

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		
Ms Ong Yee Mei	Cust No/Name	KCV01262/Ms Ong Yee Mei	
	Reg No/Reg Date	SJN7870S / 27/02/200	
76 Hougang Ave 7	Date In/Mileage	/ 0	
#11-21 Singapore 538807	Chassis No	JMYLRHA1W9U000224	
	Engine No	3B20BP8130	
Contact No 98222389	Make/Mode1	MIT/I-CASUAL	
	Colour/Trim	P03 / GY	

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										3,910.00
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Total Tayable 4,2							Т	otal Payab	le	4,183.70
Authorized signatory and company stamp	Authorized	signatory	and compa	ny 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 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 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.

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	ACCIDENT STATEMENT
Date Of Report	12/02/2018 17:37
Date Of Accident	10/02/2018 09:55
Exact Location Of Accident	LIOYD ROAD CARPARK (L0005)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN7870S
Insured/Policyholder	
Name Of Registered Owner	ONG YEE MEI
NRIC No	\$7106919B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96855150
Alternative Phone No	OTHERS-96855150

Vehicle Particulars

Manufacturer MITSUBISHI

Model I-CAR-659CC MIVEC 4A/T M-LINE (A)

Exact Purpose for which vehicle was being used at

time of accident

THE VEHICLE WAS PARKED WHILE I AM HAVING BREAKFAST

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 A)G ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100122737

Cover Note Number

Driver

Name of Driver PANG CHENG BIING

 NRIC No
 \$7033835A

 Date Of Birth
 27/09/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 08/09/1993

Driving Experience 24 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96855150

Fax Number

Contact Number

EMail Address PANGCB@GMAIL.COM

Address 76 HOUGANG AVENUE 7 #11-21

Postcode 538807

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 COLLIDED INTO PARKED VEHICLE

NO

NO

0

NO

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? N

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.

Number of Passengers (Including Driver)

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 SJY2749K
Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category PRIVATE CAR.

Name of Driver SAPARMAN BIN HAMID

NRIG/Passport Number S7221868Z Contact Number 94241240

Address Postcodé

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 <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 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)
 - 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.:

SKETCH PLAN		1
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Lloyd Road	lost on 10 Ech 2019	between 0954 - 1013 hours.
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DECLARATION		
I/We declare the foregoing partic	ujars are true in every respect.	
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1 th	1) los	· 12/2/10
		Andle / ~ 17074
Policyholder's Signature	Driver Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: Name:
12/2/18	D / D -	NRIC/FIN No.:
	Date & Time: (2/5/18	erricale er (AAC)
413		
•	(613	

1) Number of Passengers in Vehicle A (Including driver)?	0
Passenger 1	
Name :	
Gender : M / F	
Passenger 2	
Name :	
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	
assenger 7	
lame :	
iender : M/F	



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

MITSUBISHI AUTO PROTECTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS S\$600.00(I)

CERTIFICATE NO. 2100122737-08000

(for policies with effect from 1st November 2002)

S\$100.00

SUM INSURED **INSURING WITH COE/PARF** Market Value

1) VEHICLE REGISTRATION NO.

SJN7870S

No

Ong Yee Mei

2) NAME OF INSURED

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

27 Feb 2017

4) DATE OF EXPIRY OF INSURANCE

26 Feb 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :35 years old and above

a) The Insured.

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

A Young and/or Inexperienced Driver Excess ("YIDR") of \$83,000.00, in additional 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 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the Ilcensing 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.

APPROVED REPORTING CENTRES / MITSUBISHI AUTHORISED REPAIRERS
1. Cycle & Carriage Pandan Gardens Service Centre - 209 Pandan Gdns (Tel: 6568 4555)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS).
2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethoz - 30 Bukir Batok Cres (Tel: 66547777)
4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Deftr Lane 12 (Tel: 67479560)
6. Lai Huat (Meng Kee) Motor - 21 Sin Ming and (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merali Lane 3 (Tel: 6743892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C &C - Refer to policy wordings for details

NAMED DRIVER

PANG CHENG BIING

HIRE PURCHASE COMPANY / 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.

1 / 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 (Malaysta).

Issued At Singapore

25 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

500720-774 CYCLE & CARRIAGE - ALICET(MIT) 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-MOTOR

AUTHORISED REPRESENTATIVE

SSPOCC.

Co. Reg. No. 201009404W

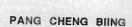
CENDA1422/13

Licence Number S7033835A PANG CHENG BIING Birth Date: 27 Sep 1970 Issue Date: 01 Jul 2017

002699084B

FOR C&C USE O

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7033835A



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CHINESE

27-09-1970

SINGAPORE

0557398

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

EFFECTIVE DATE

Licence No:\$7033935A

FOR C&C USE O

09-10-1992

S7033835A

76 HOUGANG AVENUE 7 #11-21 SINGAPORE 538907

NRIC No: \$7033835A

Date: 01-07-2003 No: 4729329

NP 428A

2/19/2018 Receipt



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

19 Feb 2018 / 17:47:16

Receipt Date/Time: 19 Feb 2018 / 17:47:16

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180219-001401

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 - SJY2749K As at 10 Feb 2018/09:55:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SJY2749K Enquiry Fee		7:00	0.49	7.49
20180219174604454729	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			
	xxxxxxxxxxxxx4595	Credit Card: Visa/MasterCard		7.45
	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.

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Print Receipt	ОК	Save as PDF