

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 LEE CHEE FULL	Cust No/Name	/MR LEE CHEE FULL	
PIN LLE CILL FOLL	Reg No/Reg Date	SGH999T / 22/09/201	
BLK 204 MARSILING DR	Date In/Mileage	/ 0	
#13-208	Chassis No	KNAFZ411MH5668615	
SINGAPORE 730204	Engine No	G4FGGH658678	
Contact No Mobile: 96364534	Make/Model	KIA/FORE K3 1.6 A SX AHB W BSD & BE	
	Colour/Trim	MST / WK SATURN BLACK	

Account No	Terms	Date/Tim	e Printed	CSE	Oper	ator		WIP No	ere ay	
CSM00081	Cash	03/03/20	18/ 12:44		465	/ Tay Jian	Ye	24232		
	16.597	Descript	ion of Good	ls / Services		No transport	Qty	Unit Price	Disc%	Amount
E PNT88000	, DEAD DI	, DOOD DEE	ATD DEAD D	II EENDED						2200.00
E PNT88000	KEAK KH	DUUK, KEP	AIR REAR R	H FENDER						550.00
	FER REAR	RH DOOR M	ECHANSIM ,	GLASS, TR	IM TO N	EW PARTS				333.33
E PNT98000	DI CDD 41		EUDED DE4	D DU DOOD						1260.00
PAINT WO A 54900099	JRK SPRAY	REAR RH F	ENDER, REA	R RH DOOR						50.00
	RING AND	CHASSIS E	LECTRICAL	SYSTEM						30.00
A 10028901									- 1	200.00
	OUT DIA		ECK USING	HI-SCAN PR	0 TEST		passa		- 1	
M SUNDRY	SCAN TR	10 1251		24		06	华人			80.00
TO APPLY	ANTI CO	ROSSION ON	AFFECTED	PORTION		ma	111(=	7)		
M SUNDRY SUNDRIE				96	ЦЦ		700			50.00
M PANEL AS		DOOR,RH					1.00	1309.00	00.00	1309.00
M HANDLE A							1.00		00.00	58.0
M COVER-FR M BLACK TA							1.00 1.00		00.00	22.0 11.0
M TAPE-RR							1.00	12 77 177 177 177 177	00.00	8.0
M LATCH AS							1.00	309.00	2.50	309.00
			SURVEYOR	MAME:						
			SURVEYOR S	IGNATURE:						
			DATE:							
			REMARKS : _							
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Confirm & a	accepted b	by								
								Net	tt	6,107.0
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							1	Total Payab	le	6,534.4
Authorized	signatory	v and compa	nv stamn							
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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

Fax Number

Contact Number EMail Address

- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/03/2018 09:36
Date Of Accident	02/03/2018 21:40
Exact Location Of Accident	VEERASAMY ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH999T
Insured/Policyholder	
Name Of Registered Owner	LEE CHEE FULL
NRIC No	S8611510G
Email Address	WINLOC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96364534
Alternative Phone No.	OTHERS-96364534
Vehicle Particulars	
Manufacturer	KIĄ
Model	CERATO K3-1.6 (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?	NÓ
If No. Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA126706
Cover Note Number	
Driver	
Name of Driver	LEE CHEE FULL
NRIC No	S8611510G
Date Of Birth	03/05/1986
Occupation	INDOOR
Date Of Driving Pass	23/11/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MÄLE
Mobile Number	(LOCAL) +65-96364534

OTHERS-96364534

WINLOC@GMAIL.COM

Address BLK 113B MCNAIR ROAD #35-268

Postcode 323113

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? YES

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)

Passenger 1

NAME:

NO

NO

2

ΝO

: JESSICA LOW XUYAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP2009H

Vehicle Make/Model/Colour

ISUZU/BLUE

Details Of Properties

LORRY

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SIVAKUMAR

NRIC/Passport Number

Contact Number

91319208

Address Postcode.

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

ŃĢ

LEE CHEE FULL Name

Approximate Age Injuries Sustain

SGH999T Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

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>.
- 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)

l 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:
 - 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: ZV-1 May 18

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1130 Hours

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/EIN No.:

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	Barbara Barbara Barbara	
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ECLARATION		
We declare the foregoing particula	rs are true in every respect.	C,
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olicyholders Signature ote & Time: Zid Vigy (4	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
[130 Han-2	Date & Time:	NRIC/FIN No.:
11 20 Lton 3	•	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8611510G



LEE CHEE FULL



CHINESE

03-05-1986 SINGAPORE

FOR C&C USE ONLY

5735293



27-04-2017

APT BLK 113B MCNAIR ROAD #35-268 SINGAPORE 323113

NAIC No: \$8611510G

Date: 23/07/2017

FOR C&C USE ONLY

REPUBLIC OF SIMPLE ORIVING LICENCE



Described S 8 6 1 1 5 1 0 G

LEE CHEE FULL

Burn Date: 03 May 1986 Result Date: 23 Nov 2006



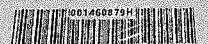
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S8611510G

LEE CHEE FULL

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Class 211 Classia

Motorcycles - 2010

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15 Feb 2017 23 Nev 2004

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S / No.9000238460

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Licence No: S8611510G

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Licence No: S8611510G