

# CRUISE AUTOCARE PTE LTD

Date: 20<sup>TH</sup> MARCH 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Dear Sir,

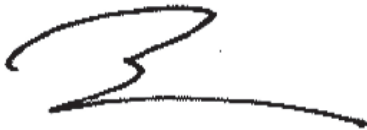
## REQUEST FOR PRE REPAIR INSPECTION

Please kindly arrange the PRE REPAIR INSPECTION for the following vehicle: SDF385K at 53 Ubi ave 1 #03-53 Singapore 408934.

The details of the accident are as follows:

1. DATE OF ACCIDENT: 04/03/2018 @ 1200 HRS
2. YOUR POLICY HOLDER VEHICLE REGISTRATION NO.: SKP7065C
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](mailto:cruiseac@singnet.com.sg)

# CRUISE AUTOCARE PTE LTD

## ESTIMATE

MS: AIG ASIA PACIFIC INSURANCE PTE. LTD.

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Quotation No: QCA160129

Quote Date: 20-Mar-18

Contact No: 68416760

Fax No: 68413527


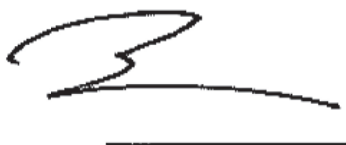
Page: 1 of 1.

Veh No. SDF385K		Make / Model:	TOYOTA CAMARY	
S/N.	Description	LIST PRICE	Qty	Amount
<b><u>PARTS</u></b>				
1	REAR BUMPER	\$566.20	1	\$566.20
2	REAR BUMPER RETAINER, LH	\$60.80	1	\$60.80
3	REAR BUMPER REFLECTOR, LH	\$57.30	1	\$57.30
4	REAR BUMPER BEAM	\$392.10	1	\$392.10
DISCOUNT GIVEN 25 %				(\$269.10)
<b><u>SPECIAL NETT ITEM</u></b>				
1	REAR REVERSE SENSOR			\$250.00
<b><u>LABOUR</u></b>				
1	LABOUR TO REMOVE DAMAGED PARTS. REPLACE AND ALIGN PARTS, ALIGN REAR BOOTLID			\$250.00
2	RESPRAY REAR BUMPER AND REAR BOOTLID			\$500.00
LUMP SUM DISCOUNT 20%				(\$361.46)

Sub Total \$1,445.84  
GST @ 7% \$101.21  
Total: **\$1,547.05**

Cruise Autocare Pte Ltd.

Signature of Customer



# Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Mar 2018 / 08:29:15

Receipt Date/Time : 20 Mar 2018 / 08:29:15

## Tax Invoice/Receipt

Receipt No. : ITNET-00000-180320-000160

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 - SKP7065C				
As at 04 Mar 2018/12:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKP7065C			
	Enquiry Fee	7.00	0.49	7.49
	20180320082825517578			
	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				
	xxxxxxxxxxx1269			
	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.

## 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	15/03/2018 10:04
Date Of Accident	04/03/2018 12:00
Exact Location Of Accident	PARK INFANIA PARKING LOT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDF385K
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	CAMRY-2.0 (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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SD18V01243/VPZ/R05
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE BEUNGHO
Work Permit No	G3342994R
Date Of Birth	14/05/1972
Occupation	INDOOR
Date Of Driving Pass	06/10/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97305138
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 41 PANDAN ROAD  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
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) 1

**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**

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 Witness 1**

Name YANG CHANG YEOL  
Phone Number 91279873  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKP7065C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
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 Authorized Insurer.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause 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 prosecution.
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.

#### 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 claim;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notes 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 order.



Policyholder's Signature & Date

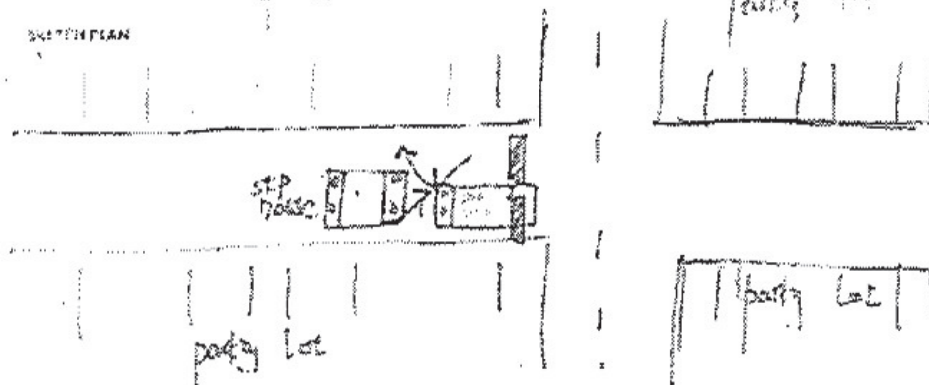
Insurer's Signature  
(If done by the policyholder)  
Date & Time

Recording Centre Personnel's Signature  
Name  
NAC/Date/No

2014 4 6

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm trying to reverse and do the parking  
but the other vehicle is not attentive and obstruct  
enough and when I'm hit my car

## DECLARATION

I hereby declare the foregoing statement to be true in every respect.



Signature of Driver  
Date & Time

Signature of Driver  
Witness to the accident  
Date & Time

Signature of Driver  
Witness to the accident  
Date & Time