

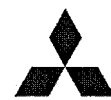


CYCLE &amp; CARRIAGE

# CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD

## EUNOS LINK SERVICE CENTRE

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


**MITSUBISHI**  
**MOTORS**

### ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
FULCO LEASING PTE LTD 22 Ubi Road 4 Fulco Building Singapore 408617 NISSAN MURANO SKC1795L  Contact No Home:	Cust No/Name	/FULCO LEASING PTE LTD
	Reg No/Reg Date	/
	Date In/Mileage	/ 0
	Chassis No	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00001	Cash	17/05/2018/ 08:03		323 / ChrisBulaciac	57648			
Description of Goods / Services				Qty	Unit Price	Disc%	Amount	
S	MIPNT88088	TO CHECK REAR LIGHTING & WIRING SYSTEM ON REAR ACCIDENT AREAS						100.00
S	MIPNT88088	TO REMOVE & RE-INSTALL ALL CARPETS & TRIMMINGS TO GIVE WAY ACCESS FOR REPAIR.						600.00
S	MIPNT88088	TO REPLACE REAR BUMPER & REAR BUMPER LOWER DIFFUSER						1800.00
S	MIPNT88088	STRAIGHTEN, REFORM, ALIGN REAR ACCIDENT AFFECTED AREAS						100.00
S	MIPNT88088	TO APPLY SEALANT ON REAR ACCIDENT AREAS INCLUDING PERFORMING OF WATER LEAK TEST						2500.00
S	MIPNT98088	SPRAY PAINTING ON TAILGATE, REAR BUMPER, REAR DIFFUSER & REAR END PANEL						
M	SUNDRY	NISSAN LOGO					10.00	54.00
M	SUNDRY	MURANO EMBLEM					10.00	91.17
M	SUNDRY	XTRONIC CVT EMBLEM PLATE					10.00	54.00
M	SUNDRY	REAR BUMPER					10.00	2151.90
M	SUNDRY	REAR BUMPER CLIPS					10.00	36.90
M	SUNDRY	REAR BUMPER LH SIDE RETAINER					10.00	32.40
M	SUNDRY	REAR BUMPER RH SIDE RETAINER					10.00	32.40
M	SUNDRY	REAR BUMPER UNDERCOVER CLIPS					10.00	36.90
M	SUNDRY						10.00	595.71

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.



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**EUNOS LINK SERVICE CENTRE**

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	Reg No/Reg Date	/
	Date In/Mileage	/ 0
	Chassis No	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	17/05/2018/ 08:03		323 / ChrisBulaclac	57648

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
REAR BUMPER REINFORCEMENT M SUNDRY REAR BUMPER SPONGE Z NOTES FULCO LEASING PTE LTD 22 Ubi Road 4 Fulco Building Singapore 408617 NISSAN MURANO SKC1795L Z NOTES ACCIDENT ON 21/04/2018 ALONG WOODLANDS AVE 3 TO BKE SLIP RD OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR TP # GBA1927R TP INSURER : CHINA TAIPING			10.00	125.10

**Estimate**

Confirm & accepted by	Parts	0.00
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	5,100.00
	Others(Lub,etc)	0.00
	Sundry	3,210.48
Authorized signatory and company stamp	Total(w/o GST)	8,310.48

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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	16/05/2018 11:55
Date Of Accident	21/04/2018 22:20
Exact Location Of Accident	WOODLANDS AVE 3 TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1795L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	201021308G
Email Address	JOHNSON.POON@FULCOLEASING.COM.SG
Mobile Phone No	(LOCAL) +65-98387928
Alternative Phone No	OFFICE-67436266

### Vehicle Particulars

Manufacturer	NISSAN
Model	MURANO-2.5 (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	YES
Policy Number	999994870/100856373
Cover Note Number	

### Driver

Name of Driver	LAMPI VIOLA
Passport No/FIN	G6103619P
Date Of Birth	28/04/1971
Occupation	INDOOR
Date Of Driving Pass	13/03/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-86493646
Fax Number	
Contact Number	
Email Address	VIOLAPI@GMAIL.COM

Address	23 KEPPEL BAY VIEW # 18-71 REFLECTIONS AT KEPPEL BAY
Postcode	098414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASEE
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	
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

I WAS ON THE FEEDER ROAD DRIVING TOWARDS BKE WHEN I HAD TO YIELD BECAUSE OF A CAR JOINING BKE ( THE CAR HAD PRIORITY ) I SLOWED TO A NEAR STOP AT THE YIELD POINT. WHEN A WHITE VAN MERCEDES HIT MY CAR IN THE BACK. THE CAR NUMBER PLATE IS GBA1927R. THE CAR SUSTAINED DAMAGE ON THE REAR BUMPER , IT OCCURRED ON THE NIGHT OF APRIL 21ST 2018.

#### 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	GBA1927R
Vehicle Make/Model/Colour	MERCEDES BENZ VAN WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN CHINESE SPEAKING MAN
NRIC/Passport Number	
Contact Number	96990663
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	16.05.2018	Time:	1100 hrs
Date of Accident:	21.04.2018	Time:	2220 hrs
Exact Location of Accident:	Woodlands Ave 13 to BKE		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	JRC 1795 L	Name of Registered Owner:	Fulco Leasing Pte Ltd
NRIC/Passport No./FIN:		Company Reg. No(for Company Veh):	201021308 G

VEHICLE PARTICULARS

Manufacturer:	Nissan	Model:	Murano Black
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:	999994870 / 100856373

Driver when the Accident Happen

Name of Driver:	Lamp1 Viola	NRIC/Passport/Fin No:	G6103619P
Date of Birth:	28. April 1971	Occupation:	Homemaker
Date of Driving Pass:	13 Mar 2009	Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mobile No.:	86493646	Home No.:	

Address:	23 Keppel Bay View 18-71 Reflections at Keppel Bay (0989110)
Email Address:	violamp1@gmail.com 098414
Was the Driver an Employee of the Insured's Company:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No State the relationship of the driver to insured Leavee

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which Police Station:	
Was notice of Intended Prosecution given:	
Number of Passengers(Including Driver):	01
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:	GBA 1727R	Name of Registered Owner:	M. Benz Vito White
NRIC/Passport No./FIN:		Company Reg. No(for Company Veh):	10RA
Name of Driver:	96990663	NRIC/Passport/Fin No:	
Mobile No.:		Home No.:	
Address:		Postal Code:	
Email Address:			
Insurance Company:			

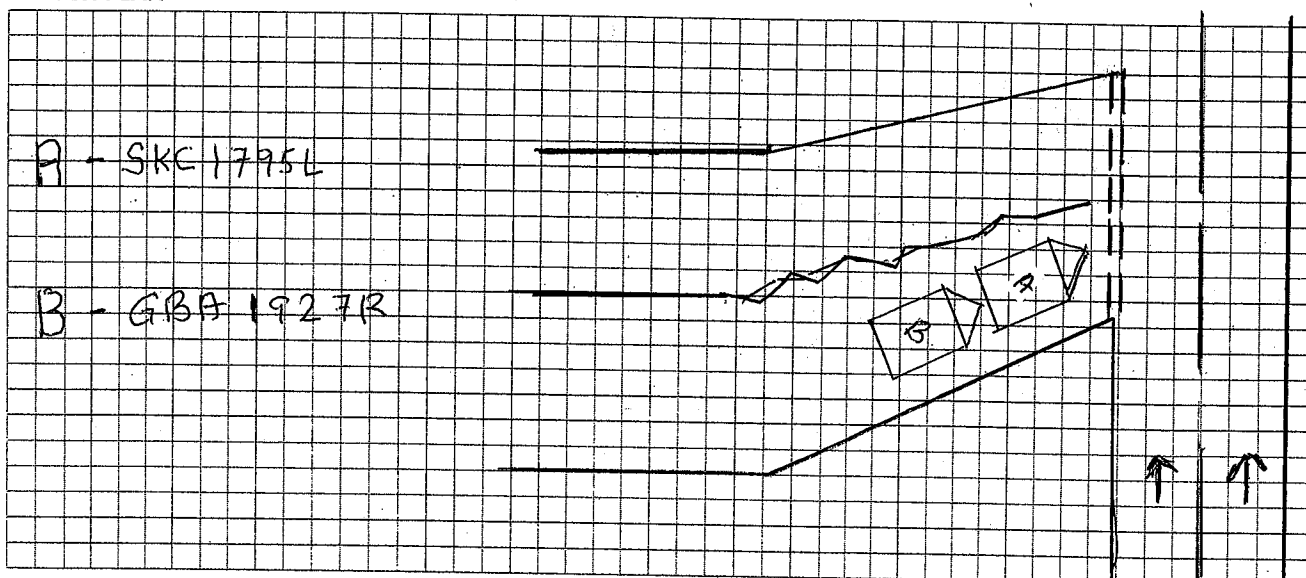
Details of Passenger if any

Passenger Name:	
Contact Number:	
Gender:	

Details of Injured Person

Name:		Age:	
Address:			
Injured Sustained:			
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		
Injured Person in which vehicle:			

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the feeder road driving towards BKE when I had to yield because of a car joining BKE (the car had priority). I slowed to a near stop at the yield point - when a white van (Mercedes) hit my car in the back. The car number plate is GBA 1927R.

The car sustained damage on the rear bumper. It occurred on the night of April 21<sup>st</sup> 2018.

## 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:  
16/05/2018  
11am

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN 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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/05/2018  
11 am



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



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## 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 (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994870/100856373

OWN DAMAGE EXCESS S\$1,200.00 (1)  
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes

SKC1795L

Fulco Leasing Ptd Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 15 Dec 2017

4) DATE OF EXPIRY OF INSURANCE 14 Dec 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

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 for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

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

I / 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).

Issued In Singapore 9 Mar 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

502806-000

LIEW GOO LIN MAY

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSCDSK

REPUBLIC OF SINGAPORE DRIVING LICENCE

FIN G6103619P

NAME LAMPI VIOLA

DATE OF BIRTH 28 Apr 1974

SEX F

NATIONALITY AMERICAN

002281181D

FOR C&C USE ONLY

2011-12 Mar 2012

2014-04 Mar 2015

2017-04 Mar 2018

2020-04 Mar 2021

2023-04 Mar 2024

2026-04 Mar 2027

2029-04 Mar 2030

2032-04 Mar 2033

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## Third Party Insurer Enquiry

Our Ref No: GR-18-074380

Date of Request: 16/05/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 16/05/2018  
Enquiry By Christopher L. Bulaciac  
TP Vehicle No. GBA1927R  
Accident Date 16/04/2018

### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBA1927R	China Taiping Insurance (Singapore) Pte. Ltd.	27/03/2018-26/03/2019	6389 6111

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## TAX INVOICE

Our Ref No: GR-18-074380

Date of Request: 16/05/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 16/05/2018  
Enquiry By Christopher L. Bulaciac  
TP Vehicle No. GBA1927R  
Accident Date 16/04/2018

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque