3 Motorwerkz Concept Pte Ltd

	Model:	VOLVO V40		Veh No:	<u>SDU8787C</u>	
	FRONT					
	Qty 1 1 1 1 1 1 1 1 1 1 1 1 1	List Items FRONT BUMPER FRONT BUMPER CO FRONT BUMPER SID FRONT FENDER INN FRONT FENDER R/H FRONT HEADLAMP FRONT HEADLAMP FRONT KNUCKLE AF FRONT LOWER CON FRONT SHOCK ABSO FRONT WHEEL HUB FRONT SPORTS RIM FRONT TYRE R/H	TER SHIELD R/H ? HOLDER R/H ? R/H / /M RM R/H ? NTROL ARM R/H X ORBER R/H ? B BEARING R/H ?	Sub Total Less 10%	Amount S\$ 1801.95 180 257.4 214.95 961.95 90 1219.3 1120 425 729 729 1250 350 9328.55 932.86 8395.70	
	Qty 1 SET 1 SET	Special Nett Items List Items FRONT FENDER INI FRONT BUMBER CL	NER SHIELD CLIPS R/H /	γ ⁽⁾ Sub Total	82.5 180 180	7° 70
	CHECK SPRAY SPRAY	Labour charges WHEEL ALIGNMENT FRONT ELECTRICAL WIR UNDERCOATING PAINTING BEATING, REMOVE AND	RING D REPLACE ABOVE PARTS	ETC Sub Total	100 120 180 1000 1000 2400	60 30 30 400 400
the To To Pa	rts prices are subj	. Stem (LKK)	and Labour Grand to When the 8/6/20, 4.15 4 dys My My L/S		10975.70	

the Repairer _ ! .
To resurvey before the ting
To display damaged , art. s, c , resurvey
Parts prices are subject to confirmation
. Third party survey is on a "Without Prejudice" basis
No illegal modification(s) is allowed
Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company
Acknowledged by Receiver

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 witholding of material facts may allow insurance companies to
- 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

ACCIDENT	STATEMENT

Date Of Report

05/06/2020 16:41

Date Of Accident

05/06/2020 11:20

Exact Location Of Accident

AT 196 PANDAN LOOP

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDI 18787C

Insured/Policyholder

Name Of Registered Owner

POON KEAT YENG MELISSA

NRIC No

SXXXX667B

Email Address

MELISSA2412@GMAIL.COM

Mobile Phone No

(LOCAL) +65-97387556

Alternative Phone No

OFFICE-97387556

Vehicle Particulars

Manufacturer

VOLVO

Model

V40-1.6 V40 CROSS COUNTRY T4 (A)

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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

2100424516-04

Cover Note Number

13/08/2019 - 12/08/2020

Driver

Name of Driver

POON KEAT YENG MELISSA

NRIC No Date Of Birth

SXXXX667B 24/12/1988

Occupation

OUTDOOR

Date Of Driving Pass

09/07/2009

Driving Experience

10 YEARS AND 10 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-97387556

Fax Number

Contact Number

OFFICE-97387556

EMail Address

MELISSA2412@GMAIL.COM

Address

87 COUNTRYSIDE ROAD

Postcode

S789829

OWNER

NAMES OF THE OWNERS OF THE OWNER, WHEN THE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO

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

PLEASE REFER TO REPORT ATTACHED.

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

SGN1508P

Vehicle Make/Model/Colour

NA NA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SIM MUI CHAY

NRIC/Passport Number

SXXXX766B

Contact Number

97360541

Address

NA

NA

Postcode

NA

Insurance Company Name

insurance company ive

Nature Of Damage

NA

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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
- provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and disclose
 - 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;
 - (bil) catrying 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 insurers) who have insured voricle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, a sclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/tan 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:
 - 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.

Driver's Vanature

rif driver is not the policyholder

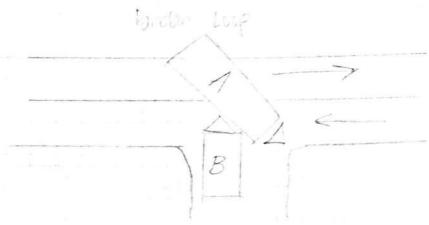
Date & Time:

Reporting Centre Personne 's Signature Name:

ina ne.

NRIC/FIN No.:

Par cynology's Signature Date & Time:



on 5 June 2	020 et 1120cm, SDUETETC was prepring to enter
	is this from Parton ucp while turning into the building,
Winer Hiners of	the the cars at opposite side of the road, SGN 1508 P
just come out	of the entrance and despite being howked or, he and collided into sourciteit
-	SDU #7876 - 17.17
	SDU 8787C Date of Accident OSTON/Sozie
	Oyun Damage Claim
	Third Party Claim
	World shop: 3 motor weakez
RATION clare the foregoing part	iculars are true in every respect.



POLICY SCHEDUL

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Policy No.

: 2100424516-04

Address

Period of Insurance . 13 Aug 2019 to 12 Aug 2020

Issued Date

15 Jul 2019

ABOUT THE POLICYHOLDER

Name of Policyholder

: POON KEAT YENG, MELISSA : 87 COUNTRYSIDE ROAD

SINGAPORE 789829

Occupation/Nature of Business: Executives

ABOUT THE VEHICLE

Registration No. : SDU8787C

Chassis No. : YV1MZ485BF2079458

Seating Capacity: 5

First Year of Registration : 2015

Make/Model

Hire Purchase Company/Employer's Loan

Engine Capacity/Tonnage : 1.596.00 CC

: B4164T1218044 Engine No.

Body Type

: SUV

VOLVO V40 CROSS COUNTRY T4

A JT THE COVER

Sum Insured Market Value Off Peak Car

Driver Restriction : NA Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive :

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use

Use only for social comestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fulfion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

Act of God, Fixture and Accessories (Cosmetic)-\$5000, PA to Authorised Driver / Unnamed Passengers-\$10000, Strike, Riots and Civil Commotions, Personal Effects-\$1000, In-Car Camera Excess Waver, Loss of Use 2000cu, Loan Protection, Dealer + AIG Authorised Workshops, Solar Film-\$1150, PA Insured-\$100000, Key Replacement Cover Optional-\$2000

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen ; \$100

Named Driver POON KEAT YENG, MELISSA - \$800 (Own Damage)

PREMIUM

Premium : \$ 1,342.64

GST (7%) : \$ 93.98

Total

: \$

1,436.62

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%

ASS. REC. BY: SP	C NET.		< 2		
	. <u>AS</u>	SIGNMENT	0		
From:	Date:	Veh No:	16. Valler 13/8/15		
Estimated Cost:		Type:/M.Car/ M.Cycle / Bus / Van /			
OD/TP/WS/TP RES/O	D RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:		Make: Volvo V40	c.c. # 1596		
at Workshop m/s		Colour Red	A/C: Insured / Std / NI / NA		
of .		- Sp.Reading 7,6487	T/Radio: Insured / Std / NI / NA		
Insured:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Policy No.		- C/No: YVI M Z4	ICERE OFFICES		
Claims No.		Gen. Cond: Good / Fair / Poor / Burn			
Sum Insured:	Excess:	Steering: Injorder / Jammed / Leaker			
(Client's Record)		Brake: Interder / Jammed / Leaker			
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim	The state of the s		
-		Tyre Size: 1	x/502R17		
(Policy Condition)		ryle Size. R:	11		
Remark: The veh had com	menced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZ	A LANGI OHTSI LBIB LSI WILL		
repair at the time	e of inspection.	TOYO / YOKO or	AT MIGTORISO TPIKTSUMIT		
Bal. or Market Value:		Front	Poor		
IDAC Accident Rport:	Consistent? : Yes or No	- R/Bal. 4 mm	Rear R/Bal. 4 mm		
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. L/Bal. mm	1/Pai - 1/L		
Est. Repairs:	days Res.: Yes or No	D.O.A. 5/6/20	D.O.I. $\frac{9}{8/k/20}$ mm		
Lum Sum:	- % 3 Val.: Yes or No	Survey held at	3 Motorwerks		
		Des. of Damages : Frt / Rear / O/S			
CA / REV / REP. /	24 HRS Vehicle: IN / OU	C 1 011			
Date:Pers	on Contacted:		dy Structure affected due to collision.		
Date / Time Action / I	nstruction		-,		
MV-	60K	76°			
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	: Final Report	Resurvey No. of Trip:	Survey Fee;		
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	Add Fe	e: Site Insp (\$)S+RS,SI ' · · ,		
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ump Sum / LBJ: (\$)	: Weetend (\$			
	•	10	TOTAL		