

CRUISE AUTOCARE PTE LTD

Date: 18TH MAY 18

AXA INSURANCE SINGAPORE PTE LTD

TO: CLAIM DEPARTMENT

Fax: 6880 4838

WITHOUT PREJUDICE
TO OUR CLIENT'S PERSONAL INJURY
CLAIM (PRESENT OR FUTURE) WHICH IS
EXPRESSLY RESERVED

Dear Sir,

ACCIDENT INVOLVING SHC5970G & PA7758G ALONG JURONG ISLAND HIGHWAY JUCTION AT BANYAN AVE PN 27/12/2017 AT 0955HRS

We submit our claims as follows:

1	COST OF REPAIR (WITH GST)	\$3,317.00
2	LOSS OF USE FOR 06 DAYS @ \$150 PER DAY	\$900.00
3	LTA SEARCH FEES	\$7.45
		<u>\$4,224.45</u>

We attached herein **PA7758G** GIA report, LTA search receipt and our final repair bill. Please kindly let us have the acceptance letter and discharge voucher. Please kindly contact the undersigned at cruiseac@singnet.com.sg or 97608848.

Regards,



TOCK CHIEW CHONG

53 Ubi Avenue 1, Paya Ubi Industrial Park #03-53 Singapore 408934

TEL: 6841 6760 FAX: 6841 3527

Email: cruiseac@singnet.com.sg

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	28/12/2017 09:40
Date Of Accident	27/12/2017 09:55
Exact Location Of Accident	JURONG ISLAND HIGHWAY JUNCTION AT BANYAN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7758G
Insured/Policyholder	
Name Of Registered Owner	C & P RENT-A-CAR PTE LTD
Co Reg No	197900477H
Email Address	ALEX.LAI@CNP.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67366666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (A)
Exact Purpose for which vehicle was being used at time of accident	
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	BUS
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SD17V01303/VBZ/R04
Cover Note Number	
Driver	
Name of Driver	SENIN BIN MOHD EUSOPE
NRIC No	S1675884A
Date Of Birth	09/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2001
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85059336
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 41 TEBAN GARDENS ROAD 09-343

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 COLLISION - HEAD TO REAR

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?

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

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

PLEASE REFER ATTACHED SKETCH PLAN.

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 SHC5970G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver NURULHUDAH BTE TAIB

NRIC/Passport Number S6806687E

Contact Number 81134626

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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



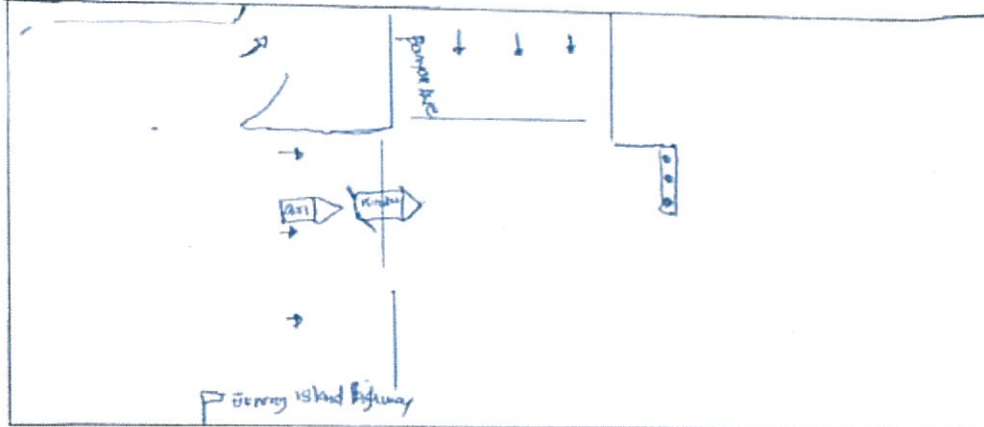
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 9:55 am Along Jurong Island Highway going to
 Tembusu Ave before reach To Tembusu Ave one junction
 is Banyan Ave reach at banyan Ave junction is
 going to Amber light than Road light I stop at banyan
 Junction suddenly one vehicle hit from our minibus
 behind. hit and punch back. hit at most of left side
 behind minibus bumper I see the time is around 9:55 am
 I and one Japanese sit in front nothing injury I came up.
 see is Red Trans Cab inside got passenger also
 also nothing injury but when Trans Cab Taxi hit
 our minibus our minibus a bit came up from the
 sloping line and then I take some photo and
 his particular ^{and driver} ~~to~~ she also need to send the
 passenger. and I send my Company Japanese To our
 side project I said The Portal Company will process
 everything

DECLARATION

We declare the foregoing particulars are true in every respect

Policyholder's
Date & Time:



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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

M. H. Hujian

12/30/2017

Receipt



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Dec 2017 / 09:58:18

Receipt Date/Time : 30 Dec 2017 / 09:58:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171230-000196

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC5970G

As at 27 Dec 2017/09:55:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHC5970G

Enquiry Fee

20171230095742598918

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx1269	Credit Card: Visa/MasterCard	7.45
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Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

CRUISE AUTOCARE PTE LTD

MS: AXA INSURANCE SINGAPORE PTE LTD

TO: CLAIM DEPARTMENT

Fax: 6880 4838

Date: 18-May-18

Contact No: 68416760

Fax No: 68413527

Veh No.	PA7758G	Make / Model:	TOYOTA HIACE
1	ACCIDENT REPAIR ON <u>PA7758G</u> FOR ACCIDENT ON <u>27/12/2017</u>		<u>Amount</u> \$3,100.00


Cruise Autocare Pte Ltd.

Sub Total \$3,100.00
GST @ 7% \$217.00
Total: \$3,317.00

53 Ubi Avenue 1, Paya Ubi Industrial Park #03-53 Singapore 408934
TEL: 6841 6760 FAX: 6841 3527
Email: cruiseac@singnet.com.sg

6 days

CRUISE AUTOCARE PTE LTD

ESTIMATE

MS: AXA INSURANCE SINGAPORE PTE LTD

TO: CLAIM DEPARTMENT

Fax: 6880 4838

Quotation No: QCA160174

Quote Date: 03-01-18

Contact No: 68416760

Fax No: 68413527

Veh No. PA7758G		Make / Model: TOYOTA HIACE		
S/N	Description	LIST PRICE	Qty	Amount
PARTS				
1	REAR TAILGATE <i>Distorted</i>	\$1,950.90	1	\$1,950.90 ✓
2	REAR TAILGATE LOCK ASSY <i>Jammed</i>	\$255.15	1	\$255.15 ✓
3	REAR TAILGATE LOCK ASSY COVER <i>Missing</i>	\$101.75	1	\$101.75 ✓
4	REAR BUMPER <i>Distorted</i>	\$411.60	1	\$411.60 ✓
5	REAR EMBLEM, LOGO <i>m</i>	\$67.60	1	\$67.60 ✓
6	REAR END PANEL <i>Distorted</i>	\$349.30	1	\$349.30 ✓
7	REAR BUMPER RETAINER, LH <i>from</i>	\$37.30	1	\$37.30 ✓
8	REAR BUMPER RETAINER, RH <i>from</i>	\$37.30	1	\$37.30 ✓
9	REAR BUMPER BRACKET, LH <i>from</i>	\$45.85	1	\$45.85 ✓
10	REAR BUMPER BRACKET, RH <i>from</i>	\$45.85	1	\$45.85 ✓
11	REAR END GARNISH <i>Best</i>	\$154.70	1	\$154.70 ✓

DISCOUNT GIVEN 25 %

(~~\$864.33~~)

SPECIAL NETT ITEM				
1	REVERSE SENSOR <i>Replaced</i>	\$250.00	1	\$250.00 200
2	70KM/H STICKER <i>m</i>	\$10.00	1	\$10.00 ✓
3	WINDSCREEN SEALANT <i>m</i>	\$60.00	1	\$60.00 ✓

LABOUR				
1	LABOUR TO REMOVE AND REINSTALL REAR WINDSCREEN GLASS TO FACILITATE REPAIR			\$120.00 ✓
2	LABOUR TO REMOVE DAMAGED PARTS, CUT/WELD REAR END PANEL. ALIGN AND REPLACE PARTS			\$800.00 750
3	SPRAY PAINTING ON REAR TAILGATE AND REAR END PANEL			\$450.00 400

LUMP SUM DISCOUNT 20%

(~~\$856.60~~)

Cruise Autocare Pte Ltd.

Signature of Customer

Sub Total \$3,426.38
GST @ 7% \$239.85
Total: \$3,666.23

*4/5 Adnan Lj
10/01/18
0622*

53 Ubi Avenue 1, Paya Ubi Industrial Park #03-53 Singapore 408934

TEL: 6841 6760 FAX: 6841 3527

Email: cruiseac@singnet.com.sg





CRUISE AUTOCARE PTE LTD

Date: 3RD JANUARY 2018

AXA INSURANCE SINGAPORE PTE LTD

TO: CLAIM DEPARTMENT
Fax: 6880 4838

WITHOUT PREJUDICE
TO OUR CLIENT'S PERSONAL INJURY
CLAIM (PRESENT OR FUTURE) WHICH IS
EXPRESSLY RESERVED

REQUEST FOR PRE REPAIR INSPECTION

Please kindly arrange the PRE REPAIR INSPECTION for the following vehicle: PA7758G at 53 Ubi ave 1 #03-53 Singapore 408934.

The details of the accident are as follows:

1. DATE OF ACCIDENT: 27/12/2017 @ 0955 HRS
2. YOUR POLICY HOLDER VEHICLE REGISTRATION NO.: SHC5970G
3. THE VEHICLE IS CURRENTLY AT 53 UBI AVE 1 #03-53 SINGAPORE 408934
4. WE WOULD LIKE TO ENGAGE YOUR APPOINTED SURVEYOR FOR THE SAID PRI AND SURVEY.

Yours Faithfully,



TOCK 97608848