



CYCLE &amp; CARRIAGE

# CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

## PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



### ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
Lion City Rentals Pte Ltd.  60 Anson Road #11-01 Mapletree Anson Singapore 079914  Contact No Mobile: 67420984	Cust No/Name	/Lion City Rentals Pte Ltd
	Reg No/Reg Date	SLF2481H / 19/08/201
	Date In/Mileage	/ 0
	Chassis No	MMBSTA13AHH002434
	Engine No	3A92UDJ8783
	Make/Model	MIT/17MY ATTRAGE 1.2 CVT
	Colour/Trim	U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00041	Cash	19/07/2018/ 16:52		465 / Tay Jian Ye	28584			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000								1650.00
TO RENEW FRT BUMPER , FRT LH FENDER,								
E PNT98000								840.00
PAINT WORK SPRAY FRT BUMPER , FRT LH FENDER								
A 54900099								50.00
CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM								
A 10028901								200.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST								
USING HI-SCAN PRO TEST								
M SUNDRY								50.00
TO APPLY ANTI COROSSION								
M SUNDRY								80.00
TO APPLY BODY SEALANT								
M SUNDRY								50.00
TO SUPPLY FRT NUMBER PLATE WITH FRAME								
M SUNDRY								150.00
ACCIDENT TOWING								
M SUNDRY								50.00
SUNDRIES								
M	FACE,FR BUMPER				1.00	696.00	00.00	696.00
M	GARNISH,FR BUMPER,LH				1.00	126.00	00.00	126.00
M	COVER,HEADLAMP SUPT PANEL				1.00	62.00	00.00	62.00
M	BRACKET,FR BUMPER,LH				1.00	13.00	00.00	13.00
M	CLIP,FR BUMPER				10.00	3.00	00.00	30.00
M	REINFORCEMENT,FR BUMPER				1.00	136.00	00.00	136.00
M	HEADLAMP ASSY,LH				1.00	654.00	00.00	654.00
M	FENDER,FR LH				1.00	458.00	00.00	458.00
M	SHIELD,FR WHEELHOUSE,LH				1.00	97.00	00.00	97.00
SURVEYOR NAME : _____								
SURVEYOR SIGNATURE : _____								
DATE : _____								
REMARKS : _____								
_____								

Confirm &amp; accepted by

**Nett** 5,392.00  
**7% GST on** 5392.00 377.44  
**Total Payable** 5,769.44

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.

## 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	18/07/2018 13:12
Date Of Accident	18/07/2018 02:10
Exact Location Of Accident	BEATTY LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2481H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LORF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584264

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	ONG GIM MENG
NRIC No	S13646131
Date Of Birth	02/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83118864
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	-
Postcode	
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 - 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

REFER TO ATTACHMENT COLLISION-INSURED WAS PARKING WHEN TP REVERSED & HIT HIS CAR.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH7056T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEAH KENG HIANG
NRIC/Passport Number	S1796968D
Contact Number	90223267
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

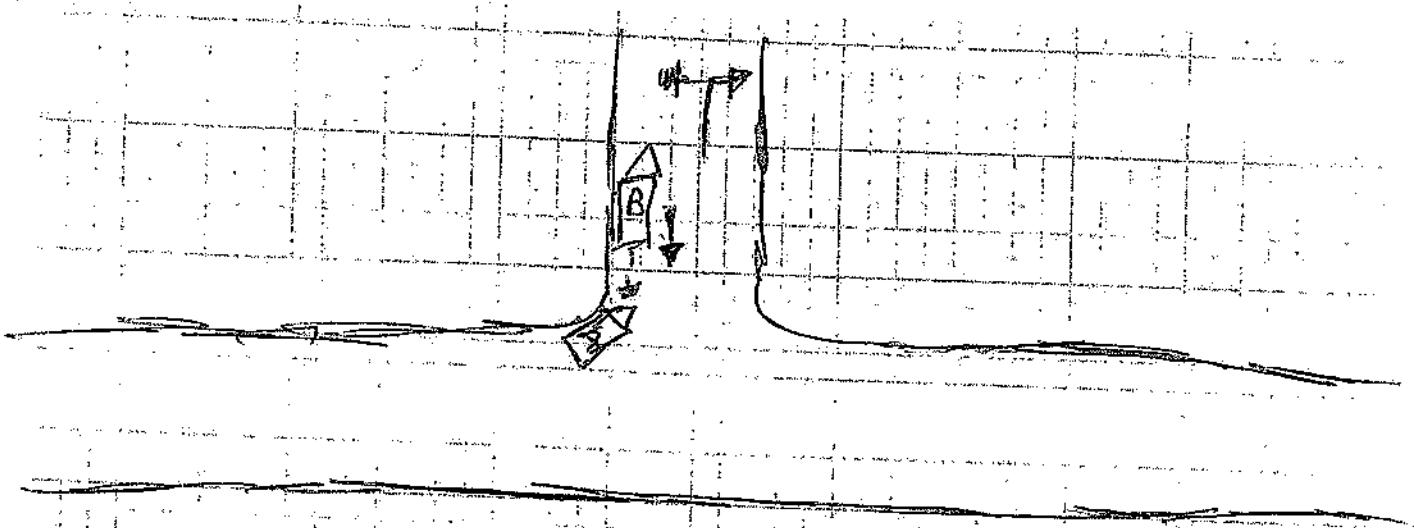


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/07/18 @ 2-10am at Batty Lane. I was parking, vehicle B (SGH 70567) reverse and hit my vehicle.

## 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:  
NRIC/FIN No.:

*[Handwritten signature]*



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1364613I**

Name: **ONG GIM MENG**

Birth Date: **02 Feb 1959**

Issue Date: **30 May 2003**

000525749A

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1364613I**

Name: **ONG GIM MENG**

Race: **CHINESE**

Date of birth: **02-02-1959**

Country/Place of birth: **SINGAPORE**

Sex: **M**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	10 Feb 1981
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Mar 1979

NP 429A

Licence No: **S1364613I**

FOR C&C USE ONLY

5968413

NRIC No: **S1364613I**

Date of issue: **29-06-2018**

Address: **36 JOO AVENUE  
SINGAPORE 219331**



AUTHORIZED REPORTING CENTRE/WORKSHOP  
POST-ACCIDENT REPORTING CHECKLIST  
(FOR CLEAR CASES)

1. Hirer has understood that rental is ongoing even if car is currently in workshop for repairs. Rental reimbursement will be provided only if all of the following criterias are fulfilled:
  - (i) Hirer is on medical leave with provision of MC;
  - (ii) The original car is not ready for collection; and
  - (iii) Hirer did not take any replacement car.

Hirer shall furnish either the ARC or Accident Service Centre (ASC) with a copy of the medical certificate (MC).

If Hirer is no longer on medical leave and original car is not ready for collection, Hirer can liaise with ARC or call LCR phone support (Tel No: 3158 4255) to arrange for replacement car.

2. Hirer understands and agrees that the allocation of replacement car is subject to availability and will not be the exact same model as the original car.
3. Hirer has understood the processes involved in claiming for loss of income and accepts that the success/amount differs from case to case and LCR has no influence on the outcome. ARC will advise and update on the outcome of said claims.

I, the Hirer, acknowledged and understood the above.

Name of LCR Hirer:  
(FULL Name as per I/C)

Ong Gim Meng.

LCR Veh Plate: SLF 2481H

Date of Accident:

18/7/10

Hirer Signature:

Date:

18/7/10

Signature:  
(FOR ARC PERSONNEL)

Date:

18/7/10

*\*assessment of liability is accurate at time of accident reporting and is subject to change upon further investigation*