



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684567 Fax: 65651240



Co Reg No : 199405410K

ESTIMATE

GST Reg No : MR-8500111-X

| Invoice Name & Address | Owner Name & Vehicle Info | |
|---|---------------------------|---------------------------|
| MR TAY KIM HAI 1 CANBERRA DRIVE #05-03 SINGAPORE 768101 Singapore 760754 Contact No Mobile: 86688006 | Cust No/Name | LCV04102/MR TAY KIM HAI |
| | Reg No/Reg Date | SLB8337Z / 25/04/201 |
| | Date In/Mileage | / 0 |
| | Chassis No | KNAHU815VG7147640 |
| | Engine No | D4FDFH102424 |
| | Make/Model | KIA/CARENS 1.7 A D EX GP7 |
| | Colour/Trim | TIM / WK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | |
|--|--------------------------------|-------------------|-----|-----------------|------------|-------|---------|
| CSM00081 | Cash | 30/01/2018/ 18:23 | | 265 / AndreChow | 22516 | | |
| Description of Goods / Services | | | | Qty | Unit Price | Disc% | Amount |
| A 54900099 | | | | | | | 100.00 |
| CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM | | | | | | | |
| A 10028901 | | | | | | | 200.00 |
| TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST | | | | | | | |
| USING HI-SCAN PRO TEST | | | | | | | |
| M SUNDRY | | | | | | | 50.00 |
| SUNDRIES | | | | | | | |
| M SUNDRY | | | | | | | 80.00 |
| SUPPLY ANTI CORROSION FOR AFFECTED PORTIONS | | | | | | | |
| E PNT88000 | | | | | | | 3300.00 |
| RENEW REAR BUMPER, REPAIR REAR END PANEL, REPAIR LH REAR FENDER | | | | | | | |
| E PNT98000 | | | | | | | 2100.00 |
| RESPRAY REAR BUMPER, REAR END PANEL, LH REAR FENDER AND OTHER AFFECTED | | | | | | | |
| PORTIONS | | | | | | | |
| E PNT88000 | | | | | | | 150.00 |
| REMOVE AND INSTALL REVERSE SENSORS | | | | | | | |
| M | COVER-RR BUMPER LWR | | | 1.00 | 201.00 | 00.00 | 201.00 |
| M | COVER-RR BUMPER,UPR | | | 1.00 | 576.00 | 00.00 | 576.00 |
| M | BEAM-RR BUMPER | | | 1.00 | 367.00 | 00.00 | 367.00 |
| M | LAMP ASSY-REAR FOG,LH | | | 1.00 | 116.00 | 00.00 | 116.00 |
| M | BRACKET ASSY-RR BUMPER SIDE,LH | | | 1.00 | 25.00 | 00.00 | 25.00 |
| M | STAY-RR BUMPER LH | | | 1.00 | 159.00 | 00.00 | 159.00 |
| M | LAMP ASSY-REAR COMBINATION,LH | | | 1.00 | 357.00 | 00.00 | 357.00 |
| M | LAMP ASSY-REAR COMB INSIDE,LH | | | 1.00 | 213.00 | 00.00 | 213.00 |
| SURVEYOR NAME : _____ | | | | | | | |
| SURVEYOR SIGNATURE : _____ | | | | | | | |
| DATE : _____ | | | | | | | |
| REMARKS : _____ | | | | | | | |

Confirm & accepted by _____

| | | |
|----------------------|---------|-----------------|
| | Nett | 7,994.00 |
| 7% GST on | 7994.00 | 559.58 |
| Total Payable | | 8,553.58 |

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.

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 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 | 31/01/2018 09:21 |
| Date Of Accident | 30/01/2018 16:55 |
| Exact Location Of Accident | PIONEER SECTOR 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLB8337Z |
| Insured/Policyholder | |
| Name Of Registered Owner | TAY KIM HAI |
| NRIC No | S7838531F |
| Email Address | KZMHAZ@GMIAL.COM |
| Mobile Phone No | (LOCAL) +65-86688006 |
| Alternative Phone No | OTHERS-86688006 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | KIA |
| Model | CARENS-1.7 (A) |
| Exact Purpose for which vehicle was being used at time of accident | GOING BACK HOME FROM WORK |
| 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 | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAY KIM HAI |
| NRIC No | S7838531F |
| Date Of Birth | 25/12/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/06/2001 |
| Driving Experience | 16 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86688006 |
| Fax Number | |
| Contact Number | OTHERS-86688006 |
| EMail Address | KZMHAZ@GMIAL.COM |

| | |
|---|-------------------------|
| Address | 1 CANBERRA DRIVE #05-03 |
| Postcode | 768101 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 |
| 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) | 4 |
| Passenger 1 | NAME: : KELLY CAI GENDER: : FEMALE |
| Passenger 2 | NAME: : DOMINIC GENDER: : MALE |
| Passenger 3 | NAME: : HENRICK GENDER: : MALE |

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

REFER TO ATTACHMENT

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 Witness 1

| | |
|---------------|----------|
| Name | LUCUS |
| Phone Number | 98536882 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | XD8006B |
| Vehicle Make/Model/Colour | TRUCK |
| Details Of Properties | |

| | |
|-------------------------------------|---------------|
| Vehicle Category | GOODS VEHICLE |
| Name of Driver | QIN WANLONG |
| NRIC/Passport Number | |
| Contact Number | 98824480 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

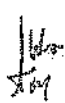
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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)**

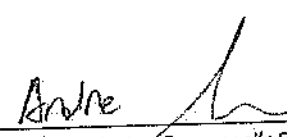
I understand, acknowledge, agree and consent that:

- (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:

 30/1/18

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

SKETCH PLAN

Pioneer Sector 1



← Pioneer Sector 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I on the way back home as usual, Upon reaching a T-Junction on Pioneer Sector 1, I saw a truck together turn right and while turning the truck cut into my lane and hit me.

DECLARATION

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

John

Policyholder's Signature _____
Date & Time: _____

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

Amne L 36/1/18

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

Number of Passengers (Including driver)? 4

Passenger 1

Name : Kelly for Cai
Gender : M / ☒ F

Passenger 2

Name : Dominic
Gender : ☒ M / F

Passenger 3

Name : henrick
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



SINGAPORE ARMED FORCES

IDENTITY CARD

Name

TAY KIM HAI

FOR C&C USE ONLY

NRIC No

S7838531F



Property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GEMALTOSGPV1008710B1208

00000050089062

NRIC No/Colour

S7838531F/ PINK

Race

CHINESE

Date Of Birth

25/12/1978

Service Status

REGULAR

Address

ADDRESS: 1 CANBERRA DRIVE #05-03

SINGAPORE 768101

DATE: 16.02.2016

S7838531F

Blood Group

O (+)

Sex

M

Country Of Birth

SINGAPORE

Military Rank Status

MILITARY EXPERT M0717



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of TAY KIM HAI

Licence Number: **S7838531F**
Name: **TAY KIM HAI (ZHENG JINHAI)**
Birth Date: **25 Dec 1978**
Issue Date: **11 Jun 2003**

Barcode: 000563793J

FOR C&C USE ONLY

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 10 Jun 2001 |

NP 425A

Barcode: S7838531F

FOR C&C USE ONLY



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.X.1

AUTOPLUS

OWN DAMAGE EXCESS S\$0.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

CERTIFICATE NO. 2100461587-01000

SUM INSURED Market Value

INSURING WITH COE/PAF Yes

1) VEHICLE REGISTRATION NO.

SLB8337Z

2) NAME OF INSURED

Tay Kim Hai

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

25 Apr 2017

4) DATE OF EXPIRY OF INSURANCE

24 Apr 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 25 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

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

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing,

the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

3. Ethos - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65684501)

5. Kan Fook Sing Motor - 61 Deir Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Shi Ming Ind (Tel: 64538110)

7. Moya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank
/ EMPLOYER'S LOAN

* 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 At Singapore 9 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

000064-000
DIRECT CLIENTS 014 95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSP/KM



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time: 31 Jan 2018 / 11:39:14

Receipt Date/Time: 31 Jan 2018 / 11:39:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180131-000616

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|---|---|---------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SHD2259S As at 28 Nov 2016/08:10:00 Insurance Co: NTUC INCOME INS CO-OP LTD | | | | |
| 1 | Insurance Enquiry - SHD2259S Enquiry Fee 20180131113804983296 | 7.00 | 0.49 | 7.49 |
| Sub-Total | | 7.00 | 0.49 | 7.49 |
| Result of Insurance Enquiry - XD8006B As at 30 Jan 2018/16:55:00 Insurance Co: INDIA INT'L INS PTE LTD | | | | |
| 2 | Insurance Enquiry - XD8006B Enquiry Fee 20180131113805025299 | 7.00 | 0.49 | 7.49 |
| Sub-Total | | 7.00 | 0.49 | 7.49 |
| Total Before Rounding | | 14.00 | 0.98 | 14.98 |
| Rounding Difference | | | | 0.03 |
| Total Amount Payable | | | | 14.95 |
| Paid By | | | | |
| | xxxxxxxxxxxx2693 | Credit Card: Visa/MasterCard | | 14.95 |
| Total | | | | 14.95 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 14.95 |
| 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.

| | | |
|---------------|----|-------------|
| Print Receipt | OK | Save as PDF |
|---------------|----|-------------|

Vehicle Insurance Particulars Result

| Vehicle No. | Incident Date/Time | Insurance Company Name |
|-------------|------------------------|---------------------------|
| SHD2259S | 28 Nov 2016 / 08:10:00 | NTUC INCOME INS CO-OP LTD |
| XD8006B | 30 Jan 2018 / 16:55:00 | INDIA INT'L INS PTE LTD |

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