 GENDER: FEMALE

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? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8238T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)