

## SERVICE ESTIMATE

##### - C00001  
 Mr Wong Kwok Kwong  
 10 Old Upper Thomson Road  
 #02-06  
 Singapore 573869

SL: SERVICE SALES - PC

GST Reg.No: M28920628X  
 0 Page 1

Inv.No. . . : B&P  
 Inv.date. . : 01/12/2022  
 WIP No. . . : 52668  
 Veh.In/Out:

\*Tel.No. . . : Mobile: 83999159  
 Reg.No. . . : SNB3995H  
 Reg.date . . : 19/08/2021  
 Mileage . . : 0  
 Chassis No: LYVXZAKADML585891

Closed by . . . . : Michelle Ong Siew Be  
 Svc Consultant :  
 Remarks . . . . . : Mr Wong Kwok Kwong

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER, FRONT LOWER BUMPER, RHF FENDER WIDENER, BRACKETS, CLIPS, ETC.	0	1700.00	0		1,700.00	S
800	TO BLEND AND SPRAY PAINT ON FRONT BUMPER, ETC.	0	1500.00	0		1,500.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	588.00	0		588.00	S
		1.0 EA	2309.70			2,309.70	S
	VO39790879/BUMPER CO	1.0 EA	590.40			590.40	S
	BUMPER SPOILER FRT A	1.0 EA	81.20			81.20	S
	WHEEL AIR DEFLECTOR	1.0 EA	202.90			202.90	S
	WIDENER FRT RH XC40	1.0 EA	101.40			101.40	S
	BUMPER INSTALLING MT	10.0 EA	8.80			88.00	S
	BUMPER CLIP XC90 16-	10.0 EA	5.00			50.00	S
	BLIND RIVET 4.0*21 P	10.0 EA	8.20			82.00	S
	BUMPER CLIP 8x8,5	10.0 EA	8.20			82.00	S
	BUMPER CLIP GREEN S6	10.0 EA	6.00			60.00	S

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 \*Tel.No. . . : Mobile: 83999159  
 Reg.No. . . : SNB3995H  
 Reg.date . . : 19/08/2021  
 Mileage .. :            0  
 Chassis No: LYVXZAKADML585891

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	EXPANDING NUT XC40 1	10.0 EA	6.70			67.00	S

		Gross Total.	7,420.60
<b>Labour Total</b>	3,788.00	Net.....	7,420.60
<b>Parts Total</b>	3,632.60	GST @ 7.0%	519.44
<b>Package Total</b>	0.00	Total.....	7,940.05
		Paid.....	0.00
		Please Pay..	7,940.05

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

157668  
Allianz - TP

SW0D22BU0002 / Wearnes Automotive Pte Ltd  
ENTRY DATE & TIME: 30/11/2022 17:46 (SGT)  
SUBMITTED BY: Michelle Ong  
VERSION: 1 (30/11/2022 17:46 (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 Actual 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	30/11/2022 17:46 (SGT)
Reported by	Both
Date of Accident	30/11/2022 12:39 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	6 SIN MING ROAD (CARPARK)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3995H
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG KWOK KWONG
NRIC No	SXXXX170B
Email Address	aliciawmng@gmail.com
Mobile Phone No	(Phone) +65-96537183
Alternative Phone No	

### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc40
Variant	XC40 T4
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	1969

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210096095

### DRIVER

Name of Driver	ALICIA NG WENG MING
NRIC No	SXXXX171J
Date Of Birth	19/10/1975
Occupation	Indoor

Date Of Driving Pass	09/06/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96537183
Alt. Phone Number	-
Email Address	aliciawmng@gmail.com
Address	10 OLD UPPER THOMSON ROAD
Address complement	#02-06
Postcode	573869
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	Hit and run / Vandalism / Damaged whilst parked
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ4834C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LEE ZHI PING
NRIC No	SXXXX524B

# 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: 30/11/2022 Time: 12:39
Exact Location of Accident	6 SIN MIANG ROAD (CARPARK)

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB 3995H
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	WONG KWOK KWONG
Personal Identification - NRIC (Singaporean/PR)	S7586170B
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer VOLVO Model VOLVO XC40 T4 D-DESIGN
Type of Vehicle*	<input type="radio"/> Saloon <input 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 checked="" type="radio"/> Others, SUV
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?	<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 *	AIG
Type of Policy	<input type="radio"/> Comprehensive <input checked="" type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	7210096095
Motor CI	

## DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	ALICIA NG WENG MING
Personal Identification - NRIC (Singaporean/PR)	S7586171J
- FIN/Passport Number	
Date of Birth	19 dd/ 10 mm/ 75 lyy
Driving Date Pass	09 dd/ 06 mm/ 2018 lyy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9653 7183

Address of Driver	10 Old Upper Thomson Road Apt 02-06, Block 10 Postcode ( <del>57269</del> )
Email Address	aliciawong@gmail.com 573869
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	Spouse
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)	

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Damaged whilst parked.
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 type="radio"/> No
Number of Passengers (Including Driver)	1

### DETAILS OF POLICE ACTION

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?)

### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SMT4834C
Vehicle Make/ Model/ Colour	Honda, Black,
Details of Properties	
Name of Driver	LEE ZHI PING
Personal Identification - NRIC (Singaporean/PR)	S8520524B
- FIN/Passport Number	
Contact Number	91708504
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	1

(This is - Please read carefully - Read to the end of the form)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 :

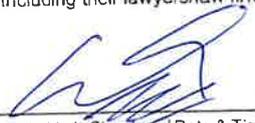
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :

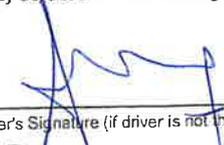
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

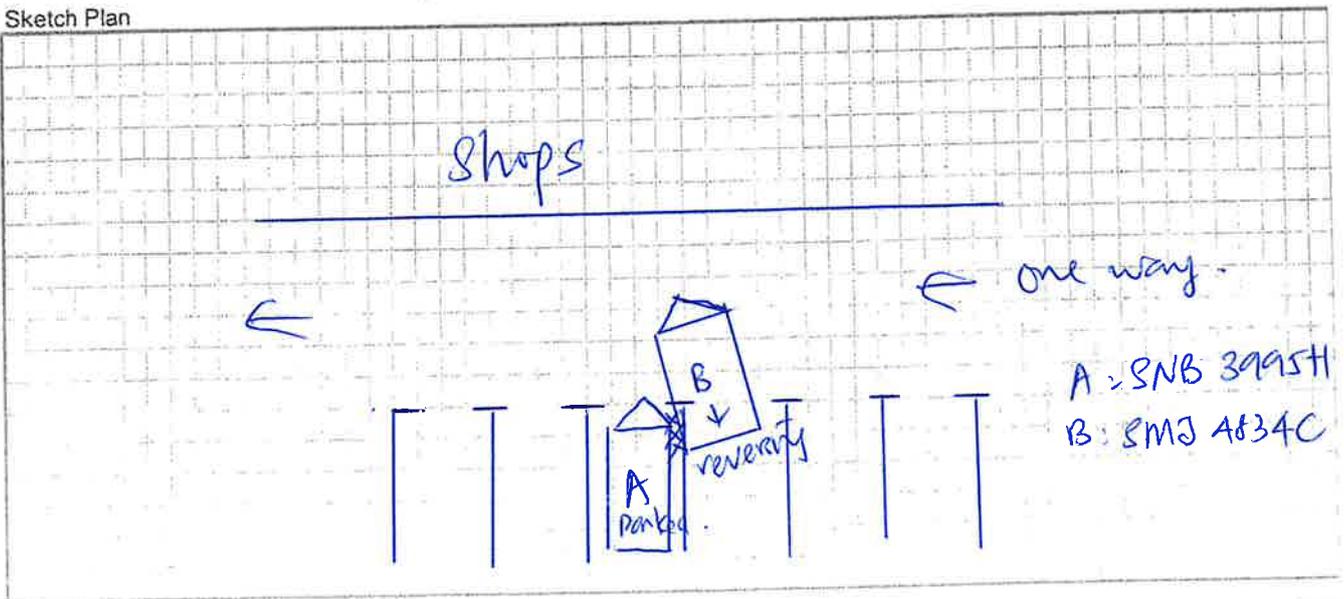
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstance of the Accident**

I drove into the carpark on 6 Sin Ming Road to take my kids to AEROL optician. Whilst parked in a proper parking lot and waiting (with plenty of parking lots available next to me), grab car SMJ4834C reversed trying to park in the lot next to where I was parked. He reversed (whilst using his mobile phone which he admitted as he was picking up a customer's call) and did not realise my car was parked and knocked into my bumper. I honked when I realised he knocked and he stopped. He came out and apologised saying he was on mobile and did not see my car next to his. He admitted that it was his mistake and asked me to claim against his insurance.

**IMPORTANT NOTE**

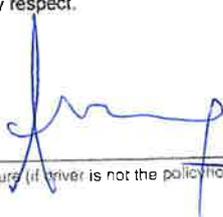
Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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