

### SERVICE ESTIMATE

##### - C00001  
 Mr Du Peng  
 32 Perak Road  
 #02-00

SL: SERVICE SALES - PC

Singapore 208148

Closed by .... : Richmond Ho  
 Svc Consultant :  
 Remarks ..... : Mr Du Peng

GST Reg.No:M28920628X  
 Inv.No. . . : B&P 0 Page 1  
 Inv.date. . : 24/05/2022  
 WIP No. . . : 26141  
 Veh.In/Out: 23/05/2022  
 \*Tel.No. . . : Mobile: 93206851  
 Reg.No. . . : SKZ7196E  
 Reg.date .. : 31/03/2007  
 Mileage .. : 0  
 Chassis No: YV1CZ595771392904

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR LOWER SPOILER,REAR SKID PLATE, ETC	0	2550.00	0		2,550.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER,ETC	0	1700.00	0		1,700.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	555.00	0		555.00	S
	BUMPER COVER REAR UP	1.0 EA	1865.70			1,865.70	S
	BUMPER COVER LOWER R	1.0 EA	1865.70			1,865.70	S
	PROTECTING PLATE Sli	1.0 EA	666.40			666.40	S
	ABSORBER	1.0 EA	228.60			228.60	S
	BUMPER SECTION REAR	1.0 EA	364.30			364.30	S
	BUMPER EXPANSION PLU	10.0 EA	8.80			88.00	S
	LID	1.0 EA	44.00			44.00	S
	PLASTIC RIVET P/W RA	10.0 EA	10.10			101.00	S
	BUMPER CLIP 8x8,5	10.0 EA	8.20			82.00	S

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BLIND RIVET 4.0*21 P	10.0 EA	5.00			50.00	S
	CLIP BRACKET BUMPER	10.0 EA	7.30			73.00	S
	PARK ASSIST REAR XC9	4.0 EA	929.90			3,719.60	S
	V031201885/SILENCER	1.0 EA	1560.70			1,560.70	S
	BUMPER INSTALLING MT	1.0 EA	101.40			101.40	S

Gross Total. 15,615.40

Labour Total 4,805.00  
 Parts Total 10,810.40  
 Package Total 0.00

Net..... 15,615.40  
 GST @ 7.0% 1,093.08  
 Total..... 16,708.50  
 Paid..... 0.00  
 Please Pay.. 16,708.50

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

SUMP

26141

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. **Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-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: <u>22/05/2022</u> Time: <u>1100.</u>
Exact Location of Accident	<u>PIE EXIT STAVEN.</u>

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	<u>SKZ 7196E.</u>
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	<u>DE-LIFESTYLE MANAGEMENT PTE-LTD</u>
Personal Identification - NRIC (Singaporean/PR)	<u>202027614D.</u>
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>BMW</u> Model <u>X190</u>
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	<u>AXA INSURANCE</u>
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	<u>GA597824.</u>
Motor CI	

## DRIVER

	<input type="checkbox"/> Same as Insured above
Name of Driver	<u>DU PENH</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S8182208F.</u>
- FIN/Passport Number	
Date of Birth	<u>13</u> dd/ <u>08</u> mm/ <u>1981</u> /yy
Driving Date Pass	<u>20</u> dd/ <u>08</u> mm/ <u>2020</u> /yy
Year of Driving Experience	Year(s) _____ Month(s) _____
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	<u>93206851.</u>

Address of Driver	BIC 175 LOMPONG ROAD #23-53 Postcode (070175.)
Email Address	jack.du@de-lifestyle.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 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)	HEAD-REAR
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)	01

### 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	SLH 7448L
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	KALAIKAL REDDIAR VIGNESH
Personal Identification - NRIC (Singaporean/PR)	G0965707Q
- FIN/Passport Number	
Contact Number	
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**

On 22/05/2022. about 11 AM. When I drove my car VOLVO XC 90 2.5 T, (CAR PLATE SKZ 7196Z) on the PTE Exit Steven, in my front was traffic jam. I was stopped my car then behind one of car. MAZDA (CAR PLATE SLH 7448L) hit the back of my car.

**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

**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.

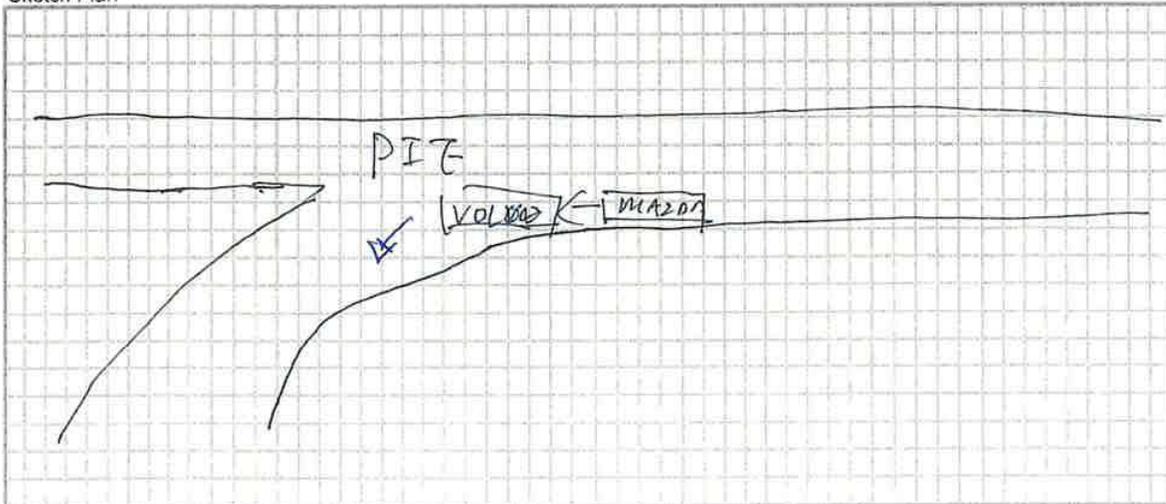


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8182208E**  
Name: **DU PENG**

Birth Date: **13 Aug 1981**  
Issue Date: **20 Aug 2010**

001885342C



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8182208E**



Name: **DU PENG**  
**杜 鵬**

Race: **CHINESE**  
Date of birth: **13-08-1981**  
Country/Place of birth: **CHINA**

Sex: **M**

S8182208E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

**Class 3** Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 20 Aug 2010

NP 428A

Licence No. **S8182208E**



5377698



NRIC No. **S8182208E**



Date of issue: **03-11-2014**

Address:  
**APT BLK 175 LOMPANG ROAD  
#23 53  
SINGAPORE 670175**



redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

# Certificate of Insurance

account number  
 17120

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

## Policy details

<b>Policyholder name</b>	<b>DE-LIFESTYLE MANAGEMENT PTE LTD</b>	<b>Certificate number</b>	<b>GA597824 / 1</b>
<b>Cover</b>	<b>Comprehensive</b>	<b>Chassis number</b>	<b>YV1CZ595771392904</b>
<b>Plan name</b>	<b>Essential</b>	<b>Engine number</b>	<b>B5254T4119276</b>
<b>NCD applicable</b>	<b>0%</b>		
<b>Vehicle registration number</b>	<b>SKZ7196E</b>		
<b>Period of Insurance</b>	from <b>04/12/2021</b> to <b>03/12/2022</b> (both dates inclusive)		
<b>Finance loan company</b>	<b>DICKSON CAPITAL PTE LTD</b>		

## Persons or classes of persons entitled to drive\*

- (a) Any Named Driver as stated in the Policy:  
 1. DU PENG
- (b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

## Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 800.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:  
 1. S\$500 for unnamed *Authorised Driver*  
 2. S\$500 for declared *Young and Inexperienced Driver*  
 3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

## Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

## Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

## 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 willful 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	23/05/2022 15:24 (SGT)
Date of Accident	22/05/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE EXIT STEVEN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7196E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DE-LIFESTYLE MANAGEMENT PTE LTD
Company Reg No	2XXXXX614D
Email Address	jack.du@de-lifestyle.com
Mobile Phone No	(Phone) +65-93206851
Alternative Phone No	+65-93206851

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
Variant	2.5T
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	2521

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA597824
Cover Note Number	-

#### DRIVER

Name of Driver	DU PING
NRIC No	SXXXX208E

Date Of Birth	13/08/1981
Occupation	Indoor
Date Of Driving Pass	20/08/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93206851
Alt. Phone Number	-
Email Address	jack.du@de-lifestyle.com
Address	BLK 175 LOMPANG ROAD #23-53
Address complement	-
Postcode	670175
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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

#### 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	SLH7448L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Passport No/FIN	GXXXX707Q
Contact Number	-
Address	-

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