

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G	ESTIMATE	GST Reg No : MR-8500111-X
Invoice Name & Address		Owner Name & Vehicle Info
Lion City Rentals Pte Ltd 60 Anson Road #11-01 Mapletree Anson	Cust No/Name	/Lion City Rentals Pte Ltd
	Reg No/Reg Date	SLF2509M / 19/08/201
	Date In/Mileage	/ 0
	Chassis No	MMBSTA13AHH002523
Singapore 079914	Engine No	3A92UDK0144
Contact No Mobile: 67420984	Make/Model	MIT/17MY ATTRAGE 1.2 CVT
	Colour/Trim	WO5 WHITE PEARL / BK BLACK

Account No	Terms	Date/Tim	e Pr	rinted	CSE	Ope	rator			WIP No		
CSM00041	Cash	26/12/20	17/	15:03		465	/ Tay Jian	Ye		18884		
	ST ACTOR	Descrip	tion	of Good	s / Services			200	Qty	Unit Price	Disc%	Amount
E PNT88000												3300.00
					AR LH FEND	ER AND	REPAIR REA	R LH				
	R LH FENDE	ER INNER	PAN	IEL								
E PNT88000	- AND DEE	** 0540	2007	FI TO TOT	UC TO FACT		EAD DED410					300.0
	E AND REF	II KEAR	300 I	LID IKII	MS TO FACT	LIAIE	FOR REPAIR					300 0
A 30000001	E AND REF	TT CHEL	TANL	,								300.0
E PNT98000	E AND KEF	II FUEL	AINN	•								2520.0
	DK CDDVA 1	DEAD RIIM	DFD	DEAD I	H FENDER,	DEAD II	H FENDER				- 1	2320.0
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					E-1			3"	7			240.00
TO REMOV	E AND REF	IT REAR	MIND	SCREEN	277	ח רא	20 6	275	100		- 1	
A 54900099				L /	51		10112				- 1	50.00
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A 10020301											- 1	200.0
			HECK	C USING	HI-SCAN PR	O TEST						
	-SCAN PRO	TEST										
M SUNDRY					20277011							100.0
	ANTI CORO	OSSION O	N AF	FECTED	PORTION							90.0
M SUNDRY	LITHDCCDE	EN CEALA	MT.									80.0
M SUNDRY	WINDSCREE	EN SEALA	N I									240.00
	BODY SEAL	LANT ON	AFFF	CTED PO	RTION						- 1	240.0
M SUNDRY	DODT SEAL	LIMIT OIL		.0125 10							- 1	50.0
SUNDRIES												
M BRACKET,		L,LH							1.00	27.00	00.00	27.00
P CLIP, FR									10.00	3.00	00.00	30.00
M FACE, RR I								-	1.00	740.00	00.00	740.0
M PANEL,QTI	R,OTR LH								1.00	748.00	00.00	748.0
			01.15	WEYOD C	IGNATURE:							
			SUR	VEYUNS	IONAL OILE						- 1	
			DAT	E:		-		The second second				
Confirm & a	ccented by	v	RE	MARKS: -								
Committee &	ccepted by	,										
			-					7 <u>.0</u> 75		Ne		8,925.0
								7%	GST on	8925.	00	624.7
									T -	tal Payab	1.	9,549.7

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

EMail Address

- 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 witholding 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

Barrier (1994) (ACCIDENT STATEMENT
Date Of Report	27/12/2017 12:29
Date Of Accident	26/12/2017 00:55
Exact Location Of Accident	TPE TOWARDS SEE EXIT PUNGGOL RD TOP OF SLOPE
Country/State of Loss	SINGAPORE.
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF2509M
Insured/Policyholder	
Name Of Registered Owner	LCRF.PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1,2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	UBERING
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	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YÉS
Policy Number	999995056
Cover Note Number	
Driver	
Name of Driver	CHOO YONG SIONG
NRIC No.	\$8537731J
Date Of Birth	08/11/1985
Occupation	INDOOR
Date Of Driving Pass	03/08/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	

NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES YES

Was any injured conveyed to hospital by ambulance?

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)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident REFER TO ATTACHMENT

Attachment(s)

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

Was there any audio recorded?

NO.

Details of Witness 1

Name-

DARYL

Phone Number

81026026

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBL5089A

Vehicle Make/Model/Colour

YAMAHA R3 (GREY)

Details Of Properties

BIKE

Vehicle Category

MOTORCYCLE

Name of Driver

TIMOTHY CHUA HSIEN YIN

NRIC/Passport Number

S9203925J

Contact Number

94886965

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHB4045P

Vehicle Make/Model/Colour

QUEK CHONG SENG

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

97506776

Addréss

Postcode

Insurance Company Name

Nature Of Damage

DOOR DAMAGED

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TIMOTHY CHUA HSIEN YIN

Approximate Age

Injuries Sustain

CHEST PAIN, HAND INJURY, FACE SWOLLEN

Injured person in which vehicle?

FBL5089A

Were seat belts worn?

NO

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)
 - 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.
- 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.:

	7 1 major min	
SKETCH PLAN	Windows in the contract of the	
	A. my Car 15476.	
	() tax; (\$ 11340 +597)	
Kelv to sho	A. my Gar 15476. B. princt Villac (1545) C. that (15484049) DF THE ACCIDENT Note: loss down surjection from the harmonic of the harmonic o	is, protection of the control of the
DECLARATION I/We declare the foregoing partitions No. 1868 No. 1		
Collcyholder's Signature 4 '0' Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	

 $(p_{s}^{k},s): (\log g \tilde{\lambda}(k), p_{s}^{k}) + \gamma_{s}^{k}$



Police Station Of Origin: Traffic Police Division HQ

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4

Report No. T/20171226/7003

REPORT	OF A	TRAFFIC	ACCID	ENT

Vide Report No.:	Station Diary No.:
Address: APT BLK 636C SENJA ROAD	#19-343 SINGAPORE 673636
Contact No.: Home/Office:	Mobile: 91796838
Email: sembcrop@gmail.com	
Type of Informant: Driver	
Language: English	Institution / School Name:
Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:
	Address: APT BLK 636C SENJA ROAD Contact No.: Home/Office: Email: sembcrop@gmail.com Type of Informant: Driver Language: English

acteral mou	nation of the Accident		The state of the s	
Type of Accident:	Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location: X-Junction
Location:		1100	26/12/2017 00:55	<u> </u>

TPE TOWARDS SLE SLIP ROAD EXIT AT PUNGGOL ROAD

TPE TOWARDS SLE EXIT AT PUNGGOL ROAD EXIT. AT THE TRAFFIC JUNCTION UP THE HILL. (TURN RIGHT TO PUNGGOL TOWN, TURN LEFT TO SENGKANG TOWN)

Weather: Drizzling		٠.	Road Surface: Wet			Road Speed Limit: 50 Km/h
Traffic Flow: One Way		** <u>*</u>	Traffic Control: Traffic Light - Working	-	. *	Traffic Volume: Light
Type of Collision 1 HIT IN BETWE	TIOAF	RY CA	R			Anyone conveyed by ambulance: Yes

Vehicle No.	Type.	Make	Model +	Color -	Condition	No of Bassenge
FBL5089A	Motorcycle	YAMAHA	R3	Grey	Slightly Damaged	1
SHB4045P	TAXI	HYUNDAI		Blue	No Damage	1
SLF2509M	Car	MITSUBISHI	ATTRAGE	White	Slightly	2



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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CONTINUATION OF REPORT

	* - * * * * * * * * * * * * * * * * * *			· Land
Details of Pers	on Involved			
Any Pedestrian	Involved: No			
No. of Pedestria	ns Injured: NIL	Use of Pe	edestrian Cros	sing: NA
Rider			1 173 1	ong. NA
Name	TIMOTHY CHUA HSIEN YIN		ID No.	S9203925J
Related Vehicle	FBL5089A (Motorcycle)	· -:	Contact No.	94886965
	4, 1			
Hospital/Clinic	NIL		Class of	Class: 2B,2A,3
			Driving	Date of Expiry: NIL
			Licence &	
Date Treatment	26/12/2017	is:	Expiry Date	·
No. of Days gran	ited Medical Leave NIL	Date Disc		2.7
Driver	Total INIL	Degree of	Injury Sligh	I
Name	QUEK CHONG SENG		ID No.	S2187201F
			10 100:	32 107 20 15
Related Vehicle	SHB4045P (TAXI)		Contact No.	97506776
				3.303.73
Hospital/Clinic	NIL		Class of	Class: 3
•		.,	Driving	Date of Expiry: NIL
			Licence &	
Date Treatment	NIL	· · · · · · · · · · · · · · · · · · ·	Expiry Date	, , , , , , , , , , , , , , , , , , , ,
	ted Medical Leave NIL	Date Disci		•
Driver	ted Medical Leave I/I/L	Degree of	Injury NIL	
Name	CHOO YONG SIONG		ID No.	C05077041
			ID NO.	S8537731J
Related Vehicle	SLF2509M (Car)		Contact No.	91796838
			Obmadi No.	31730030
Hospital/Clinic	NIL 1/ 1/2	, -	Class of	Class: 2B,2A,2,3
· l	1, "• 1		Driving	Date of Expiry: NIL
			Licence &	, ,
Data Transferred	. 3. 1.1.1	·	Expiry Date	
Date Treatment	······································	Date Disch		:
ivo. Oi Days grant	ed Medical Leave NIL	Degree of	Injury NIL	* •

Brief Details.

ON 26/12/2017 AROUND 12:55AM, I AM DRIVING THE VEHICLE BEARING SLF2509M AS A PART TIME UBER USING SMOVE HOURLY RENTAL CAR, SENDING 2 RIDERS HOME FROM PASIR RIS TO 635 PUNGGOL DRIVE. I STOPPED AT THE TRAFFIC LIGHT OF THE ACCIDENT VENUE (1ST LANE). THE TRAFFIC JUNCTION IS A ONE WAY DIRECTION WITH THE 1ST LANE TURING RIGHT ONLY AND THE 2ND LANE GOING STRAIGHT OR TURNING RIGHT. THERE IS A COMFORT TAXI BEARING SHB4045P ON MY LEFT (2ND LANE). BOTH OF US HAVE ALREADY PULLED TO A STOP AND BOTH ARE STATIONART VEHICLE. SUDDENLY, I HEARD A BANG SOUND COMING FROM MY LEFT AND I REALISED THERE IS A MOTORBIKE RIDER (FRI 50804) PIN TO THE LEFT COST OF TAXI



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Report No. T/20171226/7003

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

CAR. I WENT DOWN TO CHECK IT OUT IMMEDIATELY. THIS IS WHEN I REALISE THE TAXI REAR RIGHT SIDE PASSENGER DOOR WAS WIDE OPEN. MY ASSUMPTION IS THAT THE PASSENGER OF THE TAXI MUST HAVE SWING OPEN THE DOOR AND HIT THE MOTORBIKE RIDER AND THEN . THE MOTORBIKE BANG ONTO THE REAR LEFT OF MY CAR. THE PASSENGER IN THE TAXI WAS A CHINESE LADY, MY UNDERSTANDING WAS THAT SHE OPEN THE TAXI DOOR TO VOMIT. HER ACTION OF OPENING THE DOOR HIT THE INCOMING MOTORBIKE AND THE MOTORBIKE HIT MY CAR. THE MOTORBIKE RIDER BY THE NAME OF TIM, WAS SUFFERING CHEST PAIN AND SEEM TO HAVE DIFFCULTY CATCHING HIS BREATH, THAT IS WHEN I CALL 999 TO INFORM THEM ABOUT THE ACCIDENT AND SEEK MEDICAL ATTENTION FOR THE MOTORBIKE RIDER. BY NOW THE TRAFFIC HAS BECOME JAM AS WE ARE BLOCKING BOTH LANES, THE TAXI UNCLE BY THE NAME OF QUEK WENT TO DIRECT THE TRAFFIC TO THE FILTER LANE AND I HELP THE RIDER TO GET OFF HIS BIKE AND WENT TO THE LEFT SIDE OF THE ROAD TO SIT DOWN AND REST. WHEN BOTH OF US RETURN TO OUR CAR, WE REALISED THE TAXI PASSENGER HAS GONE MISSING. SHE IS A CRITICAL ELEMENT OF THE ACCIDENT AND HAS RUN OFF THE SCENE BY NOW. LUCKLY, THE SCENE WAS CAPTURED ON A RECORDING CAMERA INSIDE THE CAR BEHIND US. THE DRIVER OF THE CAR THEN CAME TO US WITH THE VIDEO FEED WHICH CAPTURED THE WHOLE PROCCESS OF THE ACCIDENT. WHEN THE AMBULANCE ARRIVED, THE MOTORBIKE RIDER REFUSED TO GO HOSPITAL AND THE TRAFFIC POLICE HAVE NOT ARRIVED. HENCE THE PARAMEDIC ATTENDED TO THE MOTORBIKE RIDER AND THERE IS AN AUXILLARY POLICE ATTENDING TO THIS ACCIDENT. AFTER WHICH WE DECIDED TO LET THE INSURANCE SETTLE AND PRIVATE SETTLE OURSELF. HOWEVER, THEREAFTER I REALISED THAT THE MOTORBIKE RIDER WENT TO THE HOSPITAL TO SEEK TREATMENT. WITHOUT PREJUDICE, I AM LODGING THIS REPORT TO SAFEGUARD MY INTEREST AS AN INNOCENT PARTY.



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Report No. T/20171226/7003

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

S	ketch	Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2017 12:28
Officer In Charge Of Case:	Classification Of Case:







