

SERVICE ESTIMATE

88013 - C00001 SL: SERVICE SALES - PC

Mr Chua Eng Sway
17 Faber Walk

Singapore
Singapore 128959

Closed by : Richmond Ho
Svc Consultant :
Remarks : Mr Chua Eng Sway

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1
Inv.date. : 17/02/2022
WIP No. . : 13711
Veh.In/Out: 12/02/2022
*Tel.No. . : Mobile: 83399180
Reg.No. . : SLJ9065J
Reg.date . : 29/12/2016
Mileage .. : 0
Chassis No: YV1FS28C0H2432056

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID,REAR EMBLEM,REAR BUMPER,REAR LOWER SPOILER,ETC	0	2550.00	0		2,550.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,REAR LOWER SPOILER,ETC	0	3000.00	0		3,000.00	S
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELETRICAL MODULES	0	540.00	0		540.00	S
	BUMPER COVER REAR S6	1.0 EA	1988.20			1,988.20	S
	TOW COVER REAR S60 1	1.0 EA	85.50			85.50	S
	BUMPER SPOILER REAR	1.0 EA	562.20			562.20	S
	PROTECTING PLATE REA	1.0 EA	512.70			512.70	S
	BUMPER BRACKET CTR R	1.0 EA	159.10			159.10	S
	BUMPER BRACKET REAR	1.0 EA	62.90			62.90	S
	BUMPER BRACKET REAR	1.0 EA	62.90			62.90	S
	BUMPER BRACKET REAR	1.0 EA	42.40			42.40	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER BRACKET RHR S	1.0 EA	62.90			62.90	S
	BUMPER INSTALLING MT	1.0 EA	96.50			96.50	S
	BUMPER CLIP 8x8,5	10.0 EA	7.80			78.00	S
	CLIP XC90 16- XC60	10.0 EA	8.30			83.00	S
	EMBLEM 'VOLVO' REAR	1.0 EA	116.00			116.00	S
	EMBLEM 'S60' CH 1700	1.0 EA	106.90			106.90	S
	EMBLEM 'T2' S60 16-	1.0 EA	106.90			106.90	S
	PARKING SENSOR 29dB	4.0 EA	224.30			897.20	S
	CABLE HARNESS REAR B	1.0 EA	127.40			127.40	S

Gross Total. 11,240.70

Labour Total 6,090.00
Parts Total 5,150.70
Package Total 0.00

Net..... 11,240.70
GST @ 7.0% 786.85
Total..... 12,027.55
Paid..... 0.00
Please Pay.. 12,027.55

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

1374

SN0722270010 / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 07/02/2022 17:31 (SGT)
SUBMITTED BY: Suman Sukumar
VERSION: 1 (07/02/2022 17:31 (SGT))

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 Submission	07/02/2022 17:31 (SGT)
Date of Accident	07/02/2022 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9065J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA ENG SWAY
NRIC No	S1502158F
Email Address	CHUAENG@OUTLOOK.COM
Mobile Phone No	(Phone) +65-83399180
Alternative Phone No	+65-83399180

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5106142424-03
Cover Note Number	-

DRIVER

Name of Driver	LOOI YIN
NRIC No	S1692898D

Date Of Birth	18/08/1965
Occupation	Indoor
Date Of Driving Pass	23/07/1986
Driving experience	35 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96169376
Alt. Phone Number	-
Email Address	LOOIYIN88@OUTLOOK.COM
Address	17 FABER WALK
Address complement	-
Postcode	128959
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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)	1
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

ON THE 07022022 AT 1520HRS I WAS TRAVELLING ALONG JURONG WEST AVENUE 1. I WAS ON THE RIGHT LANE AMONGST 2 LANES. TRAFFIC LIGHT TURNED RED THUS I HAD STOPPED. THATS WHEN A LORRY BEARING LICENSE PLATE YQ614T COLLIDED INTO THE REAR OF MY VEHICLE. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ614T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHD AMIN BIN MOHD

NRIC No	S1682988I
Contact Number	(Phone) +65-92729570
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 Police for investigation.
6. 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 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)**

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.
- (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:
 - (i) 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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/02/2022
1730HRS

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NRIC/FIN No.: S990968

