LASS. REGABY: Steve 1 CS/CT/22	00 64881 EC43
	COMMENT
From: Date:	Veh No: SLZ 7564P Yr Regn: 17/5/18
Eslimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS I TP RES I OD RES I EVA I INV I MV	Truck / Traller or
To Inspect Vehicle No:	Make: Infiniti & 30 c.c 1461
at Workshop m/s	Colour BINP A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured Std NI NA
Insured:	Eng/No:
Policy No.	CNO: SOKDAAFISUIUGU 1919.
Claims No.	Gen. Cond: Good Fair / Poor / Burnt Steering: Inorde / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder/Jammed/Leaked/Burnt or
(Client's Record) Make of Veh.	Modi: NII / S(Riph / STD A/Rim or
MONO VI TVIA	Tyre Size: F: 235/50R18
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	R: // (BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Root: Consistent? : Yes or No	R/Bal, 5 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	UBal. 5 mm UBal. 5 . mm
Est Repairs: days Res.: Yes or No	D.O.A. 5/7/77 D.O.I. 7/7/77
Lum Sum: % 3 Val.: Yes or No	Survey held at WegineS
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OI	JT effected due to collicion
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	·
Dale/Time, File Pass to? : Prell. Report	Days Of Repair:
η : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	
2)Add	Fee: : Site Insp (\$)
	: Tech, Invs (\$) Others
Repart Formal:	:Weellend (\$
Lump Sum / LB.E. (\$)	TOTAL TOTAL
•	
The state of the s	7



96847 - C00001 SL: SERVICE SALES - 1 Ms Pang Nyik Foong 58 Portchester Avenue Singapore 556340 Closed by: Paul Ong Qing Yong Svc Consultant: Remarks: Ms Pang Nyik Foong	Inv.No : Inv.date. : WIP No : Veh.In/Out: *Tel.No : Reg.No : Reg.date . : Mileage :	GST Reg B&P 06/07/2 32138 Mobile: SLZ7564 17/05/2	96322963-Alan P 018
Op.No Description	Mech Qty	Price Di	sc% Pkg Amount G
802 TO REPLACE FRT LH DOOR, REAR LH DOOR, FRT LH FENDER, FRT LH FENDER MLDING, REAR LH FENDER MLDING, WING MIRROR LH	0	4800.00	0 4,800.00 S 3290
SOO TO SPRAYPAINT ON FRT LH FENDER, FRT LH DOOR, 6 x 800 REAR LH DOOR, REAR LH FENDER, REAR BUMPER, WING MIRROR LH ETC	0	4800.00	0 4,800.00 S 4 8 %
802 TO REMOVE, REFIT & TRANSFER FRT LH DOOR COMPONENTS	0	500.00	0 500.00
802 TO REMOVE, REFIT & TRANSFER REAR LH DOOR COMPONENTS	0	500.00	0 500.00 8
0031 TO REPLACE FRT LH RIM 0031 TO REPLACE REAR LH RIM	0	50.00 50.00	

Wearnes Automotive Pte. Ltd.
45 Leng Kee Road, Singapore 159103 T 6430 4700 www.wearnes.com

Co reg no. 199501400R / GST reg no. M28920628X





SERVICE ESTIMATE

SL: SERVICE SALES - PC 96847 - C00001 GST Reg.No:M28920628X Ms Pang Nyik Foong O Page 2 58 Portchester Avenue Inv.No. . : B&P Inv.date. : 06/07/2022 WIP No. : 32138 Veh. In/Out: Singapore 556340 *Tel.No. . : Mobile: 96322963-Alan Reg.No. : SLZ7564P Closed by : Paul Ong Qing Yong Reg.date .: 17/05/2018 0 Mileage ..: Svc Consultant : Remarks : Ms Pang Nyik Foong Chassis No: SJKDAAH15U1060729

Op.No	Description	Mech Qty	Price Di	SCF	Pkg Amount G
	WHEEL ALIGNMENT TO CHECK WIRING INCLUDE NG OF ALL ELECTRICAL	0	280.00 498.00	0	280.00/S 498.00/S
MODULES	FENDER-FRONT LH Q30 M *BAFFLE PLATE-FRT FEN CRU CLIP CANOE MC FENDER-OVER, FR CM SCR-P HD PP,W M CLIP MC DOOR-FRONT LH Q30 M DOOR SEAL FRT LH Q30 M MIRROR ASSY-OUT CM COVER-MIRR BODY FRT CM DOOR-REAR LH M WSTRIP ASSY-RR	0 1.0 EA 1.0 EA 6.0 EA 1.0 EA 2.0 EA 1.0 EA 1.0 EA 1.0 EA 1.0 EA	0.00 2250.00 336.10 5.00 1450.10 3.70 2.60 3329.30 525.80 1197.30 199.20 3163.50 499.50	0	\$ 2,250.00 S 336.10 S 30.00 S 1,450.10 S 7.40 S 5.20 S 3,329.30 S 525.80 S 1,197.30 S 1,197.30 S 1,99.20 S 3,163.50 S 499.50 S

45 Leng Kee Road, Singapore 159103 T 6430 4700 www.wearnes.com

Co reg no. 199501400R / GST reg no. M28920628X





		ESTIMATE
96847 - CO Ms Pang Ny	0001 SL: SERVICE SALES -	PC GST Reg.No:M28920628X
58 Portches	ster Avenue	Inv.No. : B&P 0 Page 3
30 1010000		Inv.date. : 06/07/2022
		WIP No : 32138
Singapore !	556340	Veh.In/Out: *Tel.No : Mobile: 96322963-Alan
		Reg.No. : SLZ7564P
Closed by	: Paul Ong Qing Yong	Reg.date .: 17/05/2018
Svc Consult	tant :	Mileage: 0
Remarks	: Ms Pang Nyik Foong	Chassis No: SJKDAAH15U1060729
		Walant Daire Disco Dlan Brown C
Op.No		Mech Qty Price Disc% Pkg Amount G
F-9	FENDER OVER REAR LH KAR	(M 1.0 EA 1450.10 1,450.10 S
	GROM-SCR / NC	10.0 EA 2.60 26.00 S
	RIVET / NO WHEEL-ROAD ALLOY 18" / (M)	2.0 EA 12.60 25.20 S 2.0 EA 4474.10 8,948.20 S
	GRIP-OUTSIDE LH	1.0 EA 776.50 776.50 S
	ESCU-OUTSIDE, LH	1.0 EA 107.60 107.60 S
	GASKET-OUTSIDE / 14	1.0 EA 6.10 6.10 S
	GASKET-OUTSIDE / ~ BRKT-DOOR OUTSI	1.0 EA 6.40 6.40 S 1.0 EA 171.90 171.90 S
	,	mh
	Steve (CKK) 7/7/22, 3-09	ρ ρ
	7/7/19 2000	ha M 12
	111/11,300	
		8 125
		Gross Total. 35,989.40
-		
	ur Total 11,478.00	Net
	Monthly Call 24,311.40	GST @ 7.0% 2,519.26 Total 38,508.65
 To resurvey before/after 	r spray painting	Paid 0.00
To display damaged pa		Please Pay 38,508.65
• Third party survey is on	Nation O=OutOf Scope; Z=ZeroRa	ted
No illegal modification		
	must be resurveyed and eval from Insurance Company	
Acknowledged by Repail Signature:	rer	
Wearnes Automotive Pte. L	td. re 159103	

Co reg no. 199501400R / GST reg no. M28920628X

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process

Please report to the completed by the Policyholder and/or the Authorised Driver
 This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 controlled this report will for a fee by mode and the controlled the controlled this report will for a fee by mode and the controlled the con This report will be report will, for a fee, be made available upon application by interested parties.
 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/07/2022 14:01 (SGT) 05/07/2022 19:00 (SGT) Borthwick Dr, Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ7564P

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No Alternative Phone No No

Pang Nyik Foong SXXXX588C germaine.txy@gmail.com

(Phone) +65-81893228

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Private use

Infiniti

Q30

No - Claiming third party

Infiniti Q30 1.5D Prem MY17.5

Private car Auto 1461

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Liberty Insurance Pte Ltd

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Tan Shou Wei Allen SXXXX185C 10/08/1956 Indoor



Accident report SW0D22760001

Page 1 of 19



pate Of Driving Pass priving experience Gender

Mobile Number Alt. Phone Number

Email Address Address Address complement

postcode Is the driver the policyholder?

Is the driver the policy to the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?

Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

Translator's name

Translator's ID
Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address

Was notice of intended Prosecution given?

Was notice of interioed i

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

,

DETAILS OF OTHER VEHICLE PROPERTY 1

Accident report SW0D22760001

20/02/1984 38 YEARS AND 5 MONTHS

Male

(Phone) +65-96322963

germaine.txy@gmail.com 58 Portchester Avenue

556340

No Spouse No

140

Side Swipe Raining

No

Wet

2 Yes No

Yes 2

No

-

.

Pang Nyik Foong Female

Yes

Bishan Neighbourhood Police Centre

(Phone) +65-18005529999 (Fax) +65-65561905

20 Bishan Street 23 Singapore 579757

No

Yes Yes

Page 2 of 19

CS CamScanner

Vehicle Registration Number YQ6801E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender Phone No Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Pang Nyik Foong

Female

(Phone) +65-81893228

Accident report SW0D22760001





SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- 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 materia 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
- 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
- 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)

Lunderstand, 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/er 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)
 - (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
- (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

Policyholderla Signature Date & Time

Driver's Signature

(If driver is not the policyholder)

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

Date & Time



CS CamScanner



SKETCH PLAN

de 6	POW	repor	Skaenent	
		\		
CLARATION			173	
ve declare the for		t culars are t	rue affrerirespect	
cynoider's Signatur	to	Dre	ver's 5-gnature	Reporting Centre Personnel's Signatu
e & Time:		{If (triver is not the palicy tolder) e & Time:	Name: NRIC/FIN No



Age:

65

Sex:

Male

Race:

Chinese

Occupation: ACCOUNTANT



Institution / School Name:

Date of Expiry:

Report No. T/20220706/2031

Police Station Of Origin: Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Date of Birth:

10/08/1956

Driver

English

Class: 3

Language:

Tel No: 1800-0020	Vide Report No.:	Station Diary No.: 39
Date/Time Report Made: 06/07/2022 11:43	Address:	ENUE SINGAPORE 556340
Name of Informant. TAN SHOU WEI ALLEN	58 PORTCHESTER AV. Contact No.: Home/Office:	Mobile: 96322963
NRIC NO / STID/ 1000	Email:	
SINGAPORE CITIZEN	th: Type of Informant:	La-baol Name:

Driving Licence Information:

Type of	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2022 19:00	Type of Locatio Straight Road
Accident: Location:				
BORTHWICK	DRIVE			
				The second secon
		Road Surface:		Road Speed Limit:
Weather:		Road Surface:		
Weather: Drizzling		Wet		Traffic Volume:

Details of V	ehicle Invo	lved	Texas C	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	-		1
SLZ7564P	Car	INFINITI	Q30 1.5D PREM DCT EU6	Blue	Slightly Damaged	
YQ6801E	Lorry	TOYOTA	DYNA 150 5MT	Blue	Totally Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA







2 of 3

Report No. T/20220706/2031

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Driver		With the second second second second second	ID N	0.	S1167185C
Name	TAN SHOU WEI ALLEN		10	,	
			Cont	act No.	96322963
Related Vehicle	SLZ7564P (Car)		00		
			Class	of	Class: 3
Hospital/Clinic	NIL		Driving		Date of Expiry: NIL
			Licen		
			Expir	y Date	
	1	Date Disc	charge	NIL	
Date Treatment	IT NIL		f Injury	NIL	
No. of Days gran	ted Medical Leave NIL	The second second	Service State State		
Passenger	500NC	gen, had placed	ID No		S1270588C
Name	PANG NYIK FOONG				
			Conta	ct No.	81893228
Related Vehicle	SLZ7564P (Car)			and to be again.	
	TO SOLUCION A		Class	of	Class: NIL
Hospital/Clinic	ALEXANDRA HOSPITAL		Driving		Date of Expiry: NIL
			Licenc		
			Expiry		the state of the s
	06/07/2022	Date Discl	harge	06/07/	/2022
Date Treatment	ted Medical Leave 03	Degree of		Slight	

On 05/07/2022 at about 7pm, I was driving my vehicle SLZ7564P along Borthwick Drive heading home towards Portchester Avenue direction. Together in my vehicle, was my wife who sat at the front passenger seat. As I was approaching 62 Borthwick Drive, I noticed that there was a stationary lorry with its brake lights on bearing registration, YQ6801E along the left side of the road. I signaled and proceeded to overtake the stationary vehicle from the right lane. However, the driver of the said lorry suddenly moved his vehicle and collided onto the left of my vehicle. There were damages sustained to the front left fender area near my vehicle's front wheel to the the left rear wheel area. After taking photographs and exchanging particulars with the other driver, both of us left the scene. No police or ambulance came to scene, no government property was damaged.

On 06/07/2022, my wife felt pain and discomfort around her neck area thus, we sought medical treatment from Alexandra Hospital and she was issued with a 3 days MC. I wish to state that I have a video footage of the incident and I am willing to share the video to facilitate investigations should it be required.

Driver particulars of YQ6801E:

Name: Rashid Harunur

Fin: F8148351P







3 of 3 Report No. T/20220706/2031

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E / SGT 2 PUA JIAN YAN, JEREMIAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2022 11:43
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	