



Our Ref : SLR6186X  
Your Ref : SJY3927G

A.R. REGISTERED

04 MAY, 2018

AXA INSURANCE SINGAPORE PTE LTD  
AXA TOWER  
8 SHENTON WAY # 27-01  
SINGAPORE 068811  
Attention: Motor Claims

Dear Sir/Madam,

Repair Services Rendered to Vehicle Reg. No.SLR6186X – Accident on 30/03/2018  
Along BKE (NEAR EXIT TO WOODLAND AVE 3).

We are pleased to enclose our invoice number 77374676 dated 03/05/2018 amounting as follows:

Cost of Repair	S\$ 2627.06
Loss of Use 03dayXS\$80.00/DAY	S\$ 240.00
LTA Search Fee	S\$ 2.00
<b>Grand Total</b>	<b>S\$ 2869.06</b>

In addition, attached are the supporting documents of repair services rendered to the abovementioned vehicle.

Please acknowledge receipt of the same.

Take Notice, the agreed settlement and acceptance for this case is subject to the understanding that we must receive your payment for the agreed sum within 30 days herein. Failing to, the above-mentioned agreed settlement and acceptance is considered void and nil and we will proceed to forward this case to our solicitors to proceed accordingly without further notices to you. To avoid unnecessary legal fees, kindly let us have your payment as stipulated above

Thank you.

Yours sincerely

Cycle & Carriage –Fulco Motor Dealer Pte Ltd  
Eunos Service Centre

Encs.



CYCLE &amp; CARRIAGE

**CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD**  
**EUNOS LINK SERVICE CENTRE**

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

**TAX INVOICE**

Co Reg No : 199707303Z

GST Reg No : 19-9707303-Z

Invoice Name & Address	Owner Name & Vehicle Info	
AXA Insurance Singapore Pte Ltd 8 Shenton Way #27-01 AXA Tower, Singapore 068811 Attn: Motor Claims  Contact No 63387288	Cust No/Name	/Mr Johnson Wong Wai Mun
	Reg No/Reg Date	SLR6186X / 22/08/2017
	Date In/Mileage	31/03/2018/ 1014
	Chassis/Package	KNAFJ411MJ5725345
	Engine No	G4FGGH636848
	Make/Model	KIA/FORTE K3 1.6 A L 189
	Colour/Trim	ABP / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
F0000008	Credit	03/05/2018/ 11:22	DS	218 / MarsLer	54911	77374676

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
MIPNT88088 TO CHECK LIGHTING AND WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS				60.00
S MIPNT88088 TO REPLACE REAR BUMPER,ETC -REPAIR RHR OUTER FENDER STRAIGHTEN,REFORM,ALIGN ON REAR ACCIDENT AFFECTED AREAS				900.00
S MIPNT98088 SPRAY PAINTING ON RHR ACCIDENT AFFECTED AREAS				840.00
X KS 86611 A7 800 COVER-1 REAR BUMPER	1.00	688.00	10.00	619.20
X JJMR328954 CLIP,RR BUMPER	10.00	4.00	10.00	36.00
Z NOTES ACCIDENT ON 30/03/2018 ALONG BKE (NEAR EXIT TO WOODLAND AVE 3) OWNER CLAIMING THIRD PARTY LOSS OF USE 03DAYS x S\$80.00 = S\$240.00 TP # SJY3927G TP INS : AXA				F.O.C.

Parts	655.20	Nett	2,455.20
Labour	0.00	7% GST on	171.86
Standard Menu	0.00		
Specialist Job	1,800.00	Total Payable	2,627.06
Others(Lub,etc)	0.00	Paid	0.00
Sundry	0.00	Total Due	2,627.06
Total(w/o GST)	2,455.20	Balance B/FWD	68,304.85
		Total Payable or C/FWD	70,931.91

Any dispute to the invoice must be made within 3 days.  
 Cheques should be crossed and made payable to CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD - (SERVICE)  
 This is a computer generated document, no signature is required.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-048693

Date of Request: 02/04/2018

Your Ref No: Online Purchase

Cycle & Carriage Fulco Motor Dealer Pte Ltd  
330 Ubi Road 3  
Singapore 408650

Dear Sir/Madam,

Enquiry Date 02/04/2018

Enquiry By Mars Ler Yeong Cherng

TP Vehicle No. SJY3927G

Accident Date 30/03/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJY3927G	AXA Insurance Pte Ltd	17/03/2018-16/03/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
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6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-048693

Date of Request: 02/04/2018

Your Ref No:

Online Purchase

Cycle & Carriage Fulco Motor Dealer Pte Ltd  
330 Ubi Road 3  
Singapore 408650

Dear Sir/Madam,

Enquiry Date 02/04/2018  
Enquiry By Mars Ler Yeong Cherng  
TP Vehicle No. SJY3927G  
Accident Date 30/03/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



**CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD**  
**EUNOS LINK SERVICE CENTRE**  
330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

REPAIRER : **CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD - EUNOS LINK SERVICE CENTRE**

**MOTOR VEHICLE CLAIM DISCHARGE VOUCHER**

ATTN: **AXA INSURANCE SINGAPORE PTE LTD**  
8 Shenton Way, #27-01 AXA Tower  
Singapore 068811

OWNER	: JOHNSON WONG WAI MUN	VEHICLE NO	: <u>SLR6186X</u>
VEHICLE MODEL	: <u>KIA/K3</u>	THIRD PARTY	: <u>SJY3927G</u>
ACCIDENT DATE	: <u>30/03/2018</u>	WIP NO	: <u>54911</u>

I/WE CERTIFY THAT THE VEHICLE HAS BEEN FULLY REPAIRED TO MY ENTIRE SATISFACTION AND THE PAYMENT OF CLAIMABLE REPAIRER'S CHARGES ARE UNDER THE POLICY WILL BE DEEMED IN FULL AND THE FINAL SETTLEMENT OF MY CLAIMS.

\_\_\_\_\_  
OWNER/INSURED SIGNATURE

DATE : \_\_\_\_\_

TIME : \_\_\_\_\_



## DISCHARGE VOUCHER

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)  
8 Shenton Way, #24-01 AXA Tower, Singapore 068811  
Customer Centre #B1-01  
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: [www.axa.com.sg](http://www.axa.com.sg)

**LETTER OF AUTHORITY**

ACCIDENT INVOLVING SLR6186X AND SJY3927G ON 30/3/2018  
Own Vehicle's Number                      Other Vehicle's Number                      Date Of Accident

Along BKE (NEAR EXIT TO WOODLANDS AVE 3)  
Accident Location

BY THE LETTER OF AUTHORITY, I/We JOHNSON WONG WAI MUN  
Name of Policy Holder & NRIC/Passport/Fin #

Of BLK 662 JALAN DAMAI #08-137 SINGAPORE 410662  
Address of Policy Holder

Owner of Vehicle Registration Number SLR6186X hereby authorize **Cycle & Carriage-Fulco Motor**  
Own Vehicle Number

**Dealer Pte Ltd.** to act for me with respect to my claim for repair cost and Car Rental and/or Loss of Use ("claim")

for my vehicle SLR6186X that was damaged.  
Own Vehicle Number

I further Authorized **Cycle & Carriage-Fulco Motor Dealer Pte Ltd.** To settle my above mentioned claim in a manner that they deem fit and **Cycle & Carriage-Fulco Motor Dealer Pte Ltd.** Is further Authorize to Signed on my behalf & receive payment further to settlement cheque/s of my claim with payment being made in favour of

**Cycle & Carriage-Fulco Motor Dealer Pte Ltd** I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the vehicle/s is concerned.

Dated this 2 Day of APRIL (Month) 2018 (Year)



JOHNSON WONG WAI MUN

Signed By Claimant/Policy Holder



Signed by "The Workshop"

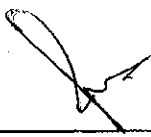
## AUTHORISATION TO ACT

I/We, JOHNSON WONG WAI MUN (the third party claimant) of BLK 662 JALAN DAMAI #08-137 SINGAPORE 410662 (address), owner of SLR6186X (vehicle no.) hereby authorize CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no. SLR6186X that was damaged pursuant to the accident which occurred on 30/03/2018 (date) along BKE (NEAR EXIT TO WOODLANDS AVE 3) (location) involving vehicle no/s SJY3927G ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 2018 (year)



Signed by "the third party claimant"  
(with company stamp if applicable)



Signed by "the workshop"  
(with company stamp)



## LETTER OF DISCHARGE

We, CYCLE & CARRIAGE, FULCO MOTOR DEALER PTE LTD (workshop), hereby agreed and confirmed that we are authorized by the owner of motor vehicle SLR6186X to accept the sum of \$ \_\_\_\_\_ (inclusive of interest, damages, interests, loss of use, costs and disbursements) from M/s \_\_\_\_\_ the authorized surveyors of M/s AXA Insurance Singapore Pte Ltd, the Third Party's insurers, on this matter.

This acceptance is in full and final settlement of any claim made against SJY3927G pursuant to the road accident which occurred along BKE (NEAR EXIT TO WOODLANDS AVE 3) on 30/03/2018.

We, CYCLE & CARRIAGE, FULCO MOTOR DEALER PTE LTD (workshop) are further authorized by the said owner that this settlement is reached on a strictly without prejudice basis on the part of M/s AXA Insurance Singapore Pte Ltd. And or their insured or other person or persons arising out of this said accident.

In consideration of the said payment by the said M/s AXA Insurance Singapore Pte Ltd, we, the said authorized workshop, shall fully discharge them from any further claim whatsoever in respect of the said accident.

We also declare that we are authorized by the said owner to receive the said settlement sum and hereby undertake to indemnify M/s AXA Insurance Pte Ltd, against any claim made or which may be made in respect of this matter.



A handwritten signature, possibly "H", written over a vertical line.

For and on behalf of the owner of  
(workshop stamp and authorized signature)

For and on behalf of M/s AXA  
Insurance Singapore Pte Ltd

## 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	02/04/2018 14:59
Date Of Accident	30/03/2018 11:00
Exact Location Of Accident	BKE (NEAR EXIT TO WOODLANDS AVE 3)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6186X
Name Of Registered Owner	JOHNSON WONG WAI MUN
NRIC No	S1412094G
Email Address	VERON_2710@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94898898
Alternative Phone No	HOME-65736553

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

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700042947
Cover Note Number	

Name of Driver	BERNICE WONG SHU YIN
NRIC No	S9104086G
Date Of Birth	03/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90684488
Fax Number	
Contact Number	HOME-65736553
EMail Address	B.WONGSY@GMAIL.COM

Address BLK 662 JALAN DAMAI #08-137 SINGAPORE  
Postcode 410662  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured CHILDREN  
Vehicle Registration Number of Driver's Own Vehicle -  
Insurance Company of Driver's Own Vehicle -

Type Of Accident COLLISION - HEAD TO REAR  
Weather Conditions CLEAR  
Road Surface DRY

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) 2  
Passenger 1 NAME: YEOW ZHI YING  
GENDER: FEMALE

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?

AS MY CAR WAS STATIONARY, SUDDENLY I FELT AN IMPACT FROM BEHIND, REALIZE VEHICLE B SJY3927G KNOCKED INTO MY VEHICLE RHR PORTION DURING CHANGE LANE.

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

Name SILAH  
Phone Number 96228204  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY3927G  
Vehicle Make/Model/Colour PEUGEOT 3008  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WAHIDIN BIN SAMSUDIN  
NRIC/Passport Number S8202153A  
Contact Number 90185153  
Address BLK 217A COMPASSVALE DRIVE #04-612 SINGAPORE

Postcode

541217

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Report:	2/4/18	Time:	1346
Date of Accident:	30/3/18	Time:	1100
Exact Location of Accident:	BKE (Near Exit to Woodlands Ave 3)		

## DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLR 6186X	Name of Registered Owner:	Johnson Wong Wai Mun
NRIC/Passport No./FIN:	S1412094G	Company Reg. No.(for Company Veh):	

## VEHICLE PARTICULARS

Manufacturer:	KIA	Model:	Forté 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:	1700042947
Driver when the Accident Happen	

Name of Driver:	Bernice Wong Shu Kun	NRIC/Passport/Fin No:	S9104086G
Date of Birth:	03/02/1991	Occupation:	Sales Executive
Date of Driving Pass:	22/03/2010	Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mobile No.:	90684488	Home No.:	65736553
Address:	Blk 662 Jalan Damai #08-137 Singapore	Postal Code	410662
Email Address:	b.wongsy@gmail.com		
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 children	
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): 2
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?: No
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:	STJ3927G	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	Wahidin Bin Samsudin	NRIC/Passport/Fin No:	S8202153A
Mobile No.:	90185153	Home No.:	
Address:	Blk 27A Compassvale Drive #04-62	Postal Code	541217
Email Address:			
Insurance Company:			

## Details of Passenger if any

Passenger Name:	Yesh Zhi Ying
Contact Number:	
Gender:	Female

## 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: 21/4/18 1200

Driver's Signature

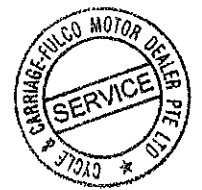
(If driver is not the policyholder)

Date & Time: 21/4/18 1200

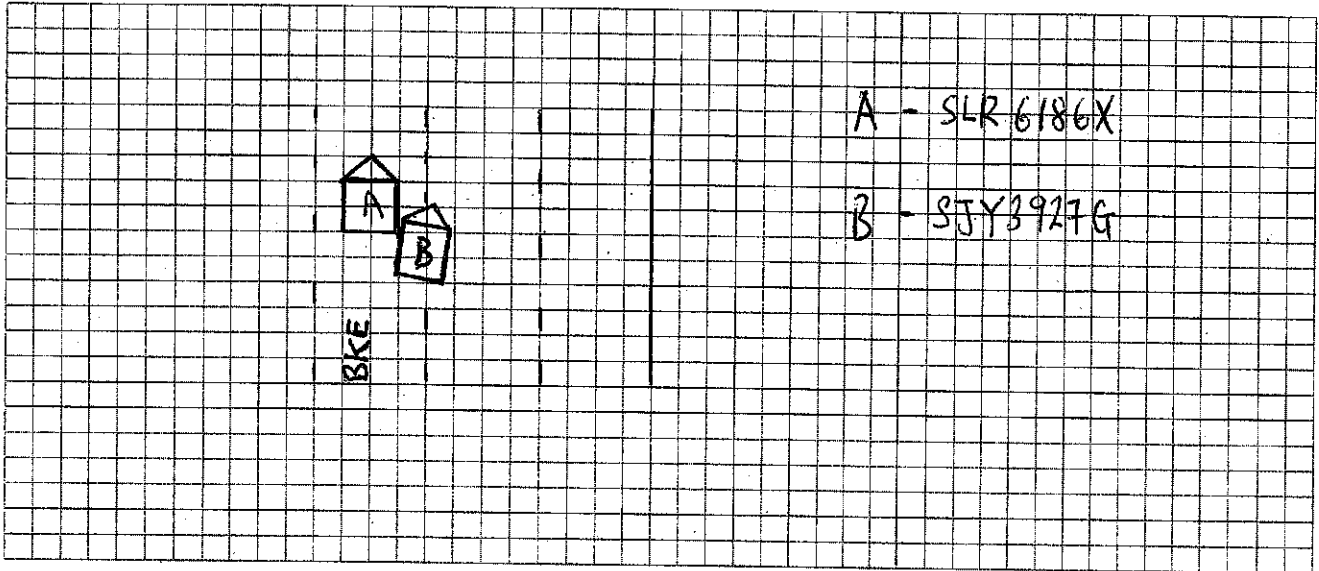
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As my car was stationary, suddenly I felt an impact from behind, realize vehicle B SJY 3927G knocked into my vehicle RHR portion during change lane.

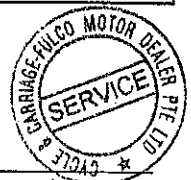
## DECLARATION

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

Policyholder's Signature  
Date & Time: 21/4/18 1200

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/4/18 1200

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



## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : JOHNSON WONG WAI MUN  
 Period of Insurance : 22 Aug 2017 To 21 Aug 2018  
 Engine No. : G4FGGH636848  
 Chassis No. : KNAFJ411MJ5725345

Vehicle No. : SLR6186X  
 Policy No. : 1700042947  
 Endorsement No.  
 Issued Date : 30 Aug 2017

## ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A EX  
 Engine Capacity/Tonnage : 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2017  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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\* :

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)

JOHNSON WONG WAI MUN - \$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](http://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: MayBank

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).

0500709926

CYCLE & CARRIAGE - CINDY  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

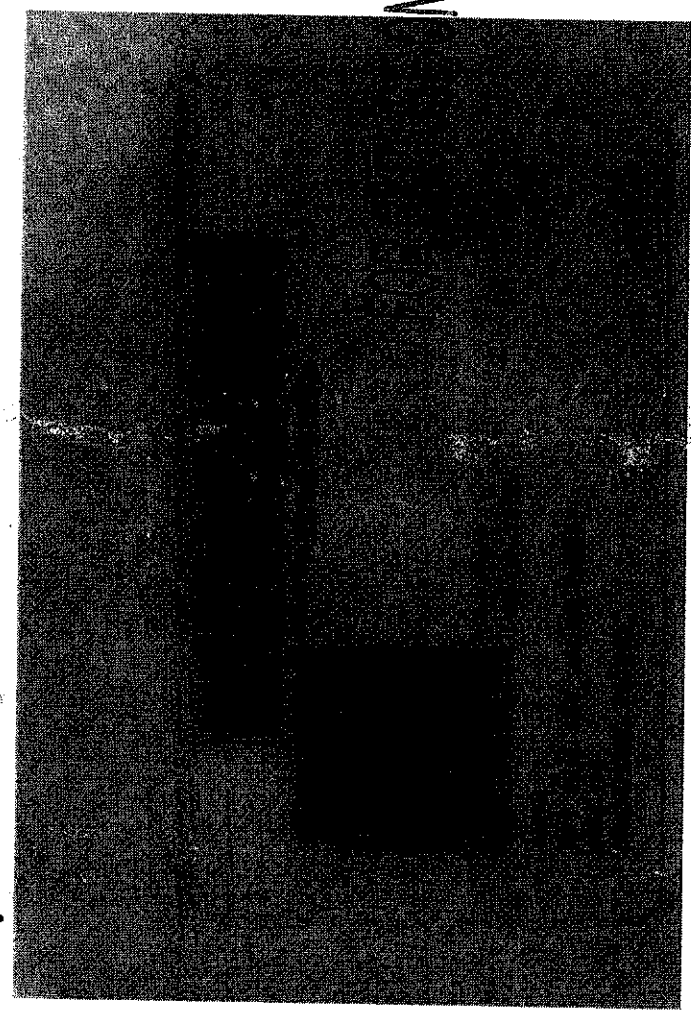
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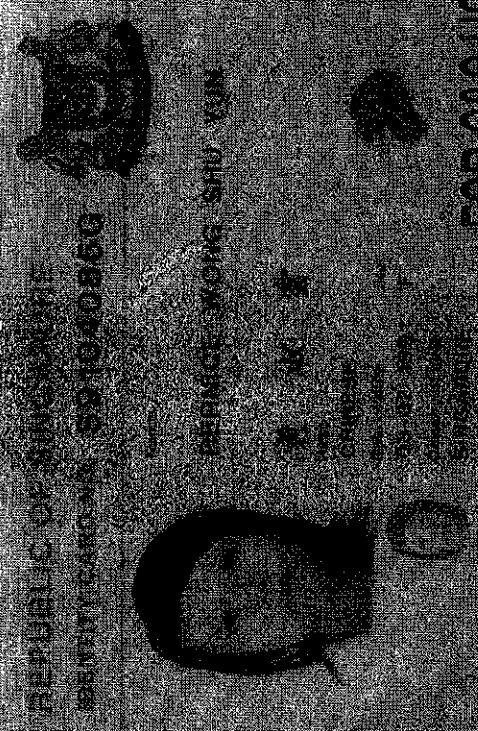
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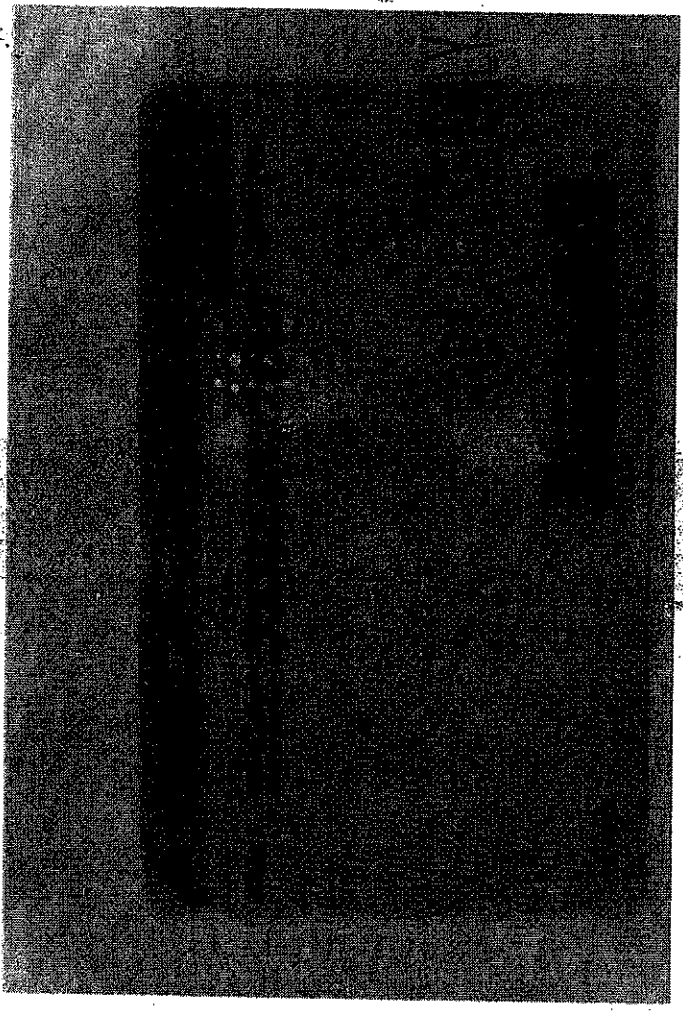
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REPUBLIC OF SINGAPORE  
IDENTIFICATION NO. S 74 120346



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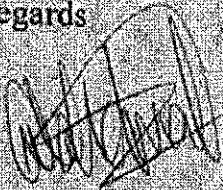
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Dear Sir/Mdm

On BKE(Near exit to Woodlands Avenue 3) 30<sup>th</sup> March 2018 at 1100hrs, vehicle Peugeot SJY3927G was squeezing in between 2 lanes (Lane 3 and Lane 2) and had brushed against a stationery vehicle SLR6186X RHR portion I, Norsilah Binte Jamal of S8513460D, am willing to be the witness to attest that the Peugeot Car had caused the accident as he was squeezing between lanes.

Regards



Norsilah (Hp: 9622 8204)

**Mars Ler**

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**From:** Bevan Lim (LKK Auto) <bevanlim@lkkauto.com>  
**Sent:** Tuesday, 17 April, 2018 3:56 PM  
**To:** Mars Ler  
**Cc:** Chris Bulaclac  
**Subject:** RE: Accident On 30/03/2018 Involving Our Insured SLR6186X And Your Insured SJY3927G - CAS201804022630312 CC4/ASM18006101/Umb3

Your ref: **CAS201804022630312**  
Our Ref: CC4/ASM18006101/Umb3

*Without Prejudice*

Dear Sirs,

**ACCIDENT INVOLVING SJY3927G (AXA) & SLR6186X ON 30/03/2018**

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear / under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle.

The final repair cost is subjected to the consistency of the damages according to the nature of the accident.

And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Y Regards,

Bevan Lim | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749-4274 | email: [BevanLim@lkkauto.com](mailto:BevanLim@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



*Save the Earth. Print only when necessary.*

admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

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**From:** Mars Ler [mailto:mars.ler@ccfulco.com.sg]  
**Sent:** Tuesday, 17 April 2018 2:48 PM  
**To:** Bevan Lim (LKK Auto) <bevanlim@lkkauto.com>  
**Cc:** Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>