



**CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD**  
**EUNOS LINK SERVICE CENTRE**

**CYCLE & CARRIAGE**

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



**MAXUS**

**ESTIMATE**

Invoice Name & Address	Owner Name & Vehicle Info	
FULCO LEASING PTE LTD 22 Ubi Rd 4 #03-01 Singapore 408617  Contact No Mobile: 83824123	Cust No/Name	/Fulco Leasing Pte Ltd
	Reg No/Reg Date	GBG204T / 26/05/2017
	Date In/Mileage	24/11/2017/ 0
	Chassis No	LSKG4GL1XHA410062
	Engine No	19D4N1PYGB01K007
	Make/Model	MAXCV/G10D19TMT
	Colour/Trim	WHT White / BK Black

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No					
CSM00001	Cash	30/11/2017/ 15:25	DS	218 / MarsLer	47863					
Description of Goods / Services					Qty	Unit Price	Disc%	Amount		
S	MIPNT88088									80.00
TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS										
S	MIPNT88088									50.00
WHEEL BALANCING										
S	MIPNT88088									180.00
WHEEL ALIGNMENT										
S	MIPNT88088									1800.00
TO REPLACE FRONT BUMPER,LHF FENDER,ETC										
-REPAIR LHF DOOR ASSY										
STRAIGHTEN,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS										
S	MIPNT88088									150.00
TO REMOVE AND RE-INSTALL LHF QUATER GLASS TO GIVE WAY ACCESS										
RENEWEL LHF FENDER										
S	MIPNT88088									200.00
TO APPLY SEALANT KIT ON NEW PANEL										
S	MIPNT98088									1680.00
SPRAY PAINTING ON LH SIDE ACCIDENT AFFECTED AREAS										
M	SUNDRY									35.00
COMPANY STICKER										
S	MIPNT88088									400.00
COMPANY LOGO STICKER										
M	NC00070692-4100	FENDER-FRT LH	1.00	376.00	10.00			338.40		
M	NC00064213	PANEL-FDR INSULATOR	1.00	8.00	10.00			7.20		
M	NC00017947	WHEEL COVER	1.00	38.00	10.00			34.20		
P	NC00071562	FASCIA-FRT BPR(W/ LP	1.00	809.04	10.00			728.14		
M	NC00024453	BRACKET	1.00	6.00	10.00			5.40		
M	NC00024454	BRACKET	1.00	6.00	10.00			5.40		
Z	NOTES									
ACCIDENT ON 22/11/2017 ALONG PIE TOWARDS BKE										
OWNER CLAIMING THIRD PARTY										
REQUIRED REPLACEMENT VAN										
TP #SKE9422A TP INS : CHINA TAIPING										

Confirm & accepted by

Parts	1,118.74
Labour	0.00
Standard Menu	0.00
Specialist Job	4,540.00
Others(Lub,etc)	0.00
Sundry	35.00
<b>Total(w/o GST)</b>	<b>5,693.74</b>

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

### 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	24/11/2017 14:54
Date Of Accident	22/11/2017 17:10
Exact Location Of Accident	PIE TOWARDS BKE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG204T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	201021308G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98387928
Alternative Phone No	OFFICE-67436266

#### Vehicle Particulars

Manufacturer	MAXUS
Model	G10-1.9 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0071820

#### Driver

Name of Driver	THNG LENG MING
NRIC No	S6925424A
Date Of Birth	17/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1989
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97346222
Fax Number	
Contact Number	HOME-67630705
EEmail Address	NOEMAIL

Address	BLK 692B CHOA CHU KANG CRESCENT #09-22 SINGAPORE
Postcode	682692
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASER
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	RAINING
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

AS I WAS TRAVELLING ALONG PIE TOWARDS BKE, DURING I FILTERING FROM 2 TO 3, AS THE VEHICLE B AT THAT TIME FILTERING OUT FROM 4 TO 3 LANE CAUSE BOTH OF US COLLIDED SIDE PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE9422A
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name
Phone Number
Email Address

## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Report:	24/11/2017	Time:	1600
Date of Accident:	22/11/2017	Time:	1710
Exact Location of Accident:	PIE Towards BKE		

## DETAILS OF OWN VEHICLE

Vehicle Registration Number:	GBG 204T	Name of Registered Owner:	Fulco Leasing Pte Ltd
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	2010213086

## VEHICLE PARTICULARS

Manufacturer:	Maxus	Model:	G10
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage	<input type="checkbox"/> Others	
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Reporting Only	<input checked="" type="checkbox"/> NO 3rd Party
Vehicle Category	<input type="checkbox"/> Private car	<input checked="" type="checkbox"/> Commercial Vehicle	

## INSURANCE DETAILS

Name of Insurance:	AIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	C0071820 (cover note)

## Driver when the Accident Happen

Name of Driver:	Thng Leng Ming	NRIC/Passport/Fin No:	S6925424A
Date of Birth:	17/07/1969	Occupation:	Driver
Date of Driving Pass:	17/10/1989	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	97346222	Home No.:	67630705
Address:	BLK 692B Choy Chu Kang Crescent	Postal Code	682692
Email Address:			

Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	State the relationship of the driver to insured	Leaser
--	---	---	--------

Vehicle Registration Number of driver's Own Vehicle: -

Insurance Company: -

## OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	side swipe / Change lane		
Weather Condition:	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Passengers(Including Driver):	1
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was there any video captured by your Camera?:	Yes
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was there any audio recording?:	N/D

Which Police Station: -

Was notice of Intended Prosecution given: -

## DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number:	SKE 9422A	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:		NRIC/Passport/Fin No:	
Mobile No.:		Home No.:	
Address:		Postal Code	
Email Address:			
Insurance Company:			

## Details of Witness if any

Witness Name:	
Contact Number:	
Email Address:	

## Details of Injured Person

Name:		Age:	
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 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:

24/11/17

*[Signature]*

*[Signature]*

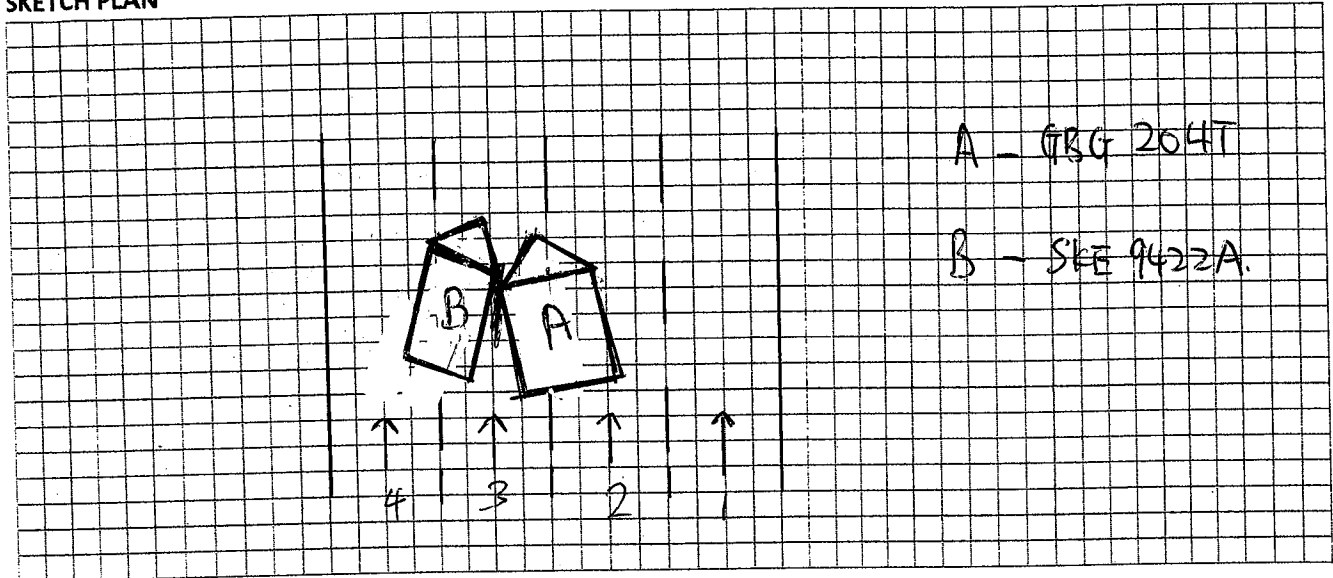
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/11/17.

*[Signature]*

Reporting Centre Personnel's Signature  
Name: *Lee Yeong Cheryn*  
NRIC/FIN No.: *96659002W*



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along PIE Towards BKE, during I filtering from 2 to 3 lane, as the vehicle B at that time filtering out from 4 to 3 lane cause both of us collided side portion.

## DECLARATION

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



Policyholder's Signature

Date & Time:

24/11/17

Driver's Signature

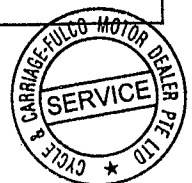
(If driver is not the policyholder)

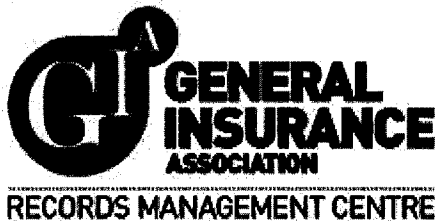
Date & Time: 24/11/17

Reporting Centre Personnel's Signature

Name: Ler Yeng Chong

NRIC/FIN No.: G66649002W



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-17-176000

Date of Request: 24/11/2017

Your Ref No: Online Purchase

Cycle & Carriage Fulco Motor Dealer Pte Ltd  
330 Ubi Road 3  
Singapore 408650

Dear Sir/Madam,

Enquiry Date 24/11/2017

Enquiry By Mars Ler

TP Vehicle No. SKE9422A

Accident Date 22/11/2017

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKE9422A	China Taiping Insurance (Singapore) Pte. Ltd.	13/07/2017-12/07/2018	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-17-176000

Date of Request: 24/11/2017

Your Ref No: Online Purchase

Cycle & Carriage Fulco Motor Dealer Pte Ltd  
330 Ubi Road 3  
Singapore 408650

Dear Sir/Madam,

Enquiry Date 24/11/2017

Enquiry By Mars Ler

TP Vehicle No. SKE9422A

Accident Date 22/11/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles < 200 cc  
Class 3 Motor cars < 3000 kg with < 7 passengers  
excludes off-the-dryer and motor tractors  
Class 4 Vehicles < 2500 kg  
excludes motor cars and motor tractors > 2500 kg

PASS DATE

11 Nov 1991  
17 Oct 1990  
10 Dec 1991

FOR C&C USE ONLY



License No. S6925424A

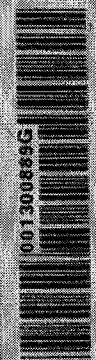
REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S6925424A

Name

THING LENG MING  
FOR C&C USE ONLY

Birth Date 17 Jul 1969  
Issue Date 15 Nov 2004



001300889G



Identity No. S6925424A

FOR C&C USE ONLY

Date of Issue  
10-11-2004

APT HLK 602B CHOA CHU KANG CRESCENT  
#05-02  
SINGAPORE 652692



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6925424A

Name

THING LENG MING  
FOR C&C USE ONLY

Race CHINESE  
Date of Birth 17-07-1969  
Sex M  
Country of birth SINGAPORE



# Motor Cover Note

<b>Name of Producer:</b> LIEW OOI LIN MAY (A1222)	<b>Cover Note No.:</b> C0071820
<b>Date of Issue:</b> 22 May 2017	<b>Quotation/ Proposal/ Policy No.:</b> PLKX / PLGG

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

## Details of Schedule

<b>Name of Insured:</b>	FULCO LEASING PTE LTD	
<b>Period of Insurance:</b>	From: 25 May 2017 00:00	To: 24 May 2018 23:59
<b>Registration No.:</b>	GBB204T	
<b>Make and Model:</b>	MAXUS G10 (M)	
<b>Type of Body:</b>	SALOON	
<b>Capacity/Tonnage:</b>	1.2	
<b>Year of Manufacture/Registration:</b>	2016/2017	
<b>Chassis No.:</b>	LSKG4GL14HA410062 LSKG4GL1XHA410062	
<b>Engine No.:</b>	19D4N1PYGB01K007	
<b>Sum Insured:</b>	MARKET VALUE AT TIME OF LOSS	
<b>Name of Finance Company:</b>	DBS BANK LTD	
<b>Type of Plan:</b>	Comprehensive	
<b>Excess:</b>	AS AGREED	

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Not valid unless counter-signed by authorized person.

Date: 22 May 2017 13:45

For and on behalf of  
LIBERTY INSURANCE PTE LTD

## IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.