



CYCLE & CARRIAGE

CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD

EUNOS LINK SERVICE CENTRE

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



ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info | |
|--|---------------------------|------------------------------|
| Ms TOH POH LIAN Blk 729 Tampines St 71 #09-43 Singapore 520729 Contact No Mobile: 96989867 | Cust No/Name | /Ms Toh Poh Lian |
| | Reg No/Reg Date | SLQ432E / 27/06/2017 |
| | Date In/Mileage | 08/01/2018/ 0 |
| | Chassis No | JMYSRCY1AGU006871 |
| | Engine No | 4A92CP5274 |
| | Make/Model | MIT/16MY LANCER EX 1.6 (F52) |
| | Colour/Trim | U02 / BK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | | |
|---|------------------|---|------|---------------|------------|-------|--------|---------|
| CSM00001 | Cash | 08/01/2018/ 20:08 | DS | 218 / MarsLer | 50264 | | | |
| Description of Goods / Services | | | | Qty | Unit Price | Disc% | Amount | |
| S | MIPNT88088 | TO CHECK LIGHTING & WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS | | | | | | 80.00 |
| S | MIPNT88088 | TO REMOVE AND RE-INSTALL REAR CAPERTING & TRIMMING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS | | | | | | 600.00 |
| S | MIPNT88088 | TO SUPPLY AND REPLACE REAR REVERSE SENSOR | | | | | | 280.00 |
| S | MIPNT88088 | TO SUPPLY AND REPLACE REAR NUMBER PLATE WITH FRAME | | | | | | 50.00 |
| S | MIPNT88088 | TO REPLACE REAR BUMPER,REINFORCEMENT,ETC -REPAIR REAR END PANEL STRAIGHTEN,REFORM,ALIGN ON REAR ACCIDENT AFFECTED AREAS | | | | | | 2400.00 |
| S | MIPNT98088 | SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS | | | | | | 1680.00 |
| P | JJ6410B832 | FACE,RR BUMPER | 1.00 | 852.00 | 10.00 | | 766.80 | |
| M | JJ6410A436XA-X42 | COVER,REAR BUMPER | 1.00 | 37.00 | 10.00 | | 33.30 | |
| P | JJMU488006 | CLIP,RR BUMPER | 5.00 | 2.00 | 10.00 | | 9.00 | |
| P | JJMR200300 | CLIP, BUMPER | 5.00 | 2.00 | 10.00 | | 9.00 | |
| M | JJ6410C543 | LH BRKT,R/BMPR FACE | 1.00 | 16.00 | 10.00 | | 14.40 | |
| M | JJ6410C544 | RH BRKT,R/BMPR FACE | 1.00 | 16.00 | 10.00 | | 14.40 | |
| M | JJ6410B929 | REINFORCEMENT,RR BUM | 1.00 | 220.00 | 10.00 | | 198.00 | |
| M | JJ6410B028 | UPR REINFORCEMENT,RR | 1.00 | 85.00 | 10.00 | | 76.50 | |
| Z | NOTES | | | | | | | |
| ACCIDENT ON 08/01/2018 ALONG CHANGI GENERAL HOSPITAL B2 CARPARK | | | | | | | | |
| OWNER CLAIMING THIRD PARTY | | | | | | | | |
| REQUIRED REPLACEMENT CAR | | | | | | | | |
| TP : SHA3401G TP INS : FIRST CAPITAL | | | | | | | | |

Confirm & accepted by

Authorized signatory and company stamp

| | |
|-----------------|----------|
| Parts | 1,121.40 |
| Labour | 0.00 |
| Standard Menu | 0.00 |
| Specialist Job | 5,090.00 |
| Others(Lub,etc) | 0.00 |
| Sundry | 0.00 |
| Total(w/o GST) | 6,211.40 |

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 | 08/01/2018 18:45 |
| Date Of Accident | 08/01/2018 11:10 |
| Exact Location Of Accident | CHANGI GENERAL HOSPITAL B2 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLQ432E |
| Insured/Policyholder | |
| Name Of Registered Owner | TOH POH LIAN |
| NRIC No | S1574120A |
| Email Address | PEARLYN.SSW@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96989867 |
| Alternative Phone No | OTHERS-96989867 |

Vehicle Particulars

| | |
|--|---------------------------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER EX-1.6 LED TAIL LAMP (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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | 1700020737 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SEAH ENG GEE |
| NRIC No | S1506375J |
| Date Of Birth | 10/05/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/04/1979 |
| Driving Experience | 38 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91070910 |
| Fax Number | |
| Contact Number | HOME-67838247 |
| Email Address | LINKCITYENT@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 729 TAMPINES STREET 71 #09-43 |
| Postcode | 520729 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

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 this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | 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) | 0 |

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 POLICE REPORT

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 | SHC3401G |
| Vehicle Make/Model/Colour | HYUNDAI I40 BLUE |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

| | | | |
|-----------------------------|-------------------------------------|-------|-------|
| Date of Report: | 8/11/18 | Time: | 15:00 |
| Date of Accident: | 08/01/2018 | Time: | 1110. |
| Exact Location of Accident: | Changi General Hospital B2 Carpark. | | |

DETAILS OF OWN VEHICLE

| | | | |
|------------------------------|-----------|------------------------------------|--------------|
| Vehicle Registration Number: | SLQ 432E | Name of Registered Owner: | Toh Poh Lian |
| NRIC/Passport No./FIN: | S1574120A | Company Reg. No.(for Company Veh): | - |

VEHICLE PARTICULARS

| | | | |
|---|--|--------|---------------|
| Manufacturer: | MIT | Model: | Lancer EX 1.6 |
| 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 checked="" type="checkbox"/> Private car <input 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: | 1700020737 (cover note) | | |
| Driver when the Accident Happen | | | |
| Name of Driver: | Seah Eng Gee | NRIC/Passport/Fin No: | S1506375J |
| Date of Birth: | 10/05/1961 | Occupation: | Plumber |
| Date of Driving Pass: | 09/04/1979 | Gender: | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Mobile No.: | 91070910 | Home No.: | 67838247 |
| Address: | BLK 729 Tampines Street 71 #0943 Postal Code 520729 | | |
| Email Address: | linkcityent@gmail.com | | |
| 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 owner | | |
| Vehicle Registration Number of driver's Own Vehicle: | | | |
| Insurance Company: | | | |

OTHER INFORMATION OF THE ACCIDENT

| | | | |
|---|--|--|--|
| Type of Accident: | Hit and Run | | |
| Weather Condition: | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify | | |
| Road Surface: | <input checked="" type="checkbox"/> Dry <input 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 | | |
| Any Accident Photo in the Scene of Accident: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Was the Accident reported to police: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Which Police Station: | | | |
| Was notice of Intended Prosecution given: | | | |
| Number of Passengers(Including Driver): | 0 | | |
| Was there any video captured by your Camera?: | Yes | | |
| Was there any audio recording?: | No | | |

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

| | | | |
|------------------------------|-----------|------------------------------------|--|
| Vehicle Registration Number: | SHA 3401G | 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 Passenger if any

| | |
|-----------------|--|
| Passenger Name: | |
| Contact Number: | |
| Gender: | |

Details of Injured Person

| | | | |
|---|--|------|--|
| Name: | | Age: | |
| Address: | | | |
| Injured Sustained: | | | |
| Were Seatbelts worn: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Were Injured Convey to Hospital by Ambulance: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Injured Person in which vehicle: | | | |

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)**

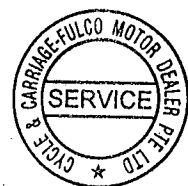
I understand, acknowledge, agree and consent that:

- (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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/01/2018
1600hrs


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



SKETCH PLAN

A-SLQ 432E

B-SHA 3401G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 08/01/2018
1600hrs

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





SINGAPORE POLICE FORCE



T/20180108/2108

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

1 of 3

Report No. T/20180108/2108

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 08/01/2018 15:25 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SEAH ENG GEE | | | Address: APT BLK 729 TAMPINES STREET 71 #09-43 HDB- TAMPINES SINGAPORE 520729 | | |
| ID Type / ID No.: NRIC NO / S1506375J | | | Contact No.: Home/Office: Mobile: 91070910 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 10/05/1961 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Plumber | | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

| | | | | |
|--|---------------------------|----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 08/01/2018 11:10 | Type of Location: Car Park |
| Location: Along Road 1 SIMEI STREET 3 CHANGI GENERAL HOSPITAL B2 CARPARK BEHIND CARPARK LOT 62 | | | | |
| Weather: | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|------------|--------------------------------------|--------|---------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLQ432E | Car | MITSUBISHI | LANCER EX 1.6 AT LED TAIL LAMP | Silver | Slightly Damaged | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20180108/2108

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

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Report No. T/20180108/2108

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------|--|-----------------------------------|
| Name | SEAH ENG GEE | ID No. | S1506375J |
| Related Vehicle | NIL | Contact No. | 91070910 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS COMING DOWN FROM THE HOSPITAL, WHEN I WAS ABOUT TO GET INTO MY VEHICLE, I REALISED THAT THE VEHICLE BEHIND ME HAS HIT ONTO THE REAR OF MY CAR. I TOOK A FEW PICTURES AND WENT HOME TO EXTRACT THE FOOTAGE OUT OF MY IN CAR CAMERA INTO MY THUMBDRIVE. SO I WENT TO MY INSURANCE COMPANY FOR ADVICE ON THIS MATTER THEY ASKED ME TO LODGE A TRAFFIC ACCIDENT REPORT HERE AT TPHQ.



**SINGAPORE
POLICE FORCE**



T/20180108/2108

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

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Report No. T/20180108/2108

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:
TP /
TAN KIN WAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
08/01/2018 15:25

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 



COVER NOTE

MITSUBISHI AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : Toh Poh Lian / 16
Period of Insurance : 23 Jun 2017 to 22 Jun 2018
Engine No. : 4A92CP5274 /
Chasis No. : JMYSRCY1AGU006871 /



Vehicle No. : SLQ432E
Cover Note No. : 1700020737 /
Endorsement No. :
Issued Date : 21 Jun 2017

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EX 1.6L
Engine Capacity/Tonnage : 1,590.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify any authorised driver other than the Policyholder only if he/she meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use (15 days) 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Seah Eng Gee - \$600 (Own Damage) Pearlyn Seah Suat Wee - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Customer Service Centres (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

2. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0500722790

C&C FULCO-CEDRIC(MIT)

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

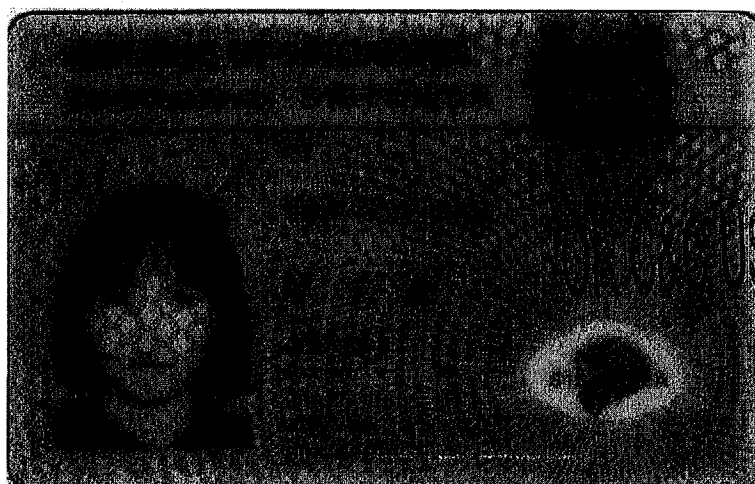
AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Sharon Ng

78 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3000 | F: +65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.



USE ONLY



USE ONLY

