

CYCLE & CARRIAGE FRANCE PTE. LIMITED PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240

Company Reg No. 200609327M GST Reg No. MR-8500111-X

ESTIMATE

IIMAII					Owner Nar	ne & Vehicle Ir	nfo	
E PNT8800	LEOW HONG Y BLK 303A PL #09-780 Cor Singapore 8 Contact No Terms Cash	PER	388 3 CSE	465 / Tay Jian	/MR I SGV618U / VF73DBHZTFJ7 10JBHD301483 CIT/C4P 1.6 WPP	6	6 SEDUCTI	Amount 1200.00 840.00
PAINT A 5490009 CHECK A 1002890 TO CAI USING M SUNDRY SUND M REAR M BUMPE M BUMPE M BRACK M BRACK	WORK SPRAY 99 WIRING AND 01 RRY OUT DIA(HI-SCAN PRO BUMPER R BRACKET R SKIRT (ET SET RR PAN FIX	SURVEY SURVEY DATE:	OR NAME:	PRO TEST	1.00 1.00 1.00 1.00 1.00 2.00	898.00 258.00 313.00 101.00 143.00 167.00 131.00	0.00 0.00 0.00 0.00 0.00	50.00 200.00 50.00 898.00 258.00 313.00 101.00 143.00 167.00 262.00
Autho	m & accepted l	y and company stamp			Parts Labour Standard Speciali Diagnost Sundry/(Total(w	st Job ics Job thers		2,142.0 2,290.0 0.0 0.0 50.0 4,482.0

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 estimated costs quoted are excluding ust, 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 witholding of material facts may allow insurance companies to
- 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 a few to the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a few to the insurers of the few to the insurers of the insur

eurolus errografiam Pareumena Parello errografia 🗡 🗡	CCIDENT STATEMENT
	09/04/2018 14:27
ate Of Report	27/04/2018 16:15
ate Of Accident	JUNCTION BETWEEN UPP THOMSON & SPRING LEAF RD
Xaci Location Ot / toxas	SINGAPORE
country/State of Loss	TAILS OF OWN VEHICLE
	SGV618Ü
/ehicle Registration Number	
nsured/Policyholder	LEOW HONG YEW
Name Of Registered Owner	S7231469G
NRIC No	AMES.LEOW@GMAIL.COM
=mail Address	(LOCAL) +65-84557888
Mobile Phone No	OFFICE-84557888
Alternative Phone No	
Vehicle Particulars	CITROEN
Manufacturer	C4-1.6 PICASSO (A)
Model	
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	TARTIO MOUDANCE PTE LTD
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100439700-01000
Cover Note Number	
Driver	
Name of Driver	LEOW HONG YEW
NRIC No	\$7231469G
Date Of Birth	30/08/1972
Occupation	INDOOR

occupation 09/06/1998 Date Of Driving Pass

19 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-84557888 Mobile Number

Fax Number

OFFICE-84557888 Contact Number

AMES.LEOW@GMAIL.COM **EMail Address**

BLK 303A PUNGGOL CENTRAL #09-780 Address 821303 Postcode 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 COLLISION - HEAD TO REAR Type Of Accident RAINING Weather Conditions WET Road Surface 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 NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 ATTACHMENTS. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SKE6667E Vehicle Registration Number HONDA Vehicle Make/Model/Colour Details Of Properties PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number 91087201 Contact Number Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)



WE DRIVE FIRST CLASS

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED COMPANY NO. 197701469G

CYCLE & CARRIAGE KIA PTE LTD COMPANY NO. 199405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED COMPANY NO. 200609327M

DIPLOMAT PARTS PTE LIMITED COMPANY NO. 196400304H

Accident Statement

OWNER/ DRIVER'S SIGNATURE:

Mitsubishi □ Kia □ Citroen	Others (Please tick accordingly)
MICOGOICI	ation
Motor Accident Repair Basic Inform	07/04/2018.
Date of Accident	
Time of Accident (24hr format)	JUNCION BETWEEN UPP HOMSON & SPRINGLEATED
Exact Location of Accident	Julia Char 199 Isa
Own Vehicle Details	SGU 618U
Vehicle Registration Number	SGU 61841
INSURED/ POLICY HOLDER (OWN VEHICLE)	☐ todividual ☐ Company
Name of Registered Owner	Thdividual Company
Name of negistered owner	Co Reg. No. Passport No. / FIN
ID of Demistered Owner	Co. Reg. No. LANGE NO. LAN
ID of Registered Owner	SALS 4014.
Vehicle Particulars (Own Vehicle)	CIGOREN RICACED CU
Model	CITROEN KICASSO CY
Exact purpose for which vehicle was being	
used at the time of accident	☐ Ves ☐ 3rd Party ☐ Reporting Only
Are you claiming under your own Ins. Policy	Private Car / Comm Veh / Goods Veh / Motor Trade / Government
Vehicle Category	Private Car / Comm Ven / Goods Ven / West.
Insurance Company (Own Vehicle)	
Insurance Company	
Type of Coverage	Compensive / Third Party / Third Party Fire and / or Theft
Fleet Policy	☐ Yes ☐ No
Policy Number / Cover Note Number	2100439700.
Driver	LEON HONG VEN
Name of Driver	Co. Reg. No. NRIC No. Passport No. / FIN
ID of Driver	S723146961.
	30/08/1992:
Date of Birth	Indoor / Outdoor
Occupation	
Driving Pass Date	Male
Gender	88867778
Mobile Phone No.	0+33 (000
Office / Home / Other Numbers	BIK 303A # 19- 20 PUNGGOL CENTRAL S821303
Home Address	AMOC. POW Q amail. Com
Email Address	Reason:
Was Driver an employee of the Insured's Company	☐ Yes ☐ NO ☐ The second of th
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number	No ☐ Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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")
- 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
- 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.
- 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.
- 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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X,1

CITROEN AUTO PROTECTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS

\$\$600.00(1) S\$100.00

CERTIFICATE NO. 2100439700-01000

(for policies with effect from 1st November 2002)

Market Value

SUM INSURED INSURING WITH COE/PARF SGV618U

Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Leow Hong Yew (Liao FengYou)

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 25 Nov 2016

24 Nov 2017 4) DATE OF EXPIRY OF INSURANCE 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :40 years old and above

b) Any other person who is driving on the Insured's order or with his permission. a) The Insured. A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the insured's business. The Policy does not cover use for this or rewards, tuition, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / CITROEN AUTHORISED WORKSHOP

1. Cycle & Carriage France Pie Lid - 209 Pandan Gardens Singapore (Tel: 65684501)

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

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

ACTION OF CLAIMS-RELATED REPAIRS

ConfortDelego Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)

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A. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)

B. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Moya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)

B. Progressive Automotive - 3022A Ubi Rd I (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106) APPROVED REPORTING CENTRES / CITROEN AUTHORISED WORKSHOP

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

NA NAMED DRIVER.

HIRE PURCHASE COMPANY DBS BANK LTD

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and / EMPLOYER'S LOAN Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

1 / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

17 Oct 2016 Issued At Singapore

504485-208 CYCLE & CARRIAGE - JESSIE 239 ALEXANDRA ROAD SINGAPORE 159930

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7231469G LEOW HONG YEW (LIAO FENGYOU) 祐 CHINESE 30-08-1972 M SINGAPORE



FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PAS DATE

Motor Cars and Hotor Tractors the weight of which unlader does not exceed 2500 killograms Class 3

NP 428A

09 Jun 1998

FOR C&C USE ON



19-08-1999

APT BLK 303A PUNGGOL CENTRAL #09-780 SINGAPORE 821303

NRIC No: \$72314696

Date: 12/03/2009

No: 6131955

3094908

Passenger 1 Name :
Passenger 2 Name : Gender : M / F Passenger 3 Name : Gender : M / F Passenger 4 Name :
Passenger 2 Name : Gender : M / F Passenger 3 Name : Gender : M / F Passenger 4 Name :
Name :
Name :
Gender : M / F Passenger 3 Name : Gender : M / F Passenger 4 Name :
Passenger 3 Name : Gender : M / F Passenger 4 Name :
Name :
Name :
Passenger 4 Name :
Passenger 4 Name :
Name :
Name :
Gender : M / F
Passenger 5
Name :
Gender : M / F
Passenger 6
Name :
Gender : M / F
Deccondor 7
Passenger 7
Name : Gender : M / F