



CYCLE &amp; 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 KALATHIKOTTIL ULAHANNAN JOHN Blk 36 Lorong 5 Toa Payoh #02-337 Singapore 310036  Contact No Mobile: 82672937	Cust No/Name	/Mr Kalathikottil Ulahannan John
	Reg No/Reg Date	SLV7575D / 15/01/2018
	Date In/Mileage	/ 0
	Chassis No	MMBSTA13AJH000779
	Engine No	3A92UGN2556
	Make/Model	MIT/A13AE80
Colour/Trim		P57 / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00001	Cash	11/04/2018/ 16:34	DS	323 / ChrisBulaclac	55597			
Description of Goods / Services				Qty	Unit Price	Disc%	Amount	
M	SUNDRY							35.00
	C & C LOGO							
M	SUNDRY							50.00
	MIVEC PLATE EMBLEM							
S	MIPNT88088							280.00
	REVERSE SENSOR							
S	MIPNT88088							600.00
	TO REMOVE & RE-INSTALL ALL CARPETS & TRIMMINGS TO FACILITATE THE REPAIR ON THE ACCIDENT AREAS							
S	MIPNT88088							80.00
	TO CHECK REAR LIGHTING & WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS							
S	MIPNT88088							2400.00
	TO CUT & WELD REAR END PANEL, BOOT LID & REAR BUMPER STRAIGHTEN, REFORM, ALIGN REAR ACCIDENT AFFECTED AREAS							
S	MIPNT88088							100.00
	TO APPLY SEALANT ON REAR ACCIDENT REPAIRED AREAS							
S	MIPNT98088							1500.00
	SPRAY PAINTING ON REAR BOOT, REAR END PANEL & REAR BUMPER							
S	MIPNT98088							300.00
	TO REMOVE & RE-INSTALL REAR SPOILER							
M	JJ5920A203	PANEL, TRUNK LID	1.00	865.00	10.00		778.50	
M	JJ5921A017	WEATHERSTRIP, TRUNK	1.00	155.00	10.00		139.50	
M	JJ5927A042	LATCH, TRUNK LID	1.00	216.00	10.00		194.40	
M	JJ7415A438	MARK, ATTRAGE	1.00	21.00	10.00		18.90	
M	JJ7415A389	MARK, THREE-DIA	1.00	45.00	10.00		40.50	
P	JJ5281A631	PANEL, RR END	1.00	421.00	10.00		378.90	
M	JJ8637A176	BUZZER, KEYLESS OPER	1.00	90.00	10.00		81.00	
M	JJ8637B115	ANTENNA, KEYLESS OPE	1.00	95.00	10.00		85.50	
P	JJ6410C750	FACE, RR BUMPER	1.00	740.00	10.00		666.00	
M	JJ6410C434	BRACKET, RR BUMPER,	1.00	27.00	10.00		24.30	
M	JJ6410C433	BRACKET, RR BUMPER,	1.00	27.00	10.00		24.30	

Confirm &amp; accepted by

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.



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



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**ESTIMATE**

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Account No	Terms	Date/Time Printed	GSE	Operator	WIP No
CSM00001	Cash	11/04/2018/ 16:34	DS	323 / ChrisBulaclac	55597

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M JJMU001623 CLIP, BUMPER	10.00	3.00	10.00	27.00
P JJMR200300 CLIP, BUMPER	8.00	2.00	10.00	14.40

Z NOTES  
 ACCIDENT ON 02/04/2018 ALONG PIE TOWARDS CHANGI  
 OWNER CLAIMING THIRD PARTYS  
 REQUIRED REPLACEMENT CAR  
 TP # SHD6502M TP INSURER :

Estimate

Confirm & accepted by	Parts	2,473.20
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	5,260.00
	Others(Lub,etc)	0.00
	Sundry	85.00
Authorized signatory and company stamp	Total(w/o GST)	7,818.20

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## 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	11/04/2018 15:02
Date Of Accident	02/04/2018 06:50
Exact Location Of Accident	PIE PAYA LEBAR TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7575D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KALATHIKOTTIL ULAHANNAN JOHN
NRIC No	S6883118J
Email Address	JOHNSHINI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82672937
Alternative Phone No	HOME-63525129

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (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	1700094828
Cover Note Number	

### Driver

Name of Driver	KALATHIKOTTIL ULAHANNAN JOHN
NRIC No	S6883118J
Date Of Birth	18/03/1968
Occupation	INDOOR
Date Of Driving Pass	17/05/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82672937
Fax Number	
Contact Number	HOME-63525129
Email Address	JOHNSHINI@HOTMAIL.COM

Address	BLK 36 LORONG 5 TOA PAYOH # 02-337
Postcode	310036
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

If Yes, Please state which Police Station

Was notice of intended Prosecution given?	NO
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If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI , THEN SUDDENLY VEHICLE B SHD6502M KNOCKED ME FROM BEHIND.

#### 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	SHD6502M
Vehicle Make/Model/Colour	HYUNDAI TAXI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE BEE ENG
NRIC/Passport Number	S1643416G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## BASIC INFORMATION

Date of Report:	11.04.2018	Time:	1500 hr
Date of Accident:	02-04-2018	Time:	6:50 AM
Exact Location of Accident:	P/E PAVALAGER FLYOVER TOWARDS CHANGI		

## DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLV 757SD	Name of Registered Owner:	KALATHIKOTIL ULAHANNAN JOHN
NRIC/Passport No./FIN:	S6883118 J	Company Reg. No.(for Company Veh):	

## VEHICLE PARTICULARS

Manufacturer:	MIT	Model:	Attrage
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:	1706094858

## Driver when the Accident Happen

Name of Driver:	KALATHIKOTIL ULAHANNAN JOHN	NRIC/Passport/Fin No:	S6883118 J
Date of Birth:	18-03-1968	Occupation:	TECHNICIAN
Date of Driving Pass:	17.01.2012	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	82672937	Home No.:	63525129
Address:	Blk 36 #02-337, TAPAYOH		
Postal Code	310036		
Email Address:	johnshini@hotmail.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 insured		

Vehicle Registration Number of driver's Own Vehicle:

Insurance Company:

## OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	TP 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 type="checkbox"/> Yes <input type="checkbox"/> No		
Any Accident Photo in the Scene of Accident:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which Police Station:			
Was notice of Intended Prosecution given:			
Number of Passengers(Including Driver):	1		
Was there any video captured by your Camera?:	NO		
Was there any audio recording?:	NO		

## DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number:	SHDG502M	Name of Registered Owner:	
NRIC/Passport No./FIN:	S1643416 G	Company Reg. No.(for Company Veh):	
Name of Driver:	LEE BEE ENG	NRIC/Passport/Fin No:	S1643416 G
Mobile No.:		Home No.:	
Address:			
Postal Code			
Email Address:			
Insurance Company:			

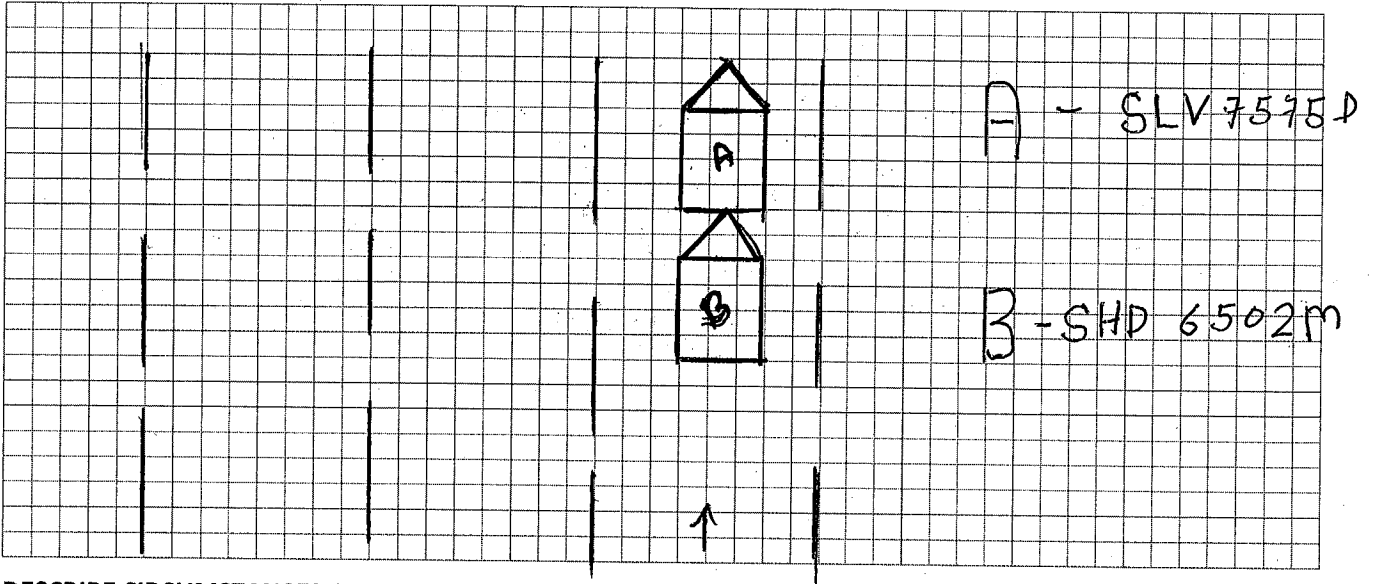
## Details of Passenger if any

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi, then suddenly vehicle B SHD 6502 m knocked me from behind.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 11/04/2018 15:00

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

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

## SKETCH PLAN

### IMPORTANT NOTICE

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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)**

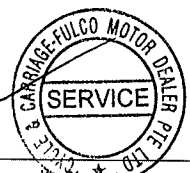
I understand, acknowledge, agree and consent that:

- (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.:











# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Kalathikottil Ulahannan John  
**Period of Insurance** : 15 Jan 2018 To 14 Jan 2019  
**Engine No.** : 3A92UGN2556  
**Chassis No.** : MMBSTA13AJH000779

**Vehicle No.** : SLV7575D  
**Policy No.** : 1700094828  
**Endorsement No.** :  
**Issued Date** : 31 Jan 2018

### ABOUT THE COVER

**Make/Model** : MITSUBISHI ATTRAGE 1.2 CVT

**Engine Capacity/Tonnage** : 1,193.00 CC

**Sum Insured** : Market Value

**First Year of Registration** : 2018

**Driver Restriction** : NA

**Off Peak Car** : No

**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)

Kalathikottil Ulahannan John - \$600 (Own Damage)

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

1.Cycle & Carriage Customer Service Centres (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

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

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

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).

0504501050

FULCO - CORPORATE

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

SSCSZB

1000783793/AC4/Decal