

CRUISE AUTOCARE PTE LTD

Date: 9TH MARCH 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Dear Sir,

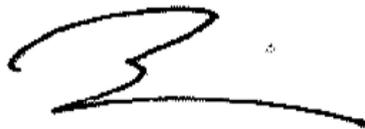
REQUEST FOR PRE REPAIR INSPECTION

Please kindly arrange the PRE REPAIR INSPECTION for the following vehicle: SKN778K at 53 Ubi ave 1 #03-53 Singapore 408934.

The details of the accident are as follows:

1. DATE OF ACCIDENT: 02/03/2018 @ 0910 HRS
2. YOUR POLICY HOLDER VEHICLE REGISTRATION NO.: SLS2194T
3. THE VEHICLE IS CURRENTLY AT 53 UBI AVE 1 #03-53 SINGAPORE 408934

Yours Faithfully,



TOCK 97608848

53 Ubi Avenue 1, Paya Ubi Industrial Park #03-53 Singapore 408934
TEL: 6841 6760 FAX: 6841 3527
Email: cruiseac@singnet.com.sg

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 09 Mar 2018 / 08:36:04

Receipt Date/Time : 09 Mar 2018 / 08:36:04

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180309-000194

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 - SLS2194T				
As at 02 Mar 2018/09:10:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLS2194T Enquiry Fee 20180309083527279973	7.00	0.49	7.49
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				
	xxxxxxxxxxxx1269		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.

CRUISE AUTOCARE PTE LTD

QUOTATION

MS: AIG ASIA PACIFIC INSURANCE PTE. LTD.

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Quotation No: QCA160125

Quote Date: 9-Mar-18

Contact No: 68416760

Fax No: 68413527

Veh No.	S/N.	Description	Make / Model:	LIST PRICE	Qty	Amount
SKN778K			TOYOTA ALPHARD			
		PARTS				
	1	FRONT FENDER, RH		\$987.90	1	\$987.90
	2	FRONT FENDER INNER SHIELD, RH		\$184.70	1	\$184.70
	3	HEADLAMP ASSY INCLUDE HID UNIT		\$3,951.60	1	\$3,951.60
	4	FRONT BUMPER		\$680.70	1	\$680.70
	5	FRONT BUMPER RETAINER, RH		\$112.40	1	\$112.40
	6	FRONT BUMPER GRILLE LOWER		\$192.70	1	\$192.70
	7	FRONT BUMPER CLOSE PROXIMITY SENSOR, RH		\$389.60	1	\$389.60
	8	FRONT BUMPER TOWING COVER, RH		\$22.70	1	\$22.70
	9	RADIATOR GRILLE		\$672.80	1	\$672.80
	10	RADIATOR TOP COVER CLIPS		\$3.50	4	\$14.00

DISCOUNT GIVEN 25 %

(\$1,802.28)

LABOUR

1	LABOUR TO REMOVE DAMAGED PARTS, PANEL BEAT FRONT SUPPORT PANEL, ALIGN AND REPLACE PARTS.	\$400.00
2	SPRAY PAINTING ON FRONT BUMPER, FRONT RH FENDER, FRONT BONNET AND SUPPORT PANEL	\$700.00
3	CHECK ELECTRICAL	\$50.00

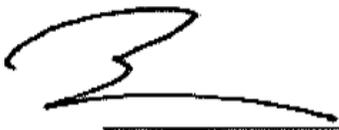
LUMP SUM 20% DISCOUNT

(\$1,311.37)

Sub Total \$5,245.46
GST @ 7% \$367.18
Total: \$5,612.64

Cruise Autocare Pte Ltd.

Signature of Customer



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 judgement 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	06/03/2018 10:43
Date Of Accident	02/03/2018 09:10
Exact Location Of Accident	PIE TOWARDS KPE/SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN778K
Insured/Policyholder	
Name Of Registered Owner	C & P RENT-A-CAR PTE LTD
Co Reg No	197900477H
Email Address	ALEX.LAI@CNP.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67366666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD-2.4 CVT (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	C0080534
Driver	
Name of Driver	MUHAMMAD FARAHIN BIN MOHAMED ABDUL RAHIM
NRIC No	S8906957B
Date Of Birth	06/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92349241
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 41 PANDAN ROAD
 Postcode
 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 COLLISION - HEAD TO REAR
 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) 2
 Passenger 1 NAME: : PASSENGER
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] MARINA BAY N.P.C
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER ATTACHED SKETCH PLAN.

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 SLS2194T
 Vehicle Make/Model/Colour KIA FORTE CERATO K3
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number S1701176F
 Contact Number 97959446
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (including Driver)

Accident Sketch Plan

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 willful 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 reportings 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 lodging 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

6/3/18, 0410ms

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

Accident Sketch Plan

SKETCH PLAN



Sims Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on my way from PIE (Lburg) into KPE / Sims Ave direction My lane which was towards RPE was empty but the lane towards Sims Ave Exit was piled up as there was another accident in front on the lane towards Sims Ave. As I was cruising in my lane, the other party from the right swerve into my lane. I was travelling around 50-55km/h. About one car length he swerved out, not giving me enough time to react, therefore the accident happened.

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

6/3/18 0950

[Handwritten Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180302/2028

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

1 of 3
Report No. T/20180302/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2018 11:12		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: MUHAMMAD FARIHIN BIN MOHAMED ABDUL RAHIM			Address: APT BLK 53 NEW UPPER CHANGI ROAD #02-1472 SINGAPORE 481053		
ID Type / ID No.: NRIC NO / S8906957B			Contact No.:		Mobile: 92349241
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 06/02/1989	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: LIMOUSINE DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2018 09:10	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY along PIE(Changi), slip road to KPE(ECP)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN778K	Car	TOYOTA	Alphard	Black	Seriously Damaged	1
SL52194T	Car	KIA	Forte Cerato K3	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180302/2028

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

2 of 3

Report No. T/20180302/2028

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FARIHIN BIN MOHAMED ABDUL RAHIM	ID No.	S8906857B
Related Vehicle	SKN778K (Car)	Contact No.	92349241
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2nd March 2018, at about 8:50am, I fetched a guest at 11 Sin Ming Walk in my vehicle, one black in colour Toyota Alphard (Reg. No. SKN778K). After which, I continued the journey to send my guest to Marina Bay Sands. At about 9:05am, I was travelling along PIE(Changi) heading towards KPE(ECP). I was already in the lane heading towards the KPE tunnel. As there was another accident at the location, the vehicles travelling on the lane towards Sims Avenue were congested. As I was driving, one white in colour Kia Forte Cerato K3 (Reg. No. SLS2194T) suddenly swerved left into my lane without any signal. As a result, my vehicle collided into the said vehicle on its left rear side bumper. When I intended to alight my vehicle, I discovered that my vehicle door was unable to open fully. I still managed to alight the vehicle. The damage assessment that I concluded are as such:-

1. Driver's door hinge damaged, as such door is unable to open fully
2. Right front bumper dented and dislodged from frame
3. Right headlight fully damage

The said vehicle's driver and I then changed our particulars and took a couple of photos before leaving the location as not to cause anymore inconvenience to other road user. The particulars of the said driver are as such:-

Name: Steven Goh Juak Khng
NRIC: S1701178T
Contact No: 97959446

I wish to state that the vehicle belongs to the company that I am working for, namely "CNP Rent-a-Car Pte Ltd". I have also checked with my guest and he informed that he did not suffered from any injury due to the collision.

I am lodging this report as per required by me from my company for their follow-up actions.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20180302/2028

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

3 of 3
Report No T/20180302/2028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A/ Staff Sgt NUR HASNI BINTE MUJI 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No 65478430

Signature Of Informant: 
Date/Time: 02/03/2018 11:12
Classification Of Case:

