



**CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE**



CYCLE & CARRIAGE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
Mr JACOB PIUS CHUA CHOON KIAT 19A Lim Tua Tow Road Casa Riviera Singapore 547801 Contact No Mobile: 98215678	Cust No/Name	/Mr Jacob Pius Chua Choon Kiat
	Reg No/Reg Date	SKS8624S / 13/05/2015
	Date In/Mileage	13/02/2018/ 0
	Chassis No	KNAPH813MF5043141
	Engine No	G4KJFA594761
	Make/Model	KIA/SORENTO UM 2.4 A GDI W/SR
	Colour/Trim	MR5 / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	28/02/2018/ 08:18	DS	218 / MarsLer	52404

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
S MIPNT88088 TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS				80.00
S MIPNT88088 TO PERFORM COMPUTERIZE SCANNING AND DIAGNOSTIC				250.00
S MIPNT88088 TO REPLACE FRONT BUMPER,LH HEADLAMP ASSY,ETC STRAIGHTEN,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS				1800.00
S MIPNT98088 SPRAY PAINTING ON LHF ACCIDENT AFFECTED AREAS				1680.00
M KS 86511 C5 050 COVER-ER BUMPER UPR	1.00	645.00	10.00	580.50
M KS 86512 C5 010 COVER-ER BUMPER LWR	1.00	645.00	10.00	580.50
M KS 86525 C5 040 LHF FOG LAMP GRILLE	1.00	93.00	10.00	83.70
P KS 92201 C5 110 LHF FOG LAMP ASSY	1.00	297.00	10.00	267.30
M KS 96890 C5 500M R5 ULTRASONIC SENSOR-S.	1.00	187.00	10.00	168.30
M KS 96891 C5 500M R5 ULTRASONIC SENSOR-S.	1.00	346.00	10.00	311.40
M KS 98681 C5 000 LH COVER - TELESCOPE	1.00	18.00	10.00	16.20
M KS 92101 C5 110 LHF HEADLAMP ASSY	1.00	2210.00	10.00	1989.00
M KS 86513 C5 000 LH SIDE BRACKET	1.00	17.00	10.00	15.30
M KS 86514 C5 000 RH SIDE BRACKET	1.00	15.00	10.00	13.50
M KS 87711 C5 000 LH FENDER GARNISH	1.00	88.00	10.00	79.20
P JJMR328954 CLIP,BUMPER	10.00	3.00	10.00	27.00
Z NOTES ACCIDENT ON 10/02/2018 ALONG SULTAN ISKANDAR COMPLEX CUSTOMS OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR TP : SJJ531M TP INS : AXA				

Confirm & accepted by Authorized signatory and company stamp	Parts	4,131.90
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	3,810.00
	Others(Lub,etc)	0.00
	Sundry	0.00
	Total(w/o GST)	7,941.90

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	12/02/2018 18:45
Date Of Accident	10/02/2018 21:55
Exact Location Of Accident	SULTAN ISKANDAR COMPLEX CUSTOMS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8624S
Insured/Policyholder	
Name Of Registered Owner	JACOB PIUS CHUA CHOON KIAT
NRIC No	S7411378H
Email Address	MARIA_FAYETTE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98215678
Alternative Phone No	HOME-66986318

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.4 (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V07769/VPC/R01
Cover Note Number	

Driver

Name of Driver	KOH MUI NAI MARIA (XU MEILIAN MARIA)
NRIC No	S7523525I
Date Of Birth	15/08/1975
Occupation	INDOOR
Date Of Driving Pass	11/08/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98183695
Fax Number	
Contact Number	HOME-66986318
EEmail Address	MARIA_FAYETTE@YAHOO.COM.SG

Address 19A LIM TUA TOW ROAD SINGAPORE
 Postcode 547801
 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 COLLISION - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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) 3
 Passenger 1 NAME: : KOH MUI LING BERNADETTE
 GENDER: : FEMALE
 Passenger 2 NAME: : DAVID
 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

MY CAR IS ON THE CENTER LANE. CAR SJJ531M CUT INTO MY LANE AND HIT THE LEFT SIDE OF MY CAR WHEN MY CAR WAS STATIONARY.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ531M
 Vehicle Make/Model/Colour HONDA VEZEL
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SAIFUDDIN BIN SULAIMAN
 NRIC/Passport Number S7125448H
 Contact Number
 Address BLK 237 PASIR RIS STREET 21 #09-11 SINGAPORE
 Postcode 510237

BASIC INFORMATION

Date of Report:	12/12/18	Time:	1400
Date of Accident:	10/02/2018	Time:	2155
Exact Location of Accident:	Sultan Iskandar Complex Customs.		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SKS 8624S	Name of Registered Owner:	Jacob Pius Chua Choon Kit
NRIC/Passport No./FIN:	S741378H	Company Reg. No.(for Company Veh):	

VEHICLE PARTICULARS

Manufacturer:	KIA	Model:	Sorento
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:	Liberty		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	SI 17V07769 / VPC / R01		

Driver when the Accident Happen			
Name of Driver:	Koh Mei Nat Maria (Xu Meitian Maria) NRIC/Passport/Fin No : S75235251		
Date of Birth:	15/08/1975	Occupation:	Manager
Date of Driving Pass:	11/08/1994	Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mobile No.:	9818 3695	Home No.:	66986318
Address:	19A Lim Tua Tow	Postal Code	
Email Address:	maria_fayette@yahoo.com.sg		
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>spouse</i>		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	Change lane		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input 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	Number of Passengers(Including Driver):	3
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was there any video captured by your Camera?:	Yes
Was the Accident reported to police:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was there any audio recording?:	No
Which Police Station:			
Was notice of Intended Prosecution given:			

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

Vehicle Registration Number:	SJJ531M	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:		NRIC/Passport/Fin No :	
Mobile No.:		Home No.:	
Address:		Postal Code	
Email Address:			
Insurance Company:			

Details of Passenger if any

Passenger Name:	
Contact Number:	
Gender	

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		

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:

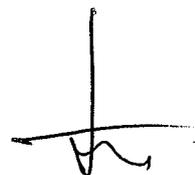
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



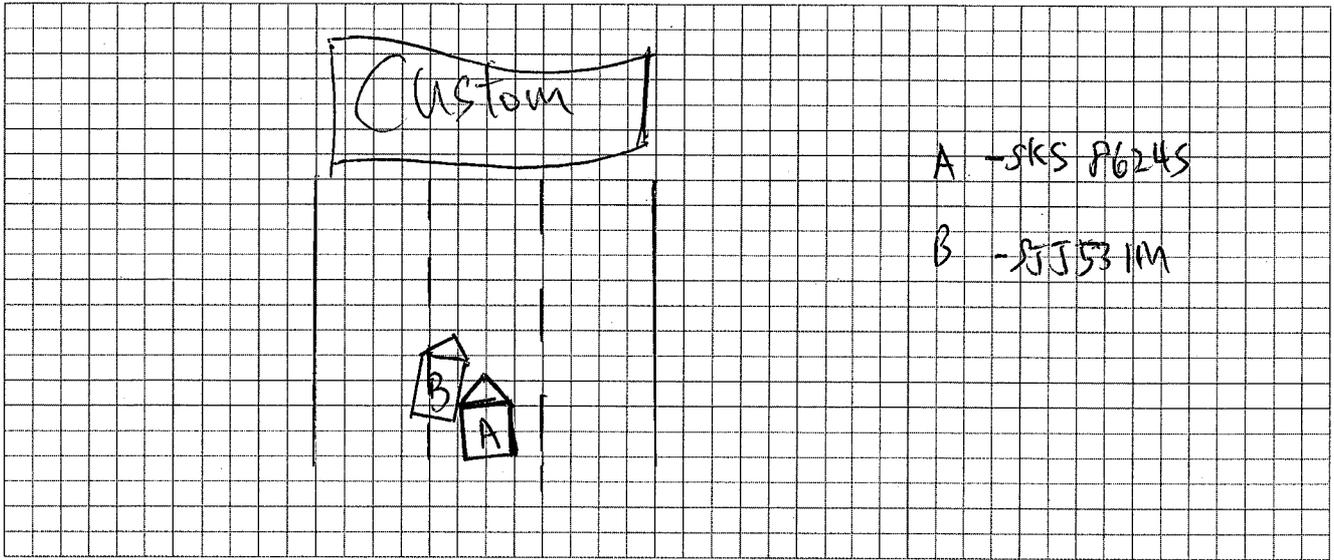
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



SKETCH PLAN

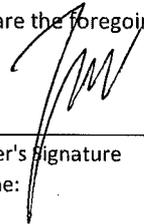


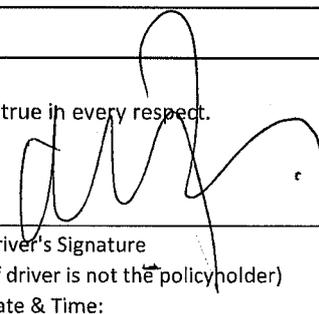
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

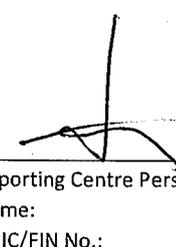
My Car is on the center lane. Car SJS 531M cut into my lane and hit the left side of my car when my car was stationary.

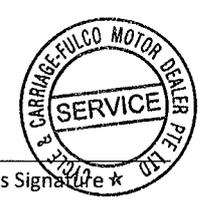
DECLARATION

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:


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



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)

Name of Policyholder: JACOB PIUS CHUA CHOON KIAT		Certificate No.: SI17V07769/ VPC / R01
Date of Issue: 08 May 2017	Effective Date of Commencement: 13 May 2017 00:00	Date of Expiry: 12 May 2018 23:59
Registration No.: SKS8624S	Chassis No.: KNAPH813MF5043141	Type of Certificate: MX1
<p>Persons or Classes of Persons entitled to drive*:</p> <p>A) The Policyholder.</p> <p>B) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p> <p>Limitations as to use:</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover:</p> <p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>		

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).



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

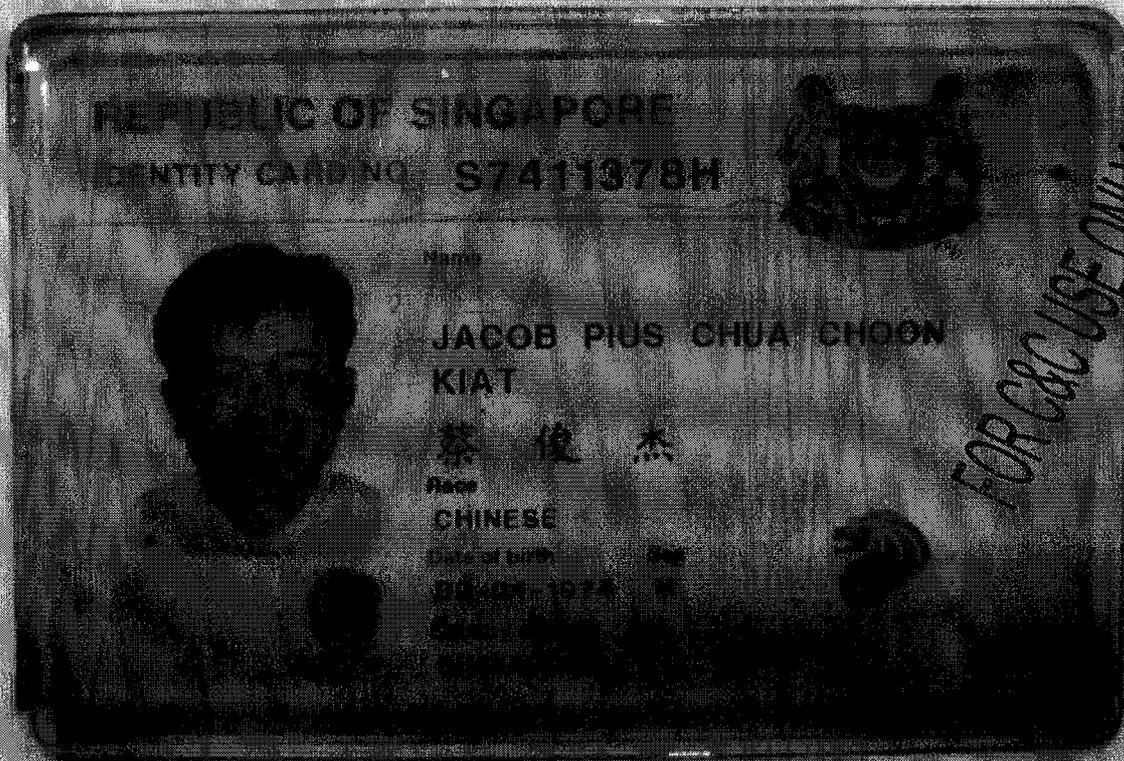
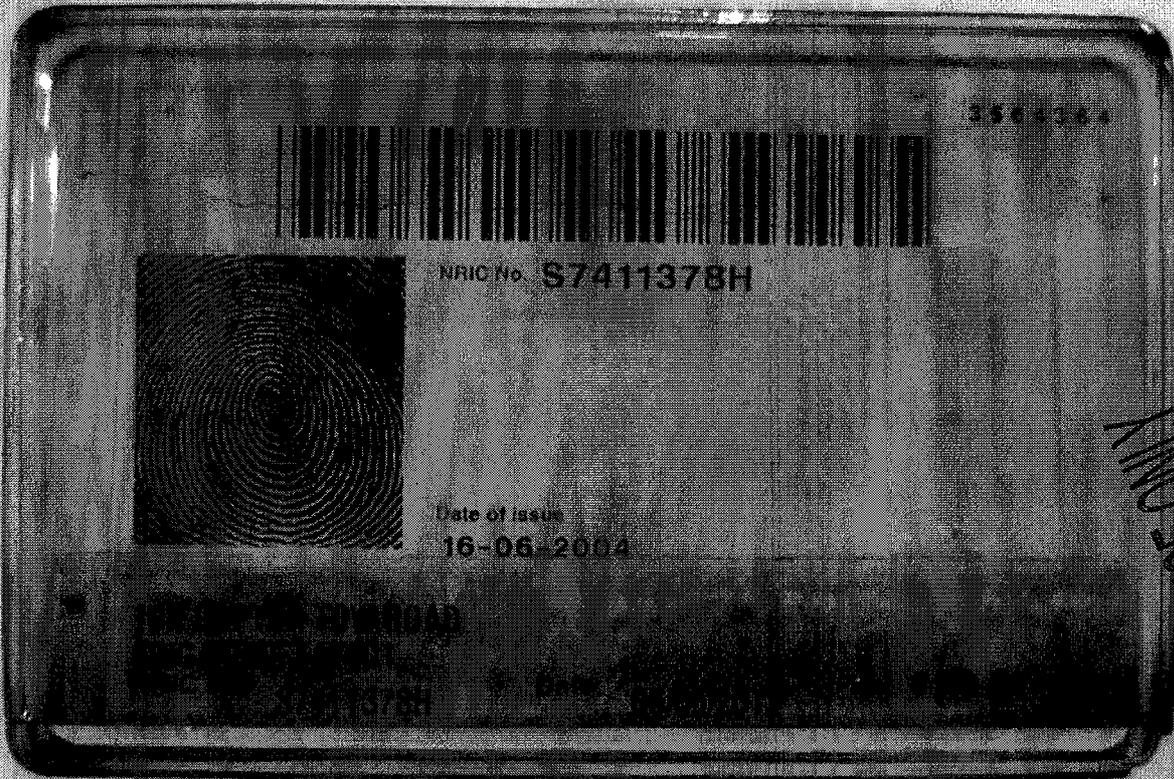
Coverage(s): Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured: MARKET VALUE AT THE TIME OF LOSS

Excess: Section I - Named Drivers S\$900, Section I - Unnamed Drivers S\$1400, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company: MAYBANK

Name of Producer: LIM CHEE CHYE (A0738-2)



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S75235251



Name
KOH MUI NAI MARIA
(XU MEILIAN MARIA)

Race
CHINESE

Date of birth
15-08-1975

Country of birth
SINGAPORE

Sex
F

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S75235251



Name
KOH MUI NAI MARIA
(XU MEILIAN MARIA)

Birth Date: 15 Aug 1975

Issue Date: 11 May 2017

002682442G

FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver, and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE: 11 Aug 1994

FOR C&C USE ONLY

License No. S75235251

NF 428A

5683557

FOR C&C USE ONLY

MRC No. S75235251



Date of Issue
10-12-2016

Address
19A LIM TUA TOW ROAD
SINGAPORE 547801



**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-18-023753

Date of Request: 13/02/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 13/02/2018

Enquiry By Mars Ler Yeong Cherng

TP Vehicle No. SJJ531M

Accident Date 10/02/2018

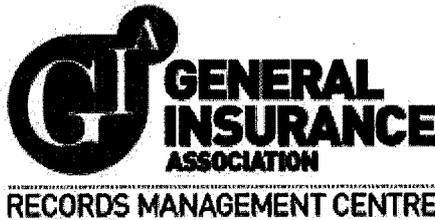
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJJ531M	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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**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-18-023753

Date of Request: 13/02/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 13/02/2018
Enquiry By Mars Ler Yeong Cherng
TP Vehicle No. SJJ531M
Accident Date 10/02/2018

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