

CRUISE AUTOCARE PTE LTD

Date: 29TH November 2017

AIG ASIA PACIFIC INSURANCE PTE. LTD

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Dear Sir,


REQUEST FOR PRE REPAIR INSPECTION

Please kindly arrange the PRE REPAIR INSPECTION for the following vehicle: **SDS713D** at 53 Ubi ave 1 #03-53 Singapore 408934.

The details of the accident are as follows:

1. DATE OF ACCIDENT: **24/11/2017 @ 2045 HRS**
2. YOUR POLICY HOLDER VEHICLE REGISTRATION NO.: **SLK4694X**
3. THE VEHICLE IS CURRENTLY AT **53 UBI AVE 1 #03-53 SINGAPORE 408934**

Yours Faithfully,



TOCK 97608848

53 Ubi Avenue 1, Paya Ubi Industrial Park #03-53 Singapore 408934

TEL: 6841 6760 FAX: 6841 3527

Email: cruiseac@singnet.com.sg

11/29/2017

Receipt



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 29 Nov 2017 / 15:20:25

Receipt Date/Time : 29 Nov 2017 / 15:20:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171129-001315

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLK4694X

As at 24 Nov 2017/20:45:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SLK4694X
Enquiry Fee
20171129151952300811

5.00 0.35 5.35

Sub-Total 5.00 0.35 5.35

Total Before Rounding 5.00 0.35 5.35

Rounding Difference 0.00

Total Amount Payable 5.35

Paid By

xxxxxxxxxxx1269 Credit Card:
Visa/MasterCard 5.35

Total 5.35

Cash Change 0.00

Tendered Amount 5.35

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

CRUISE AUTOCARE PTE LTD

ESTIMATE

MS: AIG ASIA PACIFIC INSURANCE PTE. LTD.

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Quotation No: QCA160187

Quote Date: 29-Nov-17

Contact No: 68416760

Fax No: 68413527

Veh No. SDS713D		Make / Model: TOYOTA ALPHARD		Page: 1 of 1.
S/N.	Description	LIST PRICE	Qty	Amount
PARTS				
1	REAR RH SLIDING DOOR	\$1,557.90	1	\$1,557.90
2	REAR RH SLIDING DOOR PROTECTOR	\$732.05	1	\$732.05
3	REAR RH SLIDING DOOR PROTECTOR CLIPS - WHITE	\$5.00	5	\$25.00
4	REAR RH SLIDING DOOR PROTECTOR CLIPS - YELLOW	\$6.80	2	\$13.60
5	REAR RH SLIDING DOOR PROTECTOR CLIPS - LIGHT BLUE	\$5.15	6	\$30.90
6	REAR RH SLIDING DOOR PROTECTOR CLIPS - DARK BLUE	\$4.80	6	\$28.80
7	REAR RH SLIDING DOOR GARNISH 76928-58030	\$211.65	1	\$211.65
8	REAR RH FENDER PROTECTOR	\$255.65	1	\$255.65
9	REAR BUMPER	\$511.60	1	\$511.60
10	REAR BUMPER RETAINER	\$67.95	1	\$67.95

DISCOUNT GIVEN 25 %

(\$858.78)

SPECIAL NETT ITEM

1	SPORT RIM 18 INCH	\$400.00
2	CONTINENTAL TYRE 235/50 R18	\$380.00

LABOUR

1	LABOUR TO REMOVE AND REFIT DOOR INNER TRIM TO FACILITATE REPLACEMENT OF REAR RH SLIDING DOOR	\$100.00
2	LABOUR TO TRANSFER DOOR LOCK MECHANISM, WINDOW GLASS, WINDOW REGULATOR, WINDOW MOTOR FROM EXISTING REAR RH SLIDING DOOR TO NEW REAR RH SLIDING DOOR	\$120.00
3	LABOUR TO REPLACE AND ALIGN REAR RH SLIDING DOOR, REAR RH FENDER PROTECTOR AND REAR BUMPER. PANEL BEAT REAR RH FENDER	\$500.00
4	SPRAY PAINTING ON AFFECTED AREAS.	\$700.00
5	CHECK ELECTRICAL	\$50.00

LUMP SUM DISCOUNT 20%

(\$965.27)

Sub Total \$3,861.06
GST @ 7% \$270.27
Total: **\$4,131.33**

Cruise Autocare Pte Ltd.

Signature of Customer



53 Ubi Avenue 1, Paya Ubi Industrial Park #03-53 Singapore 408934

TEL: 6841 6760 FAX: 6841 3527

Email: cruiseac@singnet.com.sg

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 ability.
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 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 Report	29/11/2017 10:35
Date Of Accident	24/11/2017 20:45
Exact Location Of Accident	ALONG GRANGE ROAD L/P 16
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS713D
Insured/Policyholder	
Name Of Registered Owner	C & P RENT-A-CAR PTE LTD
Co Reg No	197900477H
Email Address	ALEX.LAI@CNP.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67366666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD-2.4 G (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD17V01771/VPZ/R04
Cover Note Number	
Driver	
Name of Driver	CHUA PONG HWEE
NRIC No	S7516980I
Date Of Birth	19/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2001
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions LIGHT RAINS

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER ATTACHED 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 SLK4694X

Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Name of Driver SEOW HOCK SENG

NRIC/Passport Number S0095325C

Contact Number 96494078

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

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 Authorized 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. 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.

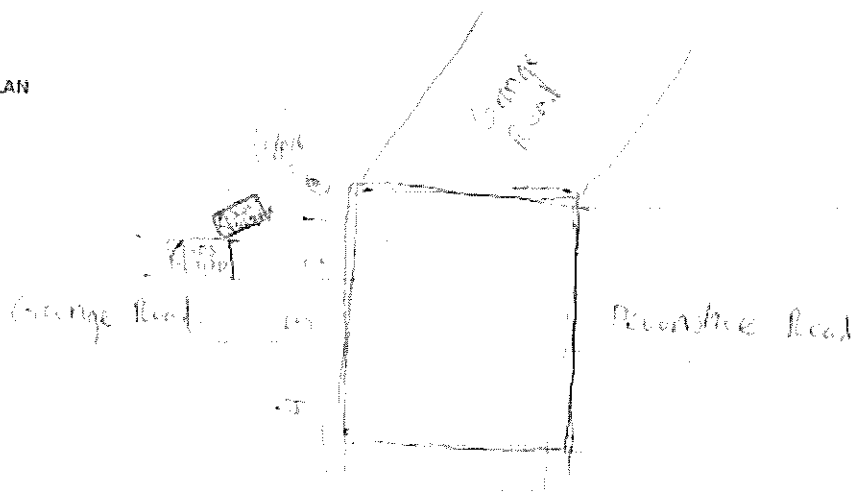
Policyholder's Signature
Date & Time

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In lanes travelling along lane 2 towards Oakland I heard and felt a bang
with my vehicle. On stopping and check on the vehicle I saw damage. I noted
my right rear panel of vehicle was damaged with scratches & a light
crack. On checking with the other vehicle that hit me, the vehicle
had slight damage to its front left bumper. The driver & passengers advised
they had no injuries.

My vehicle 2013 F13 D
The vehicle that hit me SLK #6948

DECLARATION

I/We declare the foregoing particulars are true in every respect

Date & Time

Driver's Signature _____
If driver is not the policyholder _____
Date & Time _____

Reporting Centre Personnel's Signature
Name
S/NIC/ID No.: