MOTOR EDGEVANTAGE PTE LTD

To: Mr Robin Chong

SFR9919A, JAGUAR, XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC

Attn: Robin Chong (91896627)

Work Order

Job No. : WJ2110249 Date : 22/10/2021

Mil in (KM):192900

Time in: 18/12/2021 19:00 Time out: 24/12/2021 08:00

				Time Out 124/12/2021 00:00			
T	Job Description	Operation	Quantity	UOM	Unit Price	Amt	
	Essential Works						
Р	Jaguar SRS airbag module XF		2.00	PCS	1,859.00	3,718.00	
P	Jaguar bonnet hinge RH XF		1.00	PCS	210.00	210.00	
Р	Jaguar bonnet hinge LH XF		1.00	PCS	210.00	210.00	
S	Jaguar front bonnet lock RH XF		1.00	PCS	310.00	310.00	
S	Jaguar front bonnet lock LH XF		1.00	PCS	310.00	310.00	
P	Jaguar bonnet strut XF		2.00	PCS	224.00	448.00	
Р	Jaguar front impact sensor XF		2.00	PCS	185.00	370.00	
S	Jaguar headlamp assembly XF		1.00	PCS	2,860.00	2,860.00	
S	Jaguar front headlamp support panel XF		1.00	PCS	1,980.00	1,980.00	
S	Jaguar front bumper assembly XF		1.00	PCS	2,170.00	2,170.00	
Р	Jaguar front bumper lower grille RH XF		1.00	PCS	273.00	273.00	
S	Jaguar front bumper side bracket XF		1.00	PCS	85.40	85.40	
S	Jaguar front bumper tow eye cover XF		1.00	PCS	73.60	73.60	
S	Jaguar front bumper Lid RH XF		1.00	PCS	84.90	84.90	
S	To remove, install , install front bonnet LH and RH air bags modules , front both bonnet hinges , bonnet strut , bonnet locks, impact sensors, front bumper, headlamp, front support panel		1.00		1,200.00	1,200.00	
S	To putty, spray paint front bumper , both front hinges, front bonnet , front fender RH		1.00		1,600.00	1,600.00	
S	To download software on airbag module, check wiring , contact diagnostic using equipment tools to rum through air bag (SRS) system		1.00		400.00	400.00	
S	Towing charges on Dolly from Upper Thomson Road to 'Workshop (Accident tow)		1.00		140.00	140.00	

Remarks:

Accident Cash card

This is a computer generated Work Order . No Signature is required.	Subtotal	16,442.90
	GST 7.0%	1,151.00
	Total	17 593 90

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 repudiate
- 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 20/12/2021 17:18 (SGT) Date of Accident 18/12/2021 17:15 (SGT) **Exact Location of Accident** Upper Thomson Rd, Singapore Additional Location Information infront of Hai Lam Sua Tee Kong Toa Temple Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SFR9919A

Is company? Name Of Registered Owner Chua Soon Beng Ellen NRIC No. S0123043C **Email Address** chongrobin@gmail.com Mobile Phone No (Phone) +65-96811919 Alternative Phone No. +65-91896627

VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

INSURED/POLICYHOLDER

Jaguar Model Χf Variant 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 2179

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100357123-08 Cover Note Number

DRIVER

Name of Driver Melissa Anne Loh Szu Wei NRIC No S7628074F

Date Of Birth 13/09/1976 Occupation Indoor Date Of Driving Pass 26/01/2004 Driving experience 17 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-93865836 Alt. Phone Number **Email Address** melaloh@gmail.com Address 9 Greenleaf Grove Address complement Postcode 279494 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Daughter-in-law Does Driver Own Other Vehicles? Nο 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 Collision - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Harmony Sam Chong Kah Ying Name Female Gender PASSENGER 2 Clare Idha Chong Xin Ying Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Tanglin Division Headquaters Police Station Name (Phone) +65-18003910000 Police Station Phone No (Fax) +65-63964900 Alt. Police Station Phone No 21 Kampong Java Road Singapore 228892 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan / police report no. E/20211219/7014. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH3999H Vehicle Manufacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Andrew Contact Number (Phone) +65-90500012 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name Uncle Leong Phone (Phone) +65-62585411

Email

WITNESS 2

Name Karen

Phone

(Phone) +65-62585411 Email

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w crkshop 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 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;
- (ii) 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 mo 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' law yers/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 law yers/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

20 DEC2021/15.45

Witnessed by Reporting Centre

Jenny Lim

Please Refer to attached sketch

SKETCH PLAN

IMPORTANT NOTICE

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- 6. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association
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- (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, handing 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

2 0 DEC 2021

Sketch Plan (Please Refer to attached sketch)

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

Witnessed by Reporting Centre

Jenny Lim

Please	Refer	to	Police	Raport	No: E/2021 1219/7014	
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Declaration

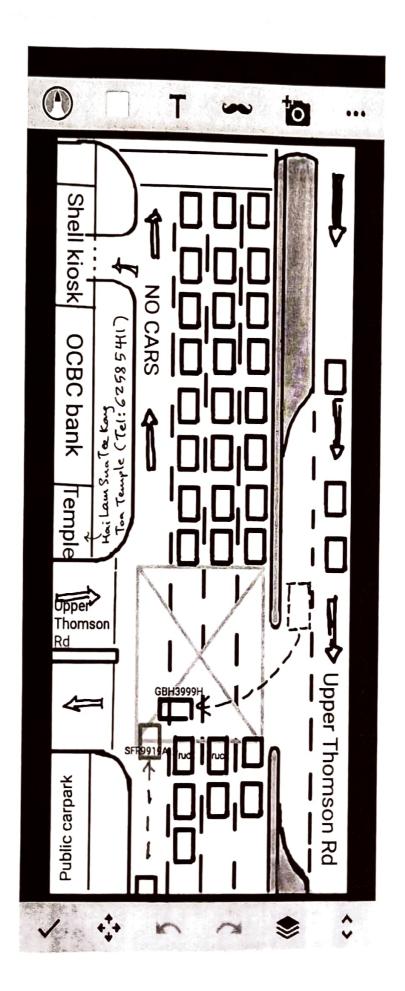
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Timu 2 0 DEC 2021

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

Witnessed b) Reporting Centre

Jenny Lim







2/20211219/7014

Report No. E/20211219/7014

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Date/Time Report Made 19/12/2021 15:12	Vide Rep	Station Diary No.				
Name Of Informant	Address					
MELISSA ANNE LOH SZU WEI	9 GREENLEAF GROVE SINGAPORE			F 270404		
ID Type / ID No.	Contact No.					
NRIC NO / S7628074F	Home/Office:		Mobile:	Mobile:		
	93865836					
Nationality	Email Address MELALOH@GMAIL.COM					
SINGAPORE CITIZEN						
Occupation	Sex	Age	Date of Birth	Race		
Housewife	Female	45	13/09/1976	Chinese		
Institution/School Name	Language English					
Date/Time Of Incident	Location Of Incident					
18/12/2021 17:10 - 18/12/2021 17:20	175 UPP	175 UPPER THOMSON ROAD HAI LAM SUA TEE				
	KONG TOA TEMPLE SINGAPORE 574426					
Brief details						

Brief details.

Please refer to the attached sketch. On Saturday 18/12/2021 late afternoon, I was driving (car license plate SFR 9919A) on the way to 94 Taman Permata from 9 Greenleaf Grove. I was bringing a 25cm tall birthday cake to my father's house and was driving slowly so that the cake would not topple. My daughters, aged 9 and 11 were helping me hold on to the cake in the back seat; the cake was on the middle arm rest of the back seat.

At approximately 5.15pm, I was driving straight on Upper Thomson road when a right-turning van (GBH3999H) from the opposite side of the road crashed into the front-right corner of my car, crushing my

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2021 15:12
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211219/7014

front-right headlight and bending the bonnet. At that moment I was driving straight towards the Shell kiosk in front, the road ahead of my lane was clear. The collision occurred within the yellow box. The van had taken a right turn at (the opposite side of) Upper Thomson Road into the small lane also called Upper Thomson Road in front of the temple. I was within the left most lane which was clear of traffic. The right most lane and 2 middle lanes were blocked by vehicles queuing to enter the yellow box ahead. After impact both vehicles were stationary at a 90 degrees angle. We moved our vehicles onto the side road to allow traffic to continue moving. There were no injuries nor damage to public property. No foreign cars were involved.

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 19/12/2021 15:12
Classification Of Case: