

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Mr Joshua Ng
Blk508B Yishun Avenue 4
#13-62

Singapore 762508

Closed by : Richmond Ho
Svc Consultant :
Remarks : Mr Joshua Ng

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 1
Inv.date. : 02/09/2021
WIP No. . : 43900
Veh.In/Out: 01/09/2021
*Tel.No. . : Mobile: 94793995
Reg.No. . : SMK181Z
Reg.date . : 28/07/2017
Mileage .. : 0
Chassis No: YV1LF10ACH1187723

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER, FRT GRILL, FRT LOWER SPOILER, ETC	0	1700.00	0		1,700.00	S
800	TO PUTTY SPRAY PAINT ON FRT BUMPER, ETC	0	1700.00	0		1,700.00	S
R06	TO INSTALL FRONT NUMBER PLATE INCLUDE HOLDER	0	60.00	0		60.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	510.00	0		510.00	S
	V039841726/BUMPER CO	1.0 EA	2670.30			2,670.30	S
	BUMPER SPOILER CTR X	1.0 EA	323.10			323.10	S
	BUMPER SPOILER FRT L	1.0 EA	323.10			323.10	S
	BUMPER SPOILER FRT R	1.0 EA	323.10			323.10	S
	BUMPER BRACKET FRT L	1.0 EA	91.60			91.60	S
	BUMPER BRACKET FRT R	1.0 EA	91.60			91.60	S
	BUMPER BRACKET FRT L	1.0 EA	91.60			91.60	S
	BUMPER BRACKET FRT R	1.0 EA	91.60			91.60	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	RADIATOR GRILLE T5 X	1.0 EA	1260.10			1,260.10	S
	BUMPER GRILLE LH CHR	1.0 EA	366.70			366.70	S
	BUMPER GRILLE RH CHR	1.0 EA	366.70			366.70	S
	NUMBER PLATE RETAINE	1.0 EA	63.30			63.30	S
	WIPER GRILLE CLIP XC	10.0 EA	8.30			83.00	S
	BUMPER GRILLE LOWER	1.0 EA	231.70			231.70	S
	PROTECTING PLATE FRT	1.0 EA	742.90			742.90	S
	BUMPER RAIL FRT XC90	1.0 EA	1544.30			1,544.30	S
	BLIND RIVET 4.0*21 P	10.0 EA	4.10			41.00	S
	BUMPER CLIP 8x8,5	10.0 EA	6.80			68.00	S
	BUMPER INSTALLING MT	1.0 EA	96.50			96.50	S
	D ADHESIVE CHEMICA	1.0 EA	797.60			797.60	S
	EXPANDING NUT XC40 1	10.0 EA	6.30			63.00	S

Gross Total. 13,700.80

Labour Total 3,970.00
Parts Total 9,730.80
Package Total 0.00

Net..... 13,700.80
GST @ 7.0% 959.06
Total..... 14,659.85
Paid..... 0.00
Please Pay.. 14,659.85

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for 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: 01/09/2021 Time: 0740.
Exact Location of Accident	B11C 506 YISHUN AVE 4 MSCP.

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK181Z
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Ng Guan Tee.
Personal Identification - NRIC (Singaporean/PR)	S8807677Z.
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>VOLVO</u> Model <u>X90.</u>
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	<u>ALL ASIA PACIFIC</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	<u>1900 241845.</u>
Motor CI	

DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	<u>Ng Guan Tee JISHUA.</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S8807677Z.</u>
- FIN/Passport Number	
Date of Birth	<u>19</u> dd/ <u>02</u> mm/ <u>1988</u> /yy
Driving Date Pass	<u>22</u> dd/ <u>01</u> mm/ <u>2021</u> /yy
Year of Driving Experience	Year(s) _____ Month(s) _____
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>9479 3995.</u>

Address of Driver	BK 508B YISHUN AVF 4 #13-62	Postcode (762568)
Email Address	Jeshingq1988@gmail.com	
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)	DAMAGED WITH PARKING		
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	SMR5669P
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	SIMON SEOW MOO SHIN .
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	83287132 .
Address	
Name of Insurance Company	CEWA
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' lawyers/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 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;

(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 with applicable law in administering, processing, handling and/or dealing with 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

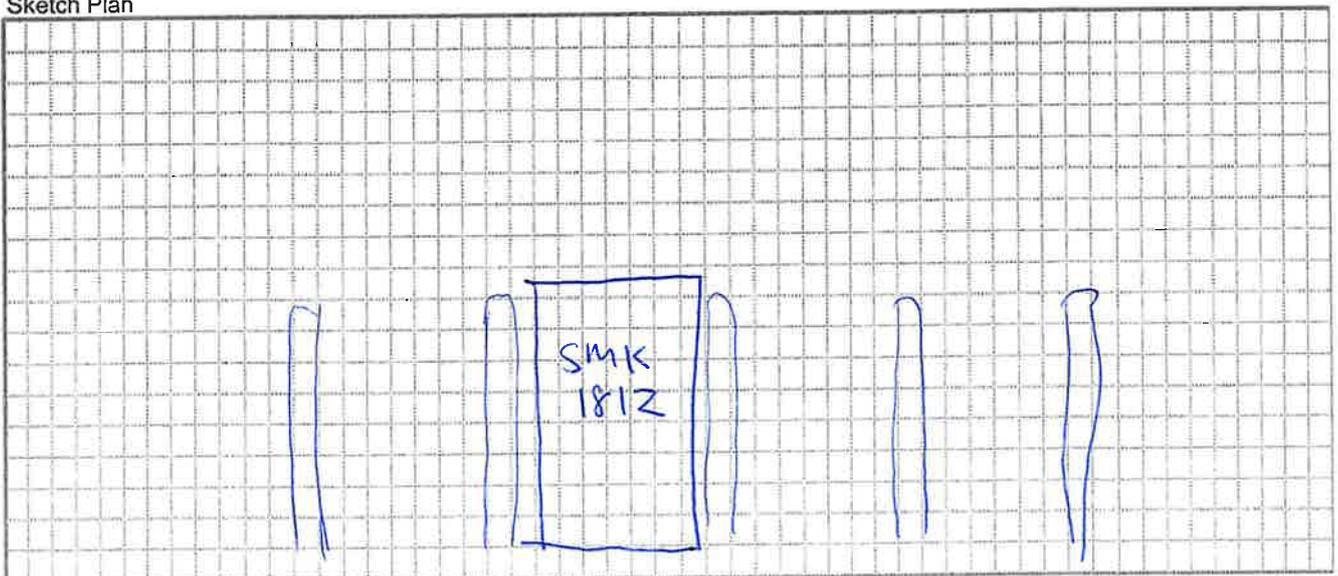
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

My car was parked yesterday at the carpark and this morning around 0740 when I was going to my car, I found out that the front bumper & grill was damaged together with the car plate.

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 DRIVING LICENCE

Licence Number: **S8807677Z**
Name:
NG GUAN TEE, JOSHUA
(HUANG YUANZHI)

Birth Date: **19 Feb 1988**
Issue Date: **22 Jan 2007**

001473554J

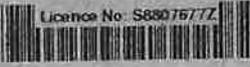


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	22 Jan 2007

NP 428A

Licence No: S8807677Z



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 Submission	01/09/2021 14:42 (SGT)
Date of Accident	01/09/2021 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 506 YISHUN AVE 4 MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK181Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG GUAN TEE
NRIC No	SXXXX677Z
Email Address	joshuang1988@gmail.com
Mobile Phone No	(Phone) +65-94793995
Alternative Phone No	+65-94793995

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
Variation	T5 - Momentum
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900241845
Cover Note Number	-

DRIVER

Name of Driver	NG GUAN TEE
NRIC No	SXXXX677Z

Date Of Birth	19/02/1988
Occupation	Indoor
Date Of Driving Pass	22/01/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94793995
Alt. Phone Number	+65-94793995
Email Address	joshuang1988@gmail.com
Address	BLK 508B YISHUN AVE 4 #13=62
Address complement	-
Postcode	762508
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SMR5669P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIMON SEOW WOO SHIN
Contact Number	(Phone) +65-83287132
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -