

# CRUISE AUTOCARE PTE LTD

Date: 26<sup>TH</sup> MARCH 2018

AXA INSURANCE SINGAPORE PTE LTD

TO: CLAIM DEPARTMENT

Fax: 6880 4838

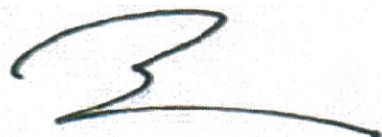
## REQUEST FOR PRE REPAIR INSPECTION

Please kindly arrange the PRE REPAIR INSPECTION for the following vehicle: **GBG8691Y** at 53 Ubi ave 1 #03-53 Singapore 408934.

The details of the accident are as follows:

1. DATE OF ACCIDENT: 13/03/2018 @ 1920 HRS
2. YOUR POLICY HOLDER VEHICLE REGISTRATION NO.: **SLR5347E**
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)



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Mar 2018 / 09:27:42

Receipt Date/Time : 24 Mar 2018 / 09:27:42

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-180324-000170

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 - SLR5347E				
As at 13 Mar 2018/19:20:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SLR5347E			
	Enquiry Fee	7.00	0.49	7.49
	20180324092703342889			
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

## ESTIMATE

MS: AXA INSURANCE SINGAPORE PTE LTD

TO: CLAIM DEPARTMENT

Fax: 6880 4838

Quotation No: QCA160177

Quote Date: 26/3/2018

Contact No: 68416760

Fax No: 68413527

Veh No. GBF8691Y		Make / Model: NISSAN NV350		
S/N.	Description	LIST PRICE	Qty	Amount
<b>PARTS</b>				
1	REAR TAILGATE	\$1,742.00	1	\$1,742.00
	REAR TAILGATE WEATHERSTRIP	\$127.50	1	\$127.50
	REAR BUMPER	\$690.60	1	\$690.60
	REAR REINFORCEMENT	\$165.50	1	\$165.50
	REAR END PANEL	\$246.20	1	\$246.20
	EMBLEM, NV 350	\$87.00	1	\$87.00
	LOGO, NISSAN	\$64.60	1	\$64.60
	EMBLEM, URVAN	\$87.00	1	\$87.00
	REAR TAIL LAMP, LH	\$208.60	1	\$208.60

DISCOUNT GIVEN 15 %

(**\$512.85**)

<b>SPECIAL NETT ITEM</b>				
1	REVERSE SENSOR	\$250.00	1	\$250.00
2	WINDSCREEN SEALANT			\$50.00
3	70KM/H STICKER	\$8.00	1	\$8.00
4	6 PAX STICKER	\$8.00	1	\$8.00

<b>LABOUR</b>				
1	LABOUR TO REMOVE AND REFIT REAR WINDSCREEN GLASS			\$150.00
2	LABOUR TO REMOVE DAMAGED PARTS, CUT/EWLD REAR END PANEL, ALIGN AND REPLACE PARTS.			\$700.00
3	SPRAY PAINTING ON REAR TAILGATE, REAR END PANEL AND REAR BUMPER			\$600.00
4	CHECK ELECTRICAL			\$50.00

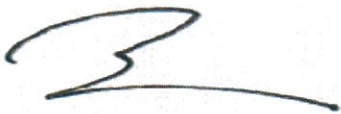
LUMP SUM DISCOUNT 20%

(**\$944.43**)

Sub Total \$3,777.72  
GST @ 7% \$264.44  
Total: **\$4,042.16**

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 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 16:35
Date Of Accident	13/03/2018 19:20
Exact Location Of Accident	ALONG UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8691Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	C & P RENT-A-CAR (PTE) LTD
Co Reg No	197900477H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV350-2.5 5MT 5DR EURO V (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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD17V03299/VCZ/R00
Cover Note Number	

### Driver

Name of Driver	SER PHANG HAK
NRIC No	S6900098C
Date Of Birth	11/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94509318
Fax Number	
Contact Number	
Email Address	PHANGHAK.SER@BEAGON.COM.SG

Address	BLK BEDOK SOUTH AVENUE 3 06-553 SINGAPORE
Postcode	1646
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	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?	
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

REFER TO 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	SLR5347E
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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:

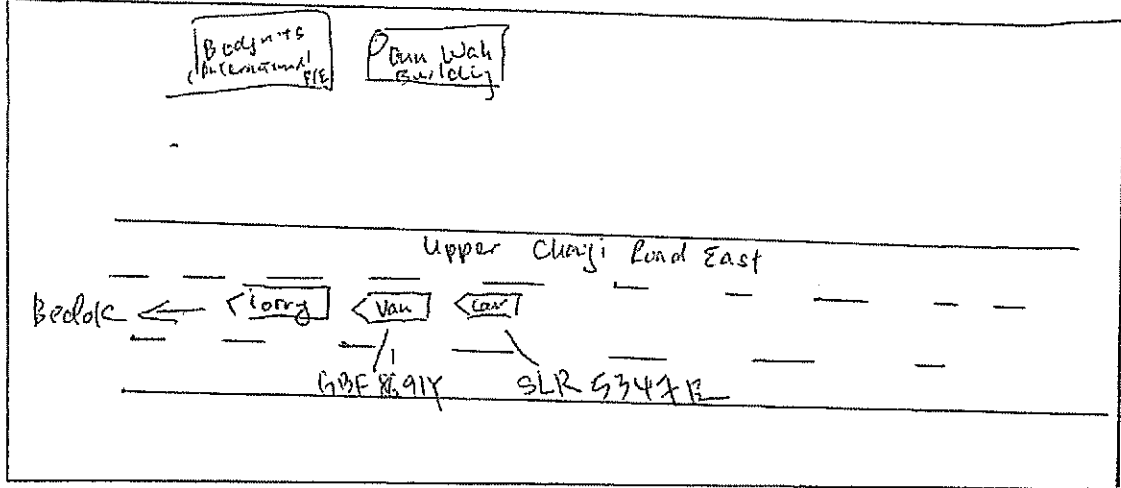
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

COMFORTDELGO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV. PHOENIX BRANCH  
NAME & SIGNATURE:   
DESIGNATION: DATE: 22/03/18

Reporting Centre Personnel's Signature  
Name:  
NRIC NO. CHEE WEE  
672180996

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/3/2018 at 7:20 pm, when I driving along upper changi Road East toward Beclak. The front lorry stop, I also follow <sup>stop</sup> but the car behind bend to my van back.

## 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:

COMFORTDELCO ENGINEERING PTE LTD  
55 PEGAN BUSINESS DIV, PEGAN BRANCH  
NAME & SIGNATURE: Wong Chee Wei  
DESIGNATION: Branch Manager DATE: 22/03/18

Reporting Centre Personnel's Signature  
Name: WONG CHEE WEI  
NRIC/FIN No.: 721809944