

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

Co Reg No : 197701469G

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
Lion City Rentals Pte Ltd	Cust No/Name	KL000023/Lion City Rentals Pte Ltd
200	Reg No/Reg Date	SLE8932P / 04/08/201
60 Anson Road #11-01 Mapletree Anson Singapore 079914	Date In/Mileage	/ 0
	Chassis No	JMYSRCY1AGU005809
	Engine No	4A92CJ7389
Contact No Mobile: 67420984	Make/Model	MIT/16MY LANCER EX 1.6 4AT
	Colour/Trim	PO2 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator		WIP No	Name of the last	
CSM00041	Cash	11/01/2018/ 09:23	QUA	265 / AndreChow		19600		
E DNTOOOO		Description of Goods	/ Services		Qty	Unit Price	Disc%	Amount
E PNT88000 TRANSFER E PNT88000	BOTH RH	DOOR TRIM, MECHANISM	AND ELECT	TRONICS TO NEW DOORS				1100.00 1650.00
A 54900099		DRS, REPAIR RH 'B' PI		REALIGN TO THE SAME				100.00
A 10028901 TO CARRY	OUT DIAG	CHASSIS ELECTRICAL S SNOSTIC CHECK USING H) TEST				200.00
USING HI- M SUNDRY SUPPLY BO	NN SEALA	NT FOR AFFECTED BORT	IONS - E		П			160.00
M SUNDRY SUPPLY AN M SUNDRY	NTI CORRO	SION FOR AFFECTED PO	RTIONS		ile			160.00
SUNDRIES M PANEL ASS M PANEL ASS M TAPE, RR C M TAPE, FR C	SY,FR DOO SY,RR DOO DOOR SASH	R,RH R,RH ,RH			1.00 1.00 1.00 1.00	1124.00 1054.00	00.00	1124.00 1054.00 37.00 37.00
		SURVEYOR NAM	E:					
		DATE:						
		7						
Confirm & ac	cepted by	!						
				7	% GST on	Net 5672.0		5,672.00 397.04
					Tot	al Payabl	е	6,069.04
Authorized s	ignatory	and company stamp	_					
alidity of this	s estimate	is 14 days from date of q	uote. This i	is a computer generated d	ocument no			

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 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 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.

aforesaid,	isent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/01/2018 15:58
Date Of Accident	09/01/2018 06:20
Exact Location Of Accident	WOODLANDS AVE 9 JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE8932P
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255

Vehicle Particulars

Manufacturer MITSUBISHI

Model LANCER EX-1.6 (A)

Exact Purpose for which vehicle was being used at

time of accident

Vehicle Category

UBER.

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken.

THIRD PARTY

PRIVATE HIRE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 999995134

Cover Note Number

Driver

Name of Driver NOOR ADLINA BINTE SAINAL

NRIC No. S8721245I Date Of Birth 15/07/1987 Occupation OUTDOOR Date Of Driving Pass 13/01/2015

Driving Experience 2 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number-

Fax Number

Contact Number

EMail Address NOEMAIL Address:

Postcode

Was driver an employee of the insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 CLEAR
Road Surface DRY

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

3

NO

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : UNKNOWN

GENDER: : MALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : FEMALE

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?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7042R

Vehicle Make/Model/Colour HYUNDAI COMFORT DELGRO TAXI

Details Of Properties

Vehicle Category TAXI

Name of DriverLIM SIEW CHOONRIC/Passport Number\$1393718DContact Number94313997

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
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- 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) of:
 - 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.

CONTACTOR OF THE PROPERTY OF T

Policyholder's Signature

Date & Time:

SENTAL GO REGNO! TO 2015245211

Driver's Signature /

(If driver is not the policyholder)

Date & Time: 18/61/2018 1125k4

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

All Marie

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0 9 7
On 9 January 2018, at about 620 am, I was on the second lane of
Woodlands Avenue 9. It was red light and I wanted to two right to Republic
Polytechnic. One blue Confort taxi was on the first lane, towards my right.
and the latter and the second second
When the traffic light turns green, I released my brake pedal to move
slightly forward, and did not accelerate yet, Suddenly, I felt a Lump.
When I check, I realised that the taxi has hit the right side of my
vehicle. We got out of our vehicles. There are some slight scratches and dents
I some ventures there are some stight scratches and dents
to both doors of the right side of my vehicle. There are scratches to the

front left bunnyler of the taxi. None of us were injured. I believe the taxi
driver had made or wide turn while wanting to make the U-turn.

Declaration

We declare the foregoing particulars are true in every respect.

Moligyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Number of Passengers (Including driver)? 3
Passenger 1 Name : Williams
Gender : M/F
Passenger 2
Name: Uncom
Gender: M/F
Passenger 3
Name :
Gender : M/F
Passenger 4
Name :
Gender : M / F
Passenger 5
Name : Gender : M / F
Passenger 6
Name :
Gender : M / F
Passenger 7
Name :
Gender : M / F

Licerce Number \$87212451

NOOR ADLINA BINTE SAINAL

Birth Date 15 Jul 1987 Issue Date 13 Jan 2015

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$87212451





NOOR ADLINA BINTE SAINAL

نور عدلينا بنت صينل

BOYANESE

15-07-1987

99721245

A0180711

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) \$\varepsilon < 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

FOR C&C USE O

29-07-2002

APT BLK 769 WOODLANDS DRIVE 60 #02-118 SINGAPORE 730769 NRIC No: S8721245I Date: 08-12-2

Date: 08-12-2004 (R) No: 5063817

NP 428A

Licen∞ No: S8721245I