



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	
FULCO RENT-A-CAR PTE LTD 22 Ubi Rd 4 Singapore 408617 Contact No Work: 67436266	Cust No/Name	/Fulco Rent-A-Car Pte Ltd
	Reg No/Reg Date	SJH5349B / 13/08/2008
	Date In/Mileage	/ 0
	Chassis No	JMYSRCY2A8U007704
	Engine No	4A910087622
	Make/Model	MIT/LANCER EX 1.5 A/T BASIC (NEW)
	Colour/Trim	A03 / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00001	Cash	12/01/2018/ 13:59	DS	323 / ChrisBulaclac	50505		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
S	MIPNT88088						50.00
	REAR NUMBER PLATE WITH CASING						
S	MIPNT88088						2400.00
	TO REPLACE REAR END PNL, REAR REINFORMENT, REAR BUMPER ETC STRAIGHTEN, PERFORM,ALIGN ON REPAIR ACCIDENT AFFECTED AREAS						
S	MIPNT88088						280.00
	REVERSE SENSOR						
S	MIPNT88088						80.00
	TO CHEK LIGHTING & WIRING ON REAR ACCIDENT AFFECTED AREAS						
S	MIPNT88088						600.00
	TO REMOVE AND RE-INSTALL REAR CARBETS & UPHOLSTERY FOR GIVE AWAY TO REPAIR ON REAR ACCIDENT AFFECTED AREAS						
S	MIPNT88088						2520.00
	SPRAY PAITING ON REAR ACCIDENT AFFECTED AREAS						
M	SUNDRY						35.00
	C & C LOGO						
M	SUNDRY						40.00
	MIVEC EMBLEM						
S	MIPNT88088						200.00
	TO APPLY SEALANT ON REAR ACCIDENT AFFECTED AREAS						
M	SUNDRY						20.00
	JJMR200300 CLIP BUMPER						
M	JJ6410B172WA	FACE KIT, REAR BUMPE		1.00	710.00	10.00	639.00
M	JJ6410A436HA	COVER,RR BUMPER		1.00	19.00	10.00	17.10
M	JJ6410C543	BRKT,R/BMPR FACE SUP		1.00	16.00	10.00	14.40
M	JJ6410C544	BRKT,R/BMPR FACE SUP		1.00	16.00	10.00	14.40
M	JJ6410B929	REINFORCEMENT,RR BUM		1.00	220.00	10.00	198.00
M	JJ6410B028	REINFORCEMENT,RR BUM		1.00	85.00	10.00	76.50
M	JJ7415A111	MARK,THREE-DIA		1.00	49.00	10.00	44.10
P	JJ7415A226	MARK - EX		1.00	40.00	10.00	36.00
M	JJ7415A112	MARK,LANCER		1.00	54.00	10.00	48.60
P	JJMR971764	CLIP,SPLASH SHIELD		1.00	3.00	10.00	2.70
M	JJMU488006	CLIP, COVER		10.00	2.00	10.00	18.00

Confirm & accepted by

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.



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**ESTIMATE**

Invoice Name & Address	Owner Name & Vehicle Info	
FULCO RENT-A-CAR PTE LTD 22 Ubi Rd 4 Singapore 408617 Contact No Work: 67436266	Cust No/Name	/Fulco Rent-A-Car Pte Ltd
	Reg No/Reg Date	SJH5349B / 13/08/2008
	Date In/Mileage	/ 0
	Chassis No	JMYSRCY2A8U007704
	Engine No	4A910087622
	Make/Model	MIT/LANCER EX 1.5 A/T BASIC (NEW)
	Colour/Trim	A03 / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00001	Cash	12/01/2018/ 13:59	DS	323 / ChrisBulacIac	50505		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
Z NOTES							
ACCIDENT ON 12/01/2018 ALONG BKE WOODLANDS 0.19KM							
OWNER CLAIMING THIRD PARTY							
REQUIRED REPLACEMENT							
TP # SLE5859M TP INSURER : AXA INSURANCE							
Estimate							

Confirm & accepted by

Authorized signatory and company stamp

Parts	1,108.80
Labour	0.00
Standard Menu	0.00
Specialist Job	6,130.00
Others(Lub,etc)	0.00
Sundry	95.00
Total(w/o GST)	7,333.80

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	12/01/2018 10:18
Date Of Accident	11/01/2018 20:45
Exact Location Of Accident	BKE WOODLANDS 0.19KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5349B
Insured/Policyholder	
Name Of Registered Owner	FULCO RENT A CAR PTE LTD
Co Reg No	198402287M
Email Address	JOHNSON.POON@FULCOLEASING.COM.SG
Mobile Phone No	(LOCAL) +65-98387928
Alternative Phone No	OFFICE-67436266

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC GLS 4A/T (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	YES
Policy Number	
Cover Note Number	0

Driver

Name of Driver	TOH TIEN LEE
NRIC No	S7403715A
Date Of Birth	07/02/1974
Occupation	INDOOR
Date Of Driving Pass	12/03/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96775104
Fax Number	
Contact Number	OFFICE-67424466
EMail Address	ANDYTOH@QUICSEAL.COM

Address	BLK 206 CHO CHU KANG CENTRAL # 05-22
Postcode	680206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSL3883 (PRIVATE CAR)
Number of vehicles involved in the accident	5
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)	2
Passenger 1	NAME: : NANCY LIM
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT (REPORT NO. T/20180111/2244)

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	SLE5859M
Vehicle Make/Model/Colour	LEXUS RX270 GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN SIAT YEAN
NRIC/Passport Number	S7867381H
Contact Number	90911001
Address	

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JSL3883

Vehicle Make/Model/Colour

TOYOTA ESTIMA WHITE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KAM SHIAN LONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJN5519X

Vehicle Make/Model/Colour

HYUNDAI AVANTE SILVER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ONG CHAI SENG

NRIC/Passport Number

S0092700G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SLJ7521Y

Vehicle Make/Model/Colour

ALFA ROMEO BLACK

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG JACK

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	12.01.2018	Time:	0915
Date of Accident:	11.01.2018	Time:	2015 hrs
Exact Location of Accident:	BKE Woodlands 0.19 km		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SJA 5349B	Name of Registered Owner:	Fulco Rent a car pte ltd
NRIC/Passport No./FIN:	Company Reg. No(for Company Veh):		

VEHICLE PARTICULARS

Manufacturer:	Mit	Model:	Lancer 1.5
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:			
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:			
Driver when the Accident Happen			

Name of Driver:	Toh Tien Lee	NRIC/Passport/Fin No:	S7403715A
Date of Birth:	07.02.1974	Occupation:	operation manager
Date of Driving Pass:	12.03.2014	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	96775104	Home No.:	67424466
Address:	BIR 206 CCK Central # 01-22 S 686206		
Email Address:	andytoh@guicreat.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 <i>Leasee</i>		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	chain collision		
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		
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:	CCK MPC		
Was notice of Intended Prosecution given:	No		
Number of Passengers(Including Driver):	02		
Was there any video captured by your Camera?:	NO		
Was there any audio recording?:	NO		

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

Vehicle Registration Number:	SLE 5839M	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No(for Company Veh):	Lexus RZ 270 grey
Name of Driver:	Gan vint Yeah	NRIC/Passport/Fin No:	S7867381H
Mobile No.:	90911001	Home No.:	
Address:		Postal Code:	
Email Address:			
Insurance Company:			

Details of Passenger if any

Passenger Name:	Nancy Lim	NRIC/Passport/Fin No:	S7034458J
Contact Number:	91149827		
Gender:	Female		

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		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

MOTOR ACCIDENT REPORT FORM
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration No: <u>JSK 3883</u>		Vehicle Make / Model: <u>White Exfiner</u>	
Name of Driver: <u>Ram Shian Long</u>	NRIC/Passport/Fin No: <u></u>		
Contact Number: <u></u>	<u></u>		
Address: <u></u>			
Insurance Company Name: <u></u>			

DETAILS OF OTHER PROPERTY 3

Vehicle Registration No: <u>STW 5519X</u>		Vehicle Make / Model: <u>Hyundai Avante 1.8</u>	
Name of Driver: <u>Ong Chai Seng</u>	NRIC/Passport/Fin No: <u>500927009</u>		
Contact Number: <u></u>	<u></u>		
Address: <u></u>			
Insurance Company Name: <u></u>			

DETAILS OF OTHER PROPERTY 4

Vehicle Registration No: <u>SLJ 7501Y</u>		Vehicle Make / Model: <u>Alfa Romeo 4100L</u>	
Name of Driver: <u>Hg Jack</u>	NRIC/Passport/Fin No: <u></u>		
Contact Number: <u></u>	<u></u>		
Address: <u></u>			
Insurance Company Name: <u></u>			

DETAILS OF OTHER PROPERTY 5

Vehicle Registration No: <u></u>		Vehicle Make / Model: <u></u>	
Name of Driver: <u></u>	NRIC/Passport/Fin No: <u></u>		
Contact Number: <u></u>	<u></u>		
Address: <u></u>			
Insurance Company Name: <u></u>			

Details of Witness if any

Witness Name: <u></u>	<u></u>
Contact Number: <u></u>	<u></u>
Email Address: <u></u>	<u></u>

Details of Injured Person

Name: <u></u>	Age: <u></u>
Address: <u></u>	
Injured Sustained: <u></u>	
Injured Person in which vehicle: <u></u>	
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	

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.

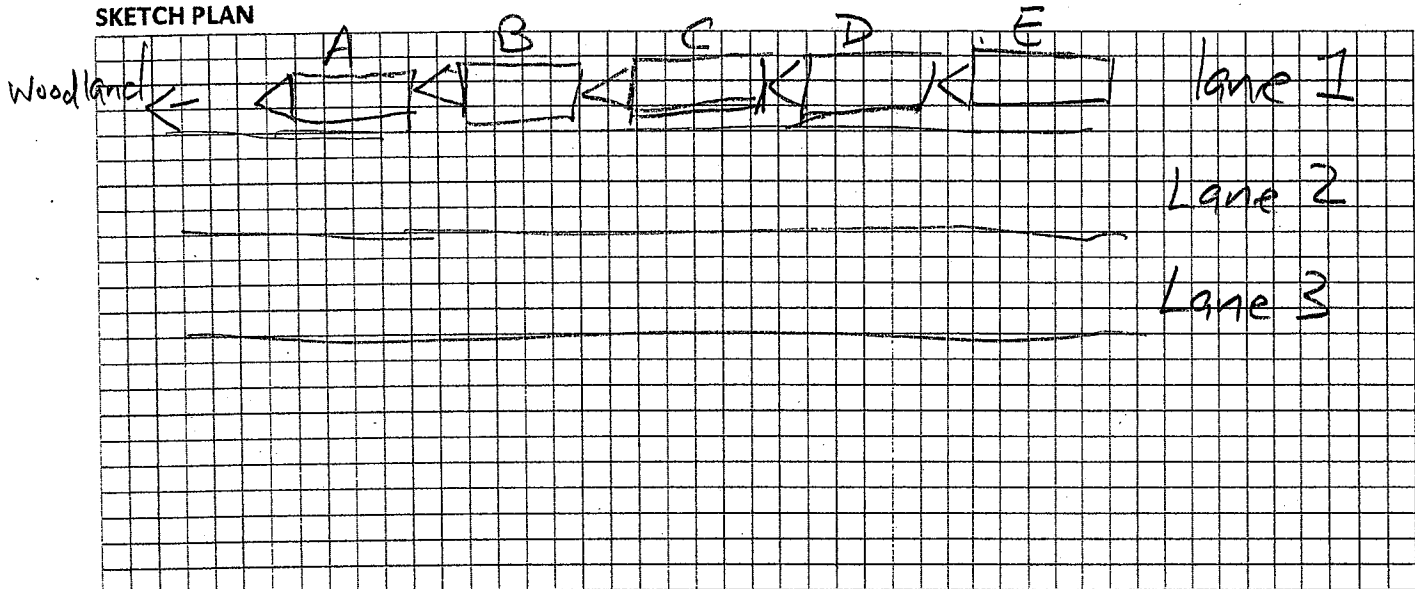
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/1/2018

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

BKE

SKETCH PLAN

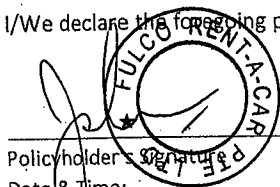


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 0920

12/01/2018

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



SINGAPORE POLICE FORCE



T/20180111/2244

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180111/2244

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2018 23:27		Vide Report No.: J/20180111/0190		Station Diary No.: 149	
Informant's Particulars					
Name of Informant: TOH TIEN LEE			Address: APT BLK 206 CHOA CHU KANG CENTRAL #05-22 SINGAPORE 680206		
ID Type / ID No.: NRIC NO / S7403715A			Contact No.: Home/Office: Mobile: 96775104		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 07/02/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/01/2018 20:45	Type of Location: Expressway
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE(Woodlands)0.19KM				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
JSL3883	Car				Slightly Damaged	0
SJH5349B	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	1
SJN5519X	Car	HYOSUNG	HD AVANTE 1.6 A	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180111/2244

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Report No. T/20180111/2244

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Plate No.	Vehicle Type	Make	Model	Colour	Condition	Count
SL E5859M	Car	TOYOTA	LEXUS RX270 AUTO	Grey	Slightly Damaged	0
SLJ7521Y	Car	ALFA ROMEO	ALFA 159 2.2JTS.SPORTWAGON. SELESPEED	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	KAM SHIAN LONG	ID No.	751116015149
Related Vehicle	JSL3883 (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	TOH TIEN LEE	ID No.	S7403715A
Related Vehicle	SJH5349B (Car)	Contact No.	96775104
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



SINGAPORE POLICE FORCE



T/20180111/2244

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180111/2244

CONTINUATION OF REPORT

Driver			
Name	ONG CHAI SENG		ID No. S0092700G
Related Vehicle	SJN5519X (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GAN SIAT YEAN		ID No. S7867381H
Related Vehicle	SLE5859M (Car)		Contact No. 90911001
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG JACK		ID No. S8026253A
Related Vehicle	SLJ7521Y (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/01/2018 at 2045hrs, I was driving my car bearing license registration number: SJH5349B along BKE(Woodlands) 0.19km, It was raining and the road was wet. I came to stop as there was an accident in front of my car. Another car SLE5859M also stop behind me. However shortly there was bang from the rear and I realize that it was a chain collision involving 5 vehicle including mine. The sequence as follow 1st car SJH5349B, 2nd car SLE5859M, 3rd car JSL3883, 4th car SJN5519X and last car SLJ7521Y. Traffic police came and advise me to file a accident report for their investigation.



**SINGAPORE
POLICE FORCE**



T/20180111/2244

4 of 4

Report No. T/20180111/2244





Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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: J / Staff Sgt MOHD MOHIDEEN ABDUL KADER 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2018 23:27
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 	Classification Of Case: 
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7403715A



Name

TOH TIEN LEE

車 天 利
Race
CHINESE

Date of birth
07-02-1974

Sex
M

Country of birth
SINGAPORE

FOR C&C USE ONLY



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number S7403715A

Name

TOH TIEN LEE

Birth Date 07 Feb 1974

Issue Date 12 Mar 2014



002283626E



FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3A

Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals \leq 2500kg

EFFECTIVE DATE

12 Mar 2014

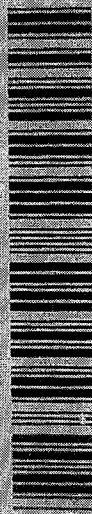
FOR C&C USE ONLY



Licence No: S7403715A

MP 428A

3494017



NRIC No. S7403715A



Date of issue
22-03-2004

FOR C&C USE ONLY

Address

APT BLK 206 CHOA CHU KANG, CENTRAL
#05-22
SINGAPORE 680206



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. SJH5349B

POLICY EXCESS S\$1000.00 (I)
WINDSCREEN EXCESS S\$1000.00

1) VEHICLE REGISTRATION NO.

SUM INSURED MARKA VALUE

2) NAME OF INSURED

INSURING WITH COE/PAF Yes

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT

SJH5349B

Nilbo Repl A-Gam P6 140

4) DATE OF EXPIRY OF INSURANCE

15 December 2017

14 December 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any person who is driving on the insured's order or with their permission

Provided that the person or persons permitted to drive the Motor Vehicle has been so permitted and is not disqualified by order of the Court or law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE

Use for hire, transport of passengers or goods in connection with the insured's business

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired

The Policy does not cover

1) Use for racing, pace making, reliability trial or speed testing

2) Use while driving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Singapore Finance

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

I / We hereby Certify that the policy to which this Certificate relates 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).

Issued in Singapore 12 Jan 2018

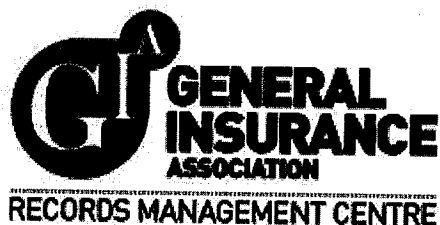
AIG Asia Pacific Insurance Pte. Ltd.

502806-000
Liew Ooi Lin May
78 Shenton Way
#07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

SSPAHN

ORIGINAL

**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-18-006299
Date of Request: 12/01/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/01/2018
Enquiry By Christopher L. Bulaclac
TP Vehicle No. SLE5859M
Accident Date 11/01/2018

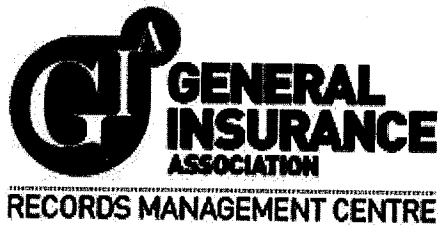
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLE5859M	AXA Insurance Pte Ltd...	24/10/2017-23/10/2018	6338 7288

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.

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**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-18-006299

Date of Request: 12/01/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 12/01/2018
Enquiry By Christopher L. Bulaclac
TP Vehicle No. SLE5859M
Accident Date 11/01/2018

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