

SERVICE ESTIMATE

98479 - C00001 SL: SERVICE SALES - PC
 Ms Harlina Binti Hassan Basri
 3 Oxford Road
 #05-07

Singapore 218814

Inv.No. : B&P 0 Page 1
 Inv.date : 26/04/2022
 WIP No. : 22631
 Veh.In/Out:
 *Tel.No. : Mobile: 98158529
 Reg.No. : SMQ2781Y
 Reg.date : 29/08/2014
 Mileage : 0
 Chassis No: SAJAC12MXEPV74431

Closed by : Juan Paulo Bongon Ba
 Svc Consultant :
 Remarks : Ms Harlina Binti Has

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER, HEADLAMP RH, PARKING SENSOR, HINGES, DAMPER, BONNET, ETC	0 1300 X 2	3000.00	0		3,000.00	S
800	TO SPRAY BONNET, FRONT BUMPER, ETC	0 2000	2500.00	0		2,500.00	S
280	TO CHECK WIRING INCLUDE RESETING OF ALL ELECTRICAL MODULES	0	621.00	0		621.00	S
280	TO FOCUS HEADLAMP	0	207.00	0		207.00	S
287	TO REPLACE E-ACTUATOR, & RESET PEDESTRIAN SYSTEM	0 3312	4968.00	0		4,968.00	S
R16	TOWING CHARGE 25/04/2022	0	200.00	0		200.00	S
	HINGE-BONNET LH	1.0 EA	220.90			220.90	S
	HINGE-BONNET RH	1.0 EA	216.60			216.60	S
	IMPACT SENSOR BUMPER	2.0 EA	480.60			961.20	S
	E AIRBAG BONNET XF	2.0 EA	1741.50			3,483.00	S
	AIRBAG BRACKET BONNE	2.0 EA	21.40			42.80	S

Steve (LKK)
 28/4/22, 12m

OD-M PL
 EXH.1
 P/P

by BLH
 7 Apr

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during 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 Repairer

Signature: _____

Wearnes Automotive Pte. Ltd.
 5 Lang Road, Singapore 159103 T 6430 4700 www.wearnes.com

reg no. 199501400R / GST reg no. M28920628X

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Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
	AIRBAG BRACKET (DNO) / REC	2.0	EA	43.40			86.80	S
ECU	DEPLOYABLE BONNET MO / REC	1.0	EA	2307.60	REC		2,307.60	S
	AIRBAG SENSOR FRT XJ / REC	2.0	EA	357.30			714.60	S
	BONNET STRUT XJL	2.0	EA	99.10	(phb)		198.20	S
	BUMPER COVER FRT XJL / 00	1.0	EA	3829.70			3,829.70	S
	INSERT-FOAM	1.0	EA	519.20			519.20	S
	HEADLAMP RH / CRA	1.0	EA	4398.30			4,398.30	S
	MODULE-BALLAST	1.0	EA	535.10			535.10	S
	PARKING AID 90 Degre X	4.0	EA	426.10			1,704.40	S
	MOUNTING-BRACKET RH X	1.0	EA	67.20			67.20	S
	MODULE-RESTRNT CNTRL / REC	1.0	EA	2307.60			2,307.60	S
	PANEL-BONNET FRT / 00	1.0	EA	8131.90			8,131.90	S
	BUMPER NUT XF / AC	15.0	EA	5.30			79.50	S

Gross Total. 41,300.60
 Net..... 41,300.60
 GST @ 7.0% 2,891.04
 Total..... 44,191.65
 Paid..... 0.00
 Please Pay.. 44,191.65

Labour Total 11,496.00
 Parts Total 29,804.60
 Package Total 0.00

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

WIP
19628
AA-TR

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	01/04/2022 17:40 (SGT)
Date of Accident	31/03/2022 13:45 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ2781Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARLINA BINTI HASSAN BASRI
NRIC No	S1758111B
Email Address	rashidun7@yahoo.com
Mobile Phone No	(Phone) +65-96800407
Alternative Phone No	+65-96800407

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xj
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	1999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNNW00030522201
Cover Note Number	-

DRIVER

Name of Driver	ABDUL RASHID BIN ABDUL RAHIM
NRIC No	S1386748H

Date Of Birth	28/08/1959
Occupation	Indoor
Date Of Driving Pass	18/08/1980
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98158529
Alt. Phone Number	-
Email Address	rashidun7@yahoo.com
Address	3 OXFORD RD #05-07
Address complement	-
Postcode	218814
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLR1812E
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit by fallen tree / Other objects
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

REFER SKETCH.

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	XD2328L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

-
-
-
-
-

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:

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

Q488M2 Accident Report Form 3/3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/5/22 at around 1.40pm I entered the KPE tunnel from PIE (Tuas). I was on the way to the city bance I stayed on my lane going towards EEP (city). A truck was travelling in the next lane and as I was driving metal scraps from the truck fell to the road and hit my car but the driver was not aware. When there were several metal (rusty) bars (#) continue to fall when it hit my car the impact caused the airbags in the bonnet to activate and because of this my bonnet was opened and the warning lights in my dashboard flashed. The hazard lights also started to blink. I saw the truck proceeding towards PIE, so I signalled and followed the truck before signalling to the right and drove alongside the truck and harked him to stop. I overtook his truck and stopped at a distance and he followed me and stop behind my car. I then informed him of what happened. He climbed on top of his truck and adjusted the metal pieces. I took down his particulars and spoke to his Boss on the his hp. I tried calling Eas tunnel emergency but was not successful. I called 911 but also no reply. It was very noisy in the tunnel and can hardly hear anything on the hp. It was dangerous in the tunnel as there were many heavy vehicles that drove past. I was fearful for my safety and decided to slowly drive out of the tunnel onto Central Boulevard (Main) and stopped my car at Hongpost QAF and called a tow truck to tow my car to my workshop. I later called the driver's boss and asked for his vehicle insurance company. He informed me on WA that is was AXA.

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:

Reporting Centre/Personnel's Signature
Name:
NRIC/IN No.:

ix-RMAC SketchPlanForm_V3