

CRUISE AUTOCARE PTE LTD

Date: 6TH APRIL 2018

FWD SINGAPORE PTE LTD

TO: CLAIM DEPARTMENT

Dear Sir,

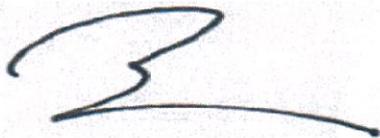
REQUEST FOR PRE REPAIR INSPECTION

Please kindly arrange the PRE REPAIR INSPECTION for the following vehicle: **ES933Z** at 53 Ubi ave 1 #03-53 Singapore 408934.

The details of the accident are as follows:

1. DATE OF ACCIDENT: 30/03/2018 @ 2145 HRS
2. YOUR POLICY HOLDER VEHICLE REGISTRATION NO.: **FBK9112U**
3. THE VEHICLE IS CURRENTLY AT **53 UBI AVE 1 #03-53 SINGAPORE 408934**
4. **WE WOULD LIKE TO ENGAGE YOUR APPOINTED SURVEYOR FOR THE SAID PRI AND SURVEY.**

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

Print Date/Time : 06 Apr 2018 / 11:42:32
 Receipt Date/Time : 06 Apr 2018 / 11:42:32

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180406-000777

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 - FBK9112U As at 30 Mar 2018/21:45:00 Insurance Co: FWD SINGAPORE PTE. LTD. | | | | |
| 1 | Insurance Enquiry - FBK9112U Enquiry Fee 20180406114153061737 | 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

ESTIMATE

MS: FWD SINGAPORE PTE LTD
TO: CLAIM DEPARTMENT

Quotation No: QCA160180
Quote Date: 6-Apr-18
Contact No: 68416760
Fax No: 68413527

Page: 1 of 1.

| Veh No. | ES933Z | Make / Model: | TOYOTA ALPHARD | |
|--------------|---------------------------|---------------|----------------|----------|
| S/N. | Description | LIST PRICE | Qty | Amount |
| PARTS | | | | |
| 1 | FRONT BUMPER | \$680.70 | 1 | \$680.70 |
| 2 | FRONT BUMPER RETAINER, RH | \$112.40 | 1 | \$112.40 |

DISCOUNT GIVEN 25 % (\$198.28)

NETT ITEMS

| | | |
|---|-----------------|----------|
| 1 | SPORT RIM | \$550.00 |
| 2 | TYRE 235/50 R18 | \$300.00 |
| 3 | TOWING SERVICE | \$80.00 |

LABOUR

| | | |
|---|---|----------|
| 1 | LABOUR OT REMOVE DAMAGED PARTS, ALIGN AND REPLACE PARTS | \$200.00 |
| 2 | CONDUCT FRONT WHEEL ALIGNMENT | \$80.00 |
| 3 | SPRAY PAINTING ON | \$250.00 |

LUMP SUM DISCOUNT 20% (\$410.97)

Sub Total \$1,643.86
GST @ 7% \$115.07
Total: \$1,758.93

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 | 03/04/2018 10:17 |
| Date Of Accident | 30/03/2018 21:45 |
| Exact Location Of Accident | ALONG KAPPEL ROAD BEFORE TOWARDS MCE/ECP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|----------------------------------|
| Vehicle Registration Number | ES933Z |
| Insured/Policyholder | |
| 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 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | VELLFIRE-2.4 Z (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 CAR |
| Insurance Company | |
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD18V01359/VPZ/R05 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEE CHAING HOCK @ LEE CHAIN HOCK |
| NRIC No | S0187379B |
| Date Of Birth | 23/01/1951 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/06/1977 |
| Driving Experience | 40 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | +65-90767266 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address BLK 866 YISHUN STREET 81 #03-61
 Postcode 760866
 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 SIDE SWIPE
 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? YES
 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? YES
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT AND 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 FBK9112U
 Vehicle Make/Model/Colour UNKNOWN
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver MOHAMME YASHIN BIN ABDUL
 NRIC/Passport Number S8308592D
 Contact Number 90239004
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name
 Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBK9112U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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 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 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.



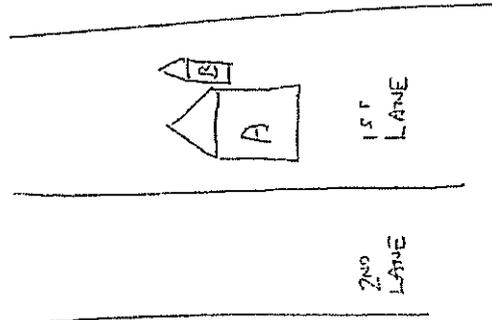
Policyholder's Signature
Date & Time:

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

SINFORCELERO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, DUTAN BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: [Signature] DATE: 3/2/18
Reporting Centre Personnel's Signature
Name: WONG CHEE WEE
NRIC/FIN No.: G7718099U

Sketch Plan Pg. 2

SKETCH PLAN



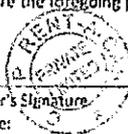
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE EVENING (30TH MAR 2018) AT ABOUT 21:50HRS THE VEHICLE (MARKED 'A') THAT I WAS DRIVING ALONG KEPPEL ROAD TOWARDS MCE/ECP IN THE FIRST LANE, MARKED 'B' MOTORCYCLE (FBK9112W) WAS ALSO ON THE FIRST LANE. IT SPEED UP AND TRIED TO OVERTAKE FROM MY RIGHT. THE MOTORCYCLE FRONT THEN HIT MY CAR FRONT WHEEL. I BRAKE IMMEDIATELY AND I NOTICED THAT RIDER PILLON HAD FELL OFF TO THE ROAD, I HELPED MOVE THE PILLON RIDER ON TO SHOULDER AND CALLED FOR AMBULANCE. HOWEVER THE MOTORCYCLE CONTINUED TO RIDE FORWARD FOR SOME DISTANCE BEFORE STOPPING THEN HE RETURNED AND STOPPED IN FRONT OF MY VEHICLE. I NOTICED MY FRONT TYRE (DRIVER SIDE) WAS TURNED & THERE SCRATCHES ON RIGHTSIDE OF BUMPER. THE PILLON RIDER HAD SLIGHT INJURY AND HAD CONVEYED TO HOSPITAL BY AMBULANCE.

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:

Reporting Centre Personnel's Signature
Name: WONG CHIEE WEE
NRIC/PIH No.: 7721809911

EXTENSION BUSINESS DIV. DAMPAI BRANCH
DATE: 3/4/18

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180331/2005

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 4
Report No T/20180331/2005

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|----------------------------|--|
| Date/Time Report Made: 31/03/2018 04:21 | | Vide Report No.: A/20180330/0191 | | Station Diary No.: 22 | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE CHIANG HOCK | | | Address: APT BLK 866 YISHUN STREET 81 #03-61 SINGAPORE 760866 | | |
| ID Type / ID No.: NRIC NO / S0187379B | | | Contact No.: Home/Office: Mobile: 90767266 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 67 | Date of Birth: 23/01/1951 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: PRIVATE CAR DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|---|---------------------------|------------------------------------|--|--------------------------------------|
| General information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/03/2018 21:50 | Type of Location: Straight Road |
| Location: Along Road 1 KEPPEL ROAD | | | | |
| MCE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|--------|--------|-------|-----------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| ES933Z | Car | TOYOTA | Alphat | Black | | 0 |
| FBK9112U | Motorcycle | | | Black | | 1 |

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180331/2006

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 4
Report No. T/20180331/2006

CONTINUATION OF REPORT

| Driver: | | | |
|-----------------------------------|---------------------------------|--|-----------------------------------|
| Name | LEE CHIANG HOCK | ID No. | S0187379B |
| Related Vehicle | ES933Z (Car) | Contact No. | 90767266 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Pillion: | | | |
| Name | Unknown Pillion | ID No. | NIL |
| Related Vehicle | FBK9112U (Motorcycle) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Rider: | | | |
| Name | Mohamme Yashin Bin Abdul Rushid | ID No. | S8308592D |
| Related Vehicle | FBK9112U (Motorcycle) | Contact No. | 90239004 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 30/03/2018, at about 2150hrs, while I was driving along Keppel Road on the first lane, a motorcycle (FBK9112U) was also on the first lane. The motorcycle then speed up and tried to overtake me from my right. The motorcycle's foot rest then hit my car's(ES933Z) front right wheel.

After the motorcycle hit my car, I stopped immediately. I noticed that the pillion rider had already fell off to the ground. I helped to move the pillion rider to the road shoulders and called for the ambulance. However, the motorcycle continued to ride forward for some distance before stopping. The motorcycle then came back to the scene.

The pillion rider was then conveyed to the hospital.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20180331/2006

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Report No. T/20180331/2006

CONTINUATION OF REPORT