

CRUISE AUTOCARE PTE LTD

Date: 12TH APRIL 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Dear Sir,

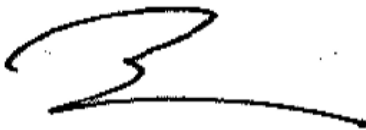
REQUEST FOR PRE REPAIR INSPECTION

Please kindly arrange the PRE REPAIR INSPECTION for the following vehicle: GBE6228X at 53 Ubi ave 1 #03-53 Singapore 408934.

The details of the accident are as follows:

1. DATE OF ACCIDENT: 04/04/2018 @ 1835 HRS
2. YOUR POLICY HOLDER VEHICLE REGISTRATION NO.: SGZ3283K
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

Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Apr 2018 / 09:04:31

Receipt Date/Time : 12 Apr 2018 / 09:04:31

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180412-000216

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SGZ3283K

As at 04 Apr 2018/18:35:00

Insurance Co; AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SGZ3283K

Enquiry Fee

20180412090405673022

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: AIG ASIA PACIFIC INSURANCE PTE. LTD.

TO: CLAIM DEPARTMENT

Fax: 6835 7416

Quotation No: QCA160182

Quote Date: 12-Apr-18

Contact No: 68416760

Fax No: 68413527

Page: 1 of 1.

Veh No.	GBE6228X	Make / Model:	NISSAN NV200	
<u>S/N</u>	<u>Description</u>	<u>LIST PRICE</u>	<u>Qty</u>	<u>Amount</u>
PARTS				
1	FRONT BUMPER TOP, RH	\$329.30	1	\$329.30
2	FRONT BUMPER	\$536.10	1	\$536.10
3	FRONT BUMPER BRACKET, RH	\$25.50	1	\$25.50

DISCOUNT GIVEN 30 % (\$267.27) \$890.90

LABOUR

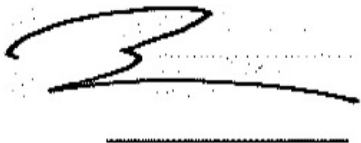
1	LABOUR TO REMOVE DAMAGED PARTS, ALIGN AND REPLACE PARTS	\$120.00
2	SPRAY PAINTING ON FRONT BUMPER	\$120.00

LUMP SUM DISCOUNT 20% (\$172.73) \$863.63

Sub Total \$690.90
GST @ 7% \$48.36
Total: \$739.27

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	11/04/2018 11:51
Date Of Accident	04/04/2018 18:35
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6228X
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	NISSAN
Model	NV200-1.5 D ABS AIRBAG 2WD 6DR (M)
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	NO
Policy Number	SD18V01469/VCZ/R05
Cover Note Number	
Driver	
Name of Driver	ANG KHENG CHYE (HONG QINGCAI)
NRIC No	S7600318A
Date Of Birth	01/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1994
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93294435
Fax Number	
Contact Number	
Email Address	KC.ANG@LGE.COM

Address BLK 671A JURONG WEST STREET 65 #13-92 SINGAPORE
 Postcode 641671
 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 - MAJOR/MINOR RD
 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? 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

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 SGZ3283K
 Vehicle Make/Model/Colour KIA / CERATO FORTE
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver WONG MOH LOONG
 NRIC/Passport Number S8826029E
 Contact Number 81129306
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DEVELOPMENT BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: [Signature] DATE: 27/09/18

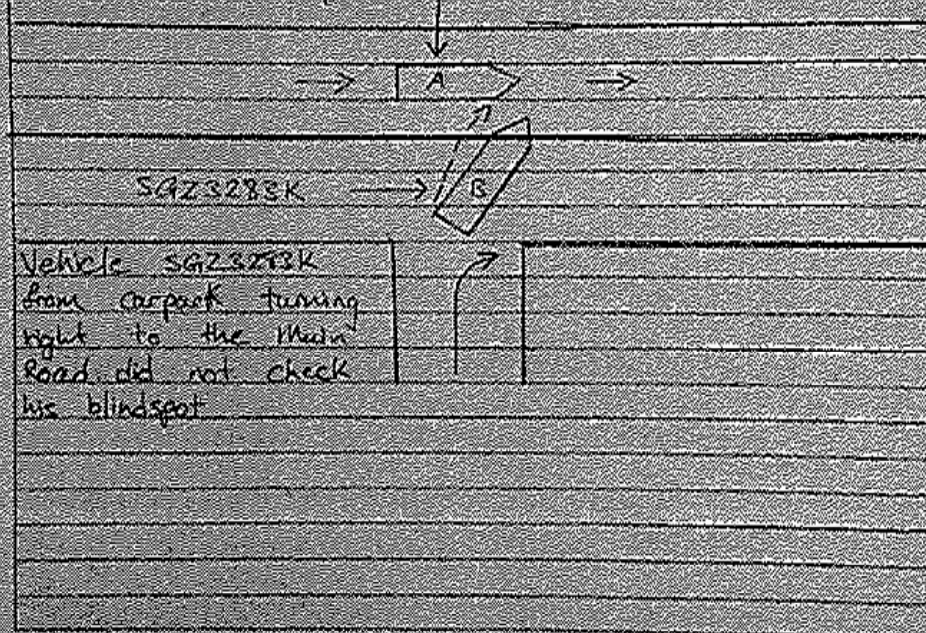
Reporting Centre Personnel's Signature
Name: VINCENT LEE WEE
NRIC/IN No.: 872180974

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle GBE6228X travel along Arg Mo Kio Ave S at 18:40PM on 04/04/2018, was hit by a vehicle turning out from the carpark. GBE6228X



DECLARATION

I/we declare the above 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:
NRCC/FIN No: