



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE
 209 Pandan Gardens Singapore 609339 Tel: 65684567 Fax: 65651240

**ESTIMATE**

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
MR URM7	Cust No/Name	/MR URM7
BLK 832 JURONG WEST ST 81	Reg No/Reg Date	SLN6528P / 12/05/201
#04-06	Date In/Mileage	/ 0
SINGAPORE 640832	Chassis No	KNAFZ411MH5685817
Contact No Mobile: 81181245	Engine No	G4FGGH661138
	Make/Model	KIA/FORTE K3 1.6 A SX HADQ
	Colour/Trim	DN9 RICH ESPRESSO / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	22/02/2018/ 09:50	QUA	265 / AndreChow	23630

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT98000 RESpray FRONT BUMPER				840.00
E PNT88000 RENEW FRONT BUMPER				1100.00
A 54900099 CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM				100.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				200.00
M SUNDRY SUNDRIES				40.00
M COVER-FR BUMPER	1.00	633.00	00.00	633.00

Estimate

SURVEYOR NAME : _____
 SURVEYOR SIGNATURE : _____
 DATE : _____
 REMARKS : _____

Confirm & accepted by

	Nett	2,913.00
7% GST on	2913.00	203.91
Total Payable		3,116.91

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 21/02/2018 09:27
 Date Of Accident 20/02/2018 07:40
 Exact Location Of Accident 70WEST COAST FERRY ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN6528P
Insured/Policyholder
 Name Of Registered Owner URM7
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-81181245

Vehicle Particulars

Manufacturer KIA
 Model FORTE K3-1.6 SX (A)
 Exact Purpose for which vehicle was being used at time of accident PERSONAL
 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 1700019040
 Cover Note Number

Driver

Name of Driver MOHAMAD RASHID BIN PATHIE
 NRIC No S8109336I
 Date Of Birth 27/03/1981
 Occupation INDOOR
 Date Of Driving Pass 05/06/2009
 Driving Experience 8 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-81181245
 Fax Number
 Contact Number
 EMail Address MOHAMADRASHID781@GMAIL.COM

Address	BLK 816B KEAT HONG LINK #09-71
Postcode	682816
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
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)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN1862Z
Vehicle Make/Model/Colour	VOLVO V40
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RENGASAMY KRISTY MELISSA
NRIC/Passport Number	S8710871F
Contact Number	97411764
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

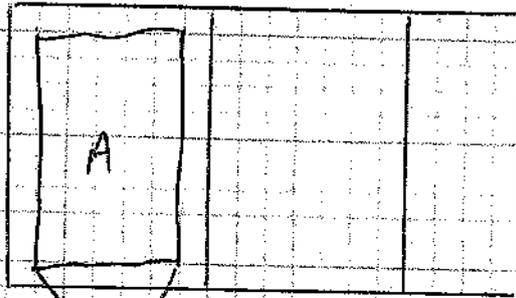
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Reporting Centre Personnel's Signature
Name: Arone 21/2/18
NRIC/FIN No.:

SKETCH PLAN



A - SLN 6528P

B - SKN 1862Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had arrived at my work place at the given address at around 07:00hrs. At around 07:40hrs a colleague of mine approached me and informed me that she had accidentally reversed into my car.

DECLARATION

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

[Handwritten Signature]



Policyholder's Signature
Date & Time:

[Handwritten Signature]



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

[Handwritten Signature] 21/2/18

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



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : URM7
 Period of Insurance : 19 Jun 2017 To 11 May 2018
 Engine No. : G4FGGH661138
 Chassis No. : KNAFZ411MH5685817

Vehicle No. : SLN6528P
 Policy No. : 1700019040
 Endorsement No. : 000000000156483
 Issued Date : 06 Nov 2017

ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A SX
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1500cc

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

EXCESS

Section 1:
 PCD - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2:
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Mohamed Rashid Bin Pattie - \$500 (Own Damage)

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

- Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 150931 64278900
- Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 469950 67461000

For more Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6333 6200. Alternatively, you may refer to AIG website www.aig.com.sg
 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0560709919

CYCLE & CARRIAGE - MELVIN
 238 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

659860

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S81093361**
 Name: **MOHAMAD RASHID BIN PATHIE**
 Birth Date: **27 Mar 1981**
 Issue Date: **05 Jun 2009**

001749766D

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S81093361**



Name
MOHAMAD RASHID BIN PATHIE
 محمد رشيد بن قاضي
 Race
MALAY
 Date of birth: **27-03-1981** Sex: **M**
 Country of birth
SINGAPORE

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 05 Jun 2009

FOR C&C USE ONLY

Licence No: S81093361

428A

4420777



NRIC No. **S81093361**

Date of Issue
25-06-2009

APT BLK 818B KEAT HONG LINK #09-71
 SINGAPORE 882816
 NRIC No: **S81093361** Date: **19/07/2017**



**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-18-027607
Date of Request: 22/02/2018

Your Ref No: Online Purchase

Cycle & Carriage Automotive Pte Ltd
241 Alexandra Road
Singapore 159931

Dear Sir/Madam,

Enquiry Date: 22/02/2018
Enquiry By: Andre Chow En De
TP Vehicle No.: SKM1862Z
Accident Date: 20/02/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKM1862Z	AXA Insurance Pte Ltd	28/07/2017-27/07/2018	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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