

### SERVICE ESTIMATE

##### - C00001      SL: SERVICE SALES - PC

Mr Duan Ning

Blk 337C Tah Ching Road  
#15-05

Singapore 613337

Closed by .... : Michelle Ong Siew Be  
Svc Consultant :  
Remarks ..... : Mr Duan Ning

GST Reg.No:M28920628X

Inv.No. . : B&P      0 Page 1

Inv.date. : 11/03/2022

WIP No. . : 16737

Veh.In/Out:

\*Tel.No. . : Mobile: 87980652

Reg.No. . : SMV1457P

Reg.date . : 17/09/2020

Mileage .. : 0

Chassis No: VF1RFA00X64896755

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE TAILGATE, REAR BUMP REINFORCEMENT, END PANEL, LOWER BUMPER, BUMPER MOULDING, EMBLEMS, BRACKETS, CLIPS, ETC.	0	3300.00	0		3,300.00	S
800	TO BLEND AND SPRAY PAINT ON TAILGATE, REAR BUMPER, END PANEL, ETC.	0	2000.00	0		2,000.00	S
802	TO REPLACE REAR WINDSCREEN	0	550.00	0		550.00	S
0080	TO INSTALL REAR WINDSCREEN SOLAR FILM	0	280.00	0		280.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
	BUMPER REAR GS4 BOSS	1.0 EA	1000.10			1,000.10	S
	TOWING COVER REAR BU	1.0 EA	91.40			91.40	S
	BUMPER REAR PAD GS4	1.0 EA	595.20			595.20	S
	BUMPER REAR LOWER MO	1.0 EA	615.40			615.40	S

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Closed by .... : Michelle Ong Siew Be

Svc Consultant :

Remarks ..... : Mr Duan Ning

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER MOUDLING CLIP	10.0 EA	4.00			40.00	S
	BUMPER REAR CENTER B	1.0 EA	384.00			384.00	S
	BUMPER REAR PAD SUPP	1.0 EA	93.70			93.70	S
	TAILGATE OUTER PANEL	1.0 EA	644.40			644.40	S
	RIVET FIX P	10.0 EA	12.50			125.00	S
	TAILGATE OUTER PANEL	1.0 EA	403.80			403.80	S
	LOGO REAR "DIAMOND"	1.0 EA	172.10			172.10	S
	EMBLEM "SCENIC" GS4	1.0 EA	137.40			137.40	S
	EMBLEM "RENAULT" REA	1.0 EA	108.40			108.40	S
	PARKING SENSOR FRT/B	4.0 EA	273.50			1,094.00	S
	BUMPER REAR REINFORC	1.0 EA	787.20			787.20	S
	TAILGATE ASSY GS4	1.0 EA	2181.70			2,181.70	S
	WINDSCREEN REAR GS4	1.0 EA	792.10			792.10	S
	WINDSCREEN SEALANT	2.0 EA	134.00			268.00	S
	PRIMER	1.0 EA	204.70			204.70	S

Gross Total.      16,318.60

Labour Total      6,580.00  
 Parts Total      9,738.60  
 Package Total      0.00

Net.....      16,318.60  
 GST @ 7.0%      1,142.30  
 Total.....      17,460.90  
 Paid.....      0.00  
 Please Pay..      17,460.90

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

16737  
China  
Taiping - TP

SW08223B0001 / Wearnes Automotive Pte Ltd  
ENTRY DATE & TIME: 11/03/2022 13:52 (SGT)  
SUBMITTED BY: Michelle Ong  
VERSION: 1 (11/03/2022 13:52 (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	11/03/2022 13:52 (SGT)
Date of Accident	10/03/2022 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEAR BLK 337D CORPORATION DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1457P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	DUAN NING
NRIC No	SXXXX333J
Email Address	DUANNINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-87980652
Alternative Phone No	+65-87980652

### VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	GRAND SCENIC IV
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	1496

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V12187
Cover Note Number	-

### DRIVER

Name of Driver	DUAN NING
NRIC No	SXXXX333J



Date Of Birth	02/06/1991
Occupation	Indoor
Date Of Driving Pass	17/07/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87980652
Alt. Phone Number	+65-87980652
Email Address	DUANNINGSG@GMAIL.COM
Address	BLK 337C TAH CHING ROAD
Address complement	#15-05
Postcode	613337
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

#### 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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ZHANG SHUPING
Gender	Female

#### PASSENGER 2

Name	ASTRIT DUAN YOU YOU
Gender	Female

#### 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 ATTACHMENT.

#### 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	PC8852A
Vehicle Manufacturer	Toyota

16737  
China - TP  
Taiping

# 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: 10/03/2022 Time: 08:20 PM
Exact Location of Accident	Near Bldg 33/D. Corporation Dr.

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV 1457P
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	DUAN NING
Personal Identification - NRIC (Singaporean/PR)	S9182333J
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Renault Model Grand Scenic
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	driving home from
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 *	Liberty Insurance
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	SD20V12187
Motor CI	

## DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Duan NING
Personal Identification - NRIC (Singaporean/PR)	S9182333J
- FIN/Passport Number	
Date of Birth	02 dd/ 06 mm/ 1991 /yy
Driving Date Pass	17 dd/ 07 mm/ 2020 /yy
Year of Driving Experience	1 Year(s) 8 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.	87980652

Address of Driver	15-05#, Blk 337C, Tah Ching Road	
	Postcode ( 61333 )	
Email Address	duanningsg@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)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Front to Rear	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No Zhang Shipping (F)	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No Astrit Duan You You (F)	
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)	03	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	PC 8852A	
Vehicle Make/ Model/ Colour	TOYOTA / white / Van.	
Details of Properties		
Name of Driver	AZMEE bin Abdul Rahim	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	81723443	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		



**Describe Circumstance of the Accident**

When I drove straightly, the traffic light changed to red, so I stopped in front of the yellow box, after the vehicle stopped for few seconds, the van hit my car boot, then we came outside to check car condition.

**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.

*Deen Khan*  
*B3*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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 :

- (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.

Queen Mary  
B3

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMV 1457P  
B: PC 8852A

Corporation Drive

Traffic Light

Corporation Drive

Traffic Light