



CYCLE & CARRIAGE

CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD

EUNOS LINK SERVICE CENTRE

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



ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
Mr TAY KOK ENG Blk 927 Hougang St 91 #11-75 Singapore 530927 Contact No Mobile: 97337245	Cust No/Name	/Mr Tay Kok Eng
	Reg No/Reg Date	SLT8064R / 14/11/2017
	Date In/Mileage	/ 0
	Chassis No	KNAFJ411MJ5743750
	Engine No	G4FGHH679737
	Make/Model	KIA/FORTE K3 1.6 A L 189
	Colour/Trim	B4U / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	22/03/2018/ 19:03		218 / MarsLer	54396

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
S MIPNT88088 TO CHECK LIGHTING AND WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS				80.00
S MIPNT88088 TO REMOVE AND RE-INSTALL TRIMMING AND CAPERTING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS				600.00
S MIPNT88088 TO REPLACE REAR BUMPER,REAR BEAM,ETC -REPAIR ON REAR END PANEL STRAIGHTEN,REFORM,ALIGN ON REAR ACCIDENT AFFECTED AREAS				1800.00
S MIPNT98088 SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS				1260.00
S MIPNT88088 TO CONDUCT COMPUTERIZE SCANNING & DIAGNOSTIC				250.00
M SUNDRY REVERSE SENSOR				280.00
P KS 86611 A7 800 COVER - REAR BUMPER	1.00	688.00	10.00	619.20
M KS 86695 A7 800 COVER - REAR BUMPER,	1.00	347.00	10.00	312.30
M KS 86613 A7 001 LH BRACKET - REAR BU	1.00	29.00	10.00	26.10
M KS 86614 A7 001 RH BRACKET - REAR BU	1.00	29.00	10.00	26.10
P KS 92401 A7 600 LH LAMP ASSY - REAR	1.00	354.00	10.00	318.60
P JJMR328954 CLIP,RR BUMPER	10.00	3.00	10.00	27.00
P KS 86631 A7 800 BEAM - REAR BUMPER	1.00	318.00	10.00	286.20
M KS 86636 A7 000 BRACKET - REAR BEAM	2.00	5.00	10.00	9.00
M KS 86635 A7 000 BRACKET - REAR BEAM	1.00	5.00	10.00	4.50
M KS 86641 A7 800 LH STAY - REAR BUMPE	1.00	120.00	10.00	108.00
Z NOTES ACCIDENT ON 22/03/2018 ALONG DEFU LANE AVENUE 1 OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR TP # SHA4352H TP INS :				

Confirm & accepted by

Parts	1,737.00
Labour	0.00
Standard Menu	0.00
Specialist Job	3,990.00
Others(Lub,etc)	0.00
Sundry	280.00
Total(w/o GST)	6,007.00

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	22/03/2018 18:04
Date Of Accident	22/03/2018 15:40
Exact Location Of Accident	DEFU LANE AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8064R
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Insured/Policyholder

Name Of Registered Owner	TAY KOK ENG
NRIC No	S1309449G
Email Address	HONGSYRENO@YAHOO.COM.SG
Mobile Phone No.	(LOCAL) +65-97337245
Alternative Phone No	HOME-63859629

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700074641
Cover Note Number	

Driver

Name of Driver	TAY KOK ENG
NRIC No	S1309449G
Date Of Birth	12/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1981
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97337245
Fax Number	
Contact Number	HOME-63859629
Email Address	HONGSYRENO@YAHOO.COM.SG

Address	BLK 927 HOUGANG STREET 91 #11-75 SINGAPORE
Postcode	530927
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	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	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)	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

AS MY CAR WAS STATIONARY, SUDDENLY I FELT AN IMPACT FROM BEHIND, REALISE VEHICLE B TAXI SHA4352H KNOCKED INTO MY BACK.

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	SHA4352H
Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WANG SEE JIAN
NRIC/Passport Number	S1518891Z
Contact Number	97921292
Address	BLK 365C UPPER SERANGOON ROAD #16-1078 SINGAPORE
Postcode	533365
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	22/03/2018	Time:	1750.
Date of Accident:	22/03/2018	Time:	1540.
Exact Location of Accident:	Defu Lane Avenue 1		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLT 8064R	Name of Registered Owner:	Tay Kok Eng
NRIC/Passport No./FIN:	S1309449G	Company Reg. No.(for Company Veh):	-

VEHICLE PARTICULARS

Manufacturer:	KIA	Model:	K3
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 <input type="checkbox"/> Private Hire		

INSURANCE DETAILS

Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	1200074641		

Driver when the Accident Happen

Name of Driver:	Tay Kok Eng	NRIC/Passport/Fin No:	S1309449G
Date of Birth:	12/08/1958	Occupation:	Contractor
Date of Driving Pass:	30/03/1981	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	97337245	Home No.:	63859629
Address:	BLK 927 Honggang Street 91 #11-75		Postal Code 530927
Email Address:	hongsyrene@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 Owner		
Vehicle Registration Number of driver's Own Vehicle:	-		
Insurance Company:	-		

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	3rd Party HIT Insured		
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): 1	
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 checked="" 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:	SHA 4352H	Name of Registered Owner:	-
NRIC/Passport No./FIN:	-	Company Reg. No.(for Company Veh):	-
Name of Driver:	Wang See Tan	NRIC/Passport/Fin No:	S1518891Z
Mobile No.:	97921292	Home No.:	-
Address:	BLK 365C Upper Serangoon Road		Postal Code 533365
Email Address:	#16-1078		
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.

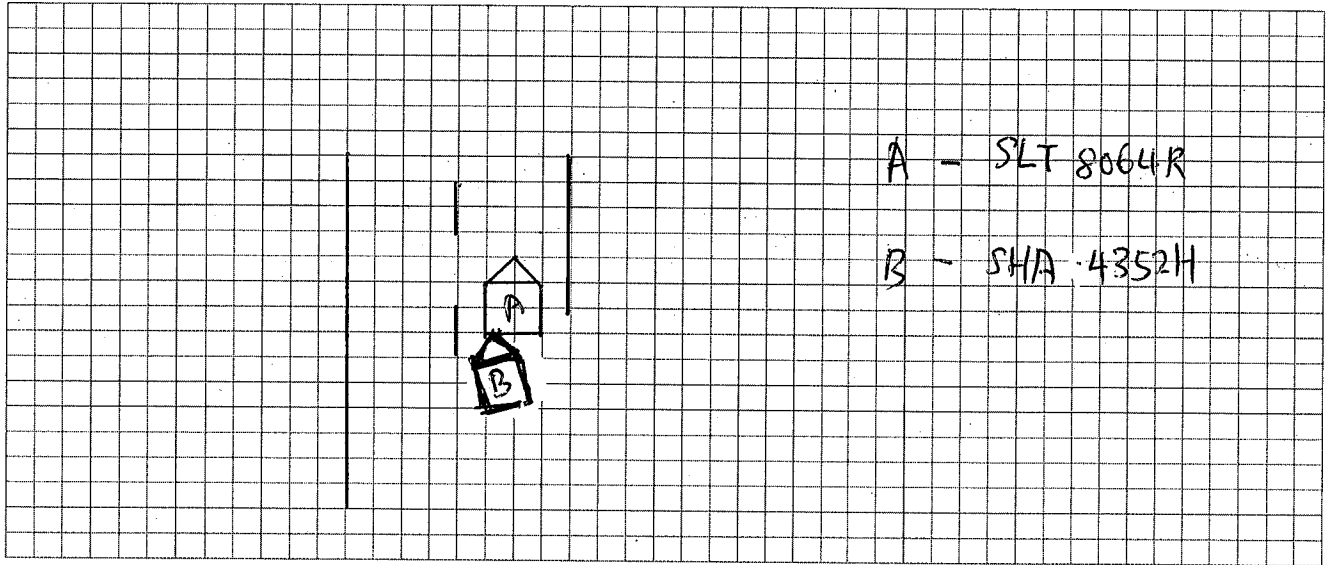
Policyholder's Signature
Date & Time:

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

As my car was stationary, suddenly I felt an impact from behind, realise vehicle B Taxi SHA4352H knocked into my back.

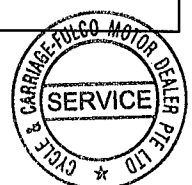
DECLARATION

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

Policyholder's Signature
 Date & Time: 22/03/18
 1700.
 GIARMC SketchPlanForm_V3

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

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





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tay Kok Eng
Period of Insurance : 14 Nov 2017 To 13 Nov 2018
Engine No. : G4FGHH679737
Chassis No. : KNAFJ411MJ5743750

Vehicle No. : SLT8064R
Policy No. : 1700074641
Endorsement No. :
Issued Date : 21 Nov 2017

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EX

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* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her 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 - 1600cc

* 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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tay Kok Eng - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800

3. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: United Overseas Bank Limited

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).

0500710050

C&C FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCASB

