



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 YEO CHERN YE<br>Blk 485b Tampines Ave 9<br>#08-130<br>Singapore 521485<br><br>Contact No Mobile: 98585190 | Cust No/Name              | /Mr Yeo Chern Ye                |
|  | Reg No/Reg Date           | SLP2348H / 30/05/2017           |
|  | Date In/Mileage           | 23/07/2018/ 0                   |
|  | Chassis No                | JMYXTGF3WHZ001810               |
|  | Engine No                 | 4B12SY4875                      |
|  | Make/Model                | MIT/OUTLANDER 2.4 CVT AWD (F58) |
|  | Colour/Trim               | PO2 / BK                        |

| Account No                      | Terms   | Date/Time Printed    | CSE   | Operator      | WIP No |            |       |         |         |
|---------------------------------|---|----------------------|-------|---------------|--------|------------|-------|---------|---------|
| CSM00001                        | Cash  | 23/07/2018/ 17:11    | DS    | 218 / MarsLer | 61831  |            |       |         |         |
| Description of Goods / Services |   |                      |       |               | Qty    | Unit Price | Disc% | Amount  |         |
| S                               | MIPNT88088  |                      |       |               |        |            |       |         | 80.00   |
|                                 | TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS  |                      |       |               |        |            |       |         |         |
| S                               | MIPNT88088  |                      |       |               |        |            |       |         | 250.00  |
|                                 | SCANNING / DIAGNOSTIC   |                      |       |               |        |            |       |         |         |
| S                               | MIPNT88088  |                      |       |               |        |            |       |         | 3000.00 |
|                                 | TO REPLACE FRT BONNET,FRT BUMPER,REINFORCEMENT,LH FENDER ETC STRAIGHTEN,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS |                      |       |               |        |            |       |         |         |
| S                               | MIPNT98088  |                      |       |               |        |            |       |         | 2100.00 |
|                                 | SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS   |                      |       |               |        |            |       |         |         |
| M                               | SUNDRY  |                      |       |               |        |            |       |         | 50.00   |
|                                 | FRT NUMBER PLATE WITH CASING  |                      |       |               |        |            |       |         |         |
| S                               | MIPNT88088  |                      |       |               |        |            |       |         | 200.00  |
|                                 | TOP APPLY SEALANT KIT ON NEW PANEL  |                      |       |               |        |            |       |         |         |
| M                               | JJ5900A739  | HOOD                 | 1.00  | 1094.00       | 0.00   |            |       | 1094.00 |         |
| P                               | JJMN175241  | LH HINGE, HOOD       | 1.00  | 67.00         | 0.00   |            |       | 67.00   |         |
| M                               | JJ5220K685  | FR LH,FENDER         | 1.00  | 621.00        | 0.00   |            |       | 621.00  |         |
| P                               | JJ6400H881  | FACE,FR BUMPER       | 1.00  | 810.00        | 0.00   |            |       | 810.00  |         |
| M                               | JJ6400H313  | LH SIDE BRACKET,FR B | 1.00  | 18.00         | 0.00   |            |       | 18.00   |         |
| M                               | JJ6400H314  | RH SIDE BRACKET,FR B | 1.00  | 18.00         | 0.00   |            |       | 18.00   |         |
| M                               | JJMR590000HB  | CLIP,FR BUMPER       | 10.00 | 3.00          | 0.00   |            |       | 30.00   |         |
| P                               | JJMU488006  | CLIP,FR BUMPER       | 10.00 | 2.00          | 0.00   |            |       | 20.00   |         |
| M                               | JJ6400J047  | COVER, FR BUMPER     | 1.00  | 277.00        | 0.00   |            |       | 277.00  |         |
| P                               | JJ6407A145  | LH GARNISH, FR BUMPE | 1.00  | 218.00        | 0.00   |            |       | 218.00  |         |
| P                               | JJ6407A143  | LH GARNISH, FR BUMPE | 1.00  | 110.00        | 0.00   |            |       | 110.00  |         |
| M                               | JJ6407A141  | LH GARNISH, FR BUMPE | 1.00  | 48.00         | 0.00   |            |       | 48.00   |         |
| P                               | JJ6407A146  | RH GARNISH, FR BUMPE | 1.00  | 218.00        | 0.00   |            |       | 218.00  |         |
| P                               | JJ6407A144  | RH GARNISH, FR BUMPE | 1.00  | 110.00        | 0.00   |            |       | 110.00  |         |
| M                               | JJ6407A142  | RH GARNISH, FR BUMPE | 1.00  | 48.00         | 0.00   |            |       | 48.00   |         |
| M                               | JJ7450A967  | GRILLE ASSY, RADIATO | 1.00  | 564.00        | 0.00   |            |       | 564.00  |         |
| M                               | JJ6400G243  | LHF COVER ,FOG LAMP  | 1.00  | 78.00         | 0.00   |            |       | 78.00   |         |
| M                               | JJ8321A669  | LHF FOG LAMP ASSY    | 1.00  | 220.00        | 0.00   |            |       | 220.00  |         |
| M                               | JJ7407A301  | LHF WHEEL ARCH MOULD | 1.00  | 197.00        | 0.00   |            |       | 197.00  |         |

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**

CYCLE & CARRIAGE

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



**ESTIMATE**

| Invoice Name & Address   | Owner Name & Vehicle Info |                                 |
|--|---------------------------|---------------------------------|
| Mr YEO CHERN YE<br>Blk 485b Tampines Ave 9<br>#08-130<br>Singapore 521485<br><br>Contact No Mobile: 98585190 | Cust No/Name              | /Mr Yeo Chern Ye                |
|  | Reg No/Reg Date           | SLP2348H / 30/05/2017           |
|  | Date In/Mileage           | 23/07/2018/ 0                   |
|  | Chassis No                | JMYXTGF3WHZ001810               |
|  | Engine No                 | 4B12SY4875                      |
|  | Make/Model                | MIT/OUTLANDER 2.4 CVT AWD (F58) |
|  | Colour/Trim               | P02 / BK                        |

| Account No                      | Terms   | Date/Time Printed    | CSE  | Operator      | WIP No |        |
|---------------------------------|---|----------------------|------|---------------|--------|--------|
| CSM00001                        | Cash  | 23/07/2018/ 17:11    | DS   | 218 / MarsLer | 61831  |        |
| Description of Goods / Services |   |                      | Qty  | Unit Price    | Disc%  | Amount |
| M                               | JJ7407A315                                      | LH MOULDING, FR BUMP | 1.00 | 114.00        | 0.00   | 114.00 |
| M                               | JJ7407A316                                      | RH MOULDING, FR BUMP | 1.00 | 114.00        | 0.00   | 114.00 |
| M                               | JJ6400H568                                      | REINFORCEMENT, FR BU | 1.00 | 549.00        | 0.00   | 549.00 |
| M                               | JJ6400G576                                      | REINFORCEMENT,FR BUM | 1.00 | 133.00        | 0.00   | 133.00 |
| M                               | JJ6400D977                                      | REINFORCEMENT,FR BUM | 2.00 | 21.00         | 0.00   | 42.00  |
| M                               | JJ6400D581                                      | LH REINFORCEMENT,FR  | 1.00 | 59.00         | 0.00   | 59.00  |
| M                               | JJ8301C855                                      | LH HEADLAMP ASSY     | 1.00 | 802.00        | 0.00   | 802.00 |
| Z                               | NOTES   |                      |      |               |        |        |
|                                 | ACCIDENT ON 22/07/2018 ALONG TMT81 OPEN CARPARK |                      |      |               |        |        |
|                                 | OWNER CLAIMING THIRD PARTY                      |                      |      |               |        |        |
|                                 | REQUIRED REPLACEMENT CAR                        |                      |      |               |        |        |
|                                 | TP # YP1917T TP INS : EQ                        |                      |      |               |        |        |

Estimate

Estimate

Confirm & accepted by

|                 |           |
|-----------------|-----------|
| Parts           | 6,579.00  |
| Labour          | 0.00      |
| Standard Menu   | 0.00      |
| Specialist Job  | 5,630.00  |
| Others(Lub,etc) | 0.00      |
| Sundry          | 50.00     |
| Total(w/o GST)  | 12,259.00 |

Authorized signatory and company stamp

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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             | 23/07/2018 14:20   |
| Date Of Accident           | 22/07/2018 17:45   |
| Exact Location Of Accident | TMT81 OPEN CARPARK |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLP2348H             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | YEO CHERN YE         |
| NRIC No                     | S7100797I            |
| Email Address               | EURO_TEB@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-98585190 |
| Alternative Phone No        | HOME-67849104        |

### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | MITSUBISHI                             |
| Model  | OUTLANDER-2.4 2.4 CVT AWD S/R FACE (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             | 1700010091-01                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YEO CHERN YE          |
| NRIC No              | S7100797I             |
| Date Of Birth        | 10/01/1971            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 07/07/1995            |
| Driving Experience   | 23 YEARS AND 0 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98585190  |
| Fax Number           |                       |
| Contact Number       | HOME-67849104         |
| Email Address        | EURO_TEB@HOTMAIL.COM  |

|   |   |
|---|---|
| Address   | BLK 485B TAMPINES AVE 9 #18-130 SINGAPORE |
| Postcode  | 521485                                    |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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)   | 0   |

#### 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

VEHICLE NO(SLP2348H) WAS STATIONED AND PARKED AT TMT81 CARPARK ON 22 JULY 2018. AT ABOUT 22 JULY 2018 5.45PM, GOODS VEHICLE(YP1917T) COLLIDED INTO SLP2348H WHICH WAS STATIONED AND PARKED AT THE PARKING LOT. THE DRIVER OF YP1917T WAS STANDING BESIDE MY CAR AND ADMITTED HE WAS THE DRIVER OF YP1917T AND HIS VEHICLE HAD COLLIDED INTO MY CAR. WE EXCHANGED PARTICULARS AND DECIDED TO MAKE INSURANCE CLAIM.

#### 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         | YP1917T                              |
| Vehicle Make/Model/Colour           |                                      |
| Details Of Properties               |                                      |
| Vehicle Category                    | COMMERCIAL VEHICLE                   |
| Name of Driver                      | MUHAMMAD SOLEHIN BIN SALLEH          |
| NRIC/Passport Number                | S9200139C                            |
| Contact Number                      | 84011414                             |
| Address                             | BLK 273 TAMPINES STREET 22 SINGAPORE |
| Postcode                            | 520273                               |
| Insurance Company Name              |                                      |
| Nature Of Damage                    |                                      |
| No. Of Passenger (Including Driver) |                                      |

# MOTOR ACCIDENT REPORT FORM

| BASIC INFORMATION   |   |                                    |  |
|---|---|------------------------------------|--|
| Date of Report:   | 23/7/2018   |                                    | Time :   |
| Date of Accident:   | 22/7/2018   |                                    | Time : 0545 P.M  |
| Exact Location of Accident:   | TMT 81 open car park.   |                                    |  |
| DETAILS OF OWN VEHICLE  |   |                                    |  |
| Vehicle Registration Number:  | SLP2348H  | Name of Registered Owner :         | Yeo Chern Ye   |
| NRIC/Passport No./FIN:  | S71007971   | Company Reg. No.(for Company Veh): | -  |
| VEHICLE PARTICULARS   |   |                                    |  |
| Manufacturer :  | MIT   | Model:                             | outlander.   |
| 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:  | 1700010091-01   |                                    |  |
| Driver when the Accident Happen   |   |                                    |  |
| Name of Driver:   | Yeo Chern Ye  | NRIC/Passport/Fin No :             | S71007971  |
| Date of Birth:  | 10/01/1971  | Occupation :                       | Project Manager.   |
| Date of Driving Pass:   | 07/07/1995.   | Gender :                           | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Mobile No.:   | 98585190  | Home No.:                          | 67849104.  |
| Address:  | Blk 485B Tampines Ave 9 #18-130 Singapore   |                                    | Postal Code 521485.  |
| Email Address :   | euro_teb@hotm.71.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 owner         |                                    |  |
| Vehicle Registration Number of driver's Own Vehicle:                    | -   |                                    |  |
| Insurance Company :   | -   |                                    |  |
| OTHER INFORMATION OF THE ACCIDENT                                       |   |                                    |  |
| Type of Accident :  | found damage whilst parked.   |                                    |  |
| 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 :                              | -   |                                    |  |
| DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve) |   |                                    |  |
| Vehicle Registration Number:  | YP 1917T  | Name of Registered Owner :         |  |
| NRIC/Passport No./FIN:  |   | Company Reg. No.(for Company Veh): |  |
| Name of Driver:   | Muhammad Salehin Bin Salleh   | NRIC/Passport/Fin No :             | S9200139C.   |
| Mobile No.:   | 84011414.   | Home No.:                          |  |
| Address:  | Blk 273 Tampines Street 22 Singapore  |                                    | Postal Code 520273   |
| 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

### 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: 23/7/2018 11am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

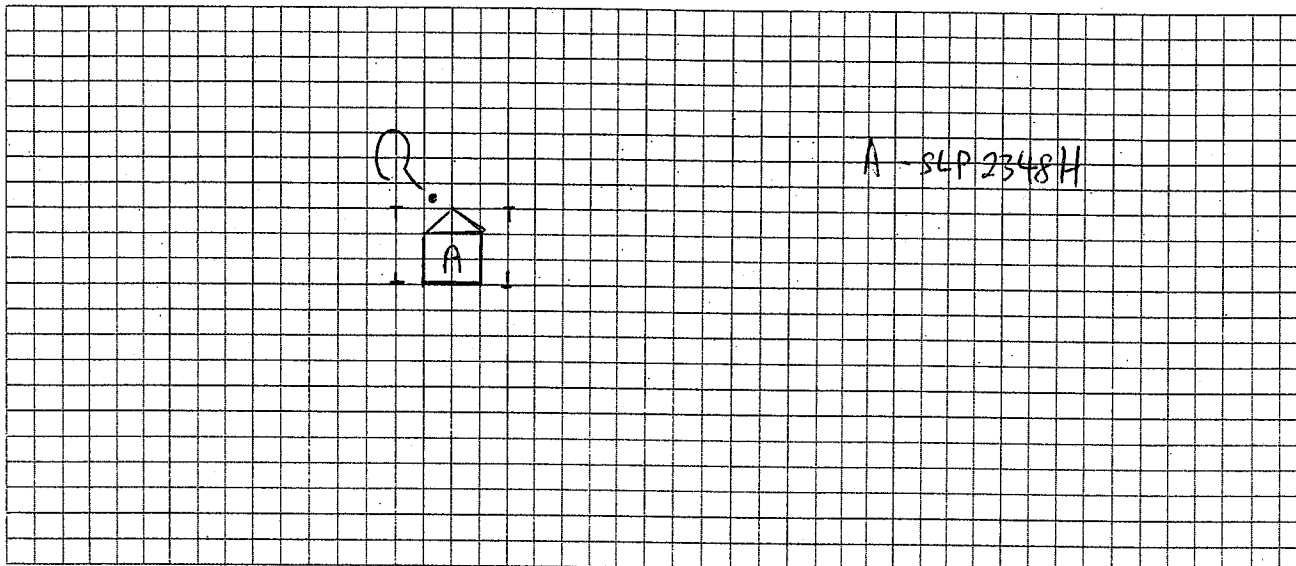
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No ~~13348~~ (SLP2348H) was stationed and parked at TMT81 car park on 22<sup>nd</sup> July 2018.

At about 22<sup>nd</sup> July 2018 5:45pm, Goods vehicle (YP1917T) ~~knocked~~ collided into SLP2348H which was stationed and parked at the parking lot.

The driver of ~~YP1917T~~ YP1917T was standing beside my car and admitted he was the driver of YP1917T and his vehicle had collided into my car. We ~~ex~~ exchanged particulars ~~at~~ And decided to make insurance claim.

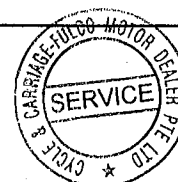
## DECLARATION

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

Policyholder's Signature  
Date & Time: 23/7/2018 11am

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

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



Attn: CER.

AIG

## CERTIFICATE OF INSURANCE

## CYCLE &amp; CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YEO CHERN YE  
 Period of Insurance : 30 May 2018 To 29 May 2019  
 Engine No. : 4B12SY4875  
 Chassis No. : JMYXTGF9VHZ001810

Vehicle No. : SLP2348H  
 Policy No. : 1700010091-01  
 Endorsement No. :  
 Issued Date : 21 May 2018

## ABOUT THE COVER

Make/Model : MITSUBISHI OUTLANDER 2.4 CVT  
 Engine Capacity/Tonnage : 2,360.00 CC Sum Insured : Market Value First Year of Registration : 2017  
 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 65 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)

YEO CHERN YE - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd Singapore 159084 64708868  
 2. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408850 67461000  
 3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609338 65884501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. 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: United Overseas Bank Limited

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia).

0500720780

CYCLE & CARRIAGE BRYANT(MIT)

239 ALEXANDRA ROAD

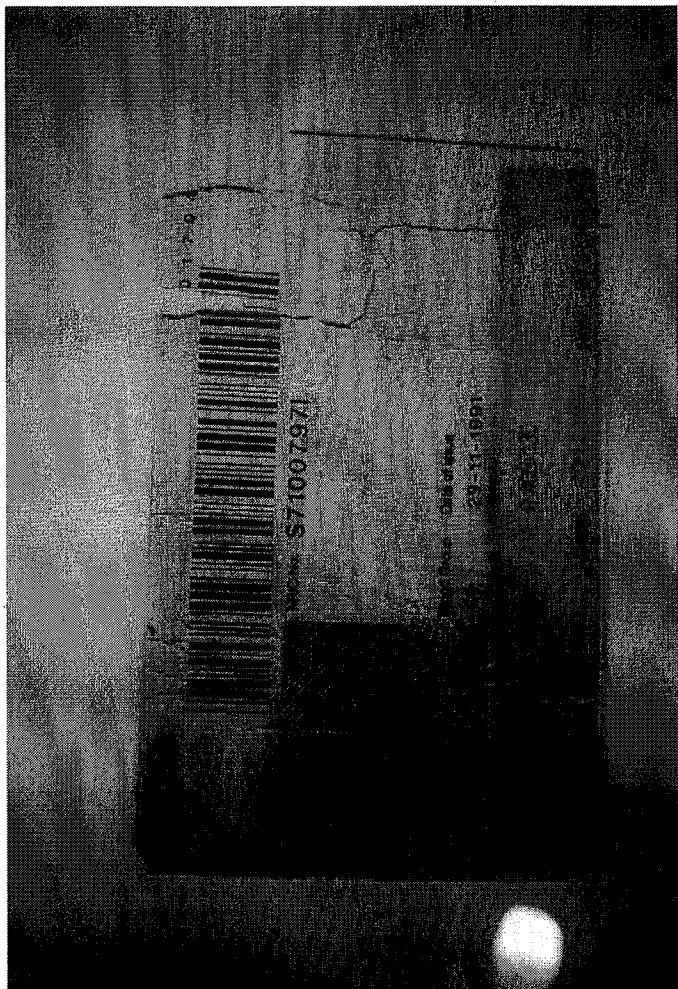
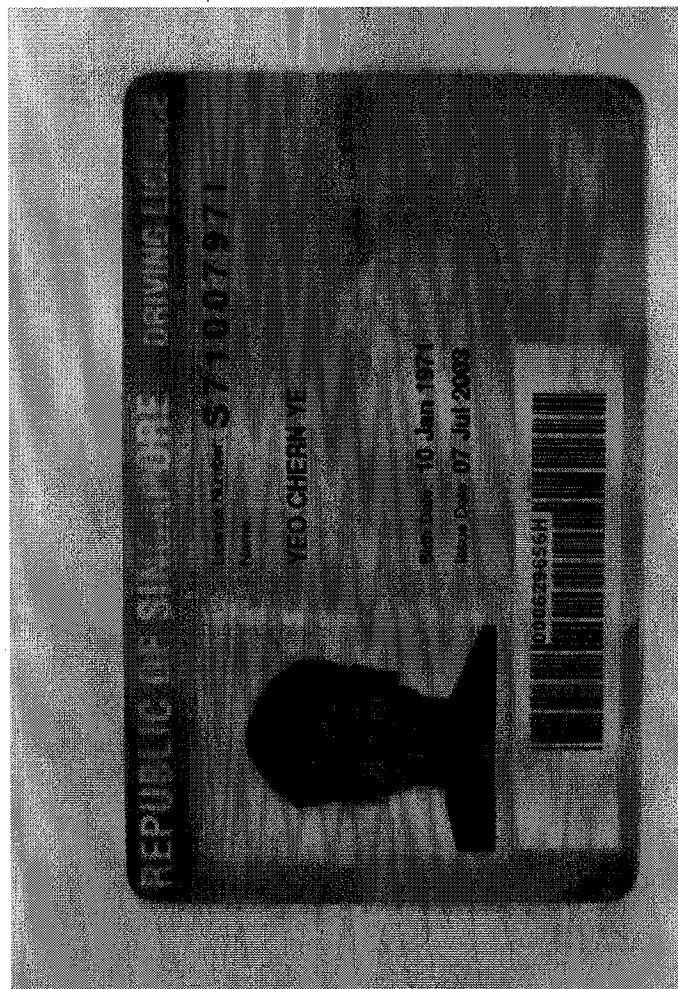
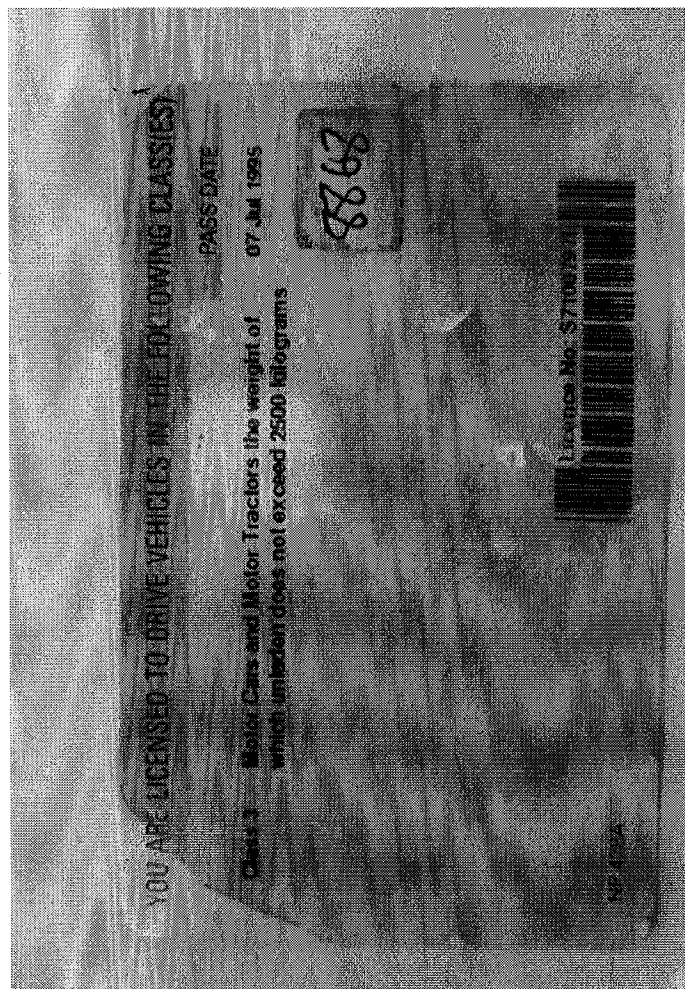
SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asja Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

AIGBQM08LEAPP





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-112063

Date of Request: 23/07/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 23/07/2018

Enquiry By Mars Ler Yeong Cherng

TP Vehicle No. YP1917T

Accident Date 22/07/2018

**Enquiry Result**

| TP Vehicle No. | Insurer                  | Period of Insurance   | Insurer Tel. No. |
|----------------|--------------------------|-----------------------|------------------|
| YP1917T        | EQ Insurance Company Ltd | 01/04/2018-31/03/2019 | 6223 9433        |

Thank You.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
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6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

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**TAX INVOICE**

Our Ref No: GR-18-112063

Date of Request: 23/07/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 23/07/2018  
Enquiry By Mars Ler Yeong Cherng  
TP Vehicle No. YP1917T  
Accident Date 22/07/2018

| DESCRIPTION                      | AMOUNT (\$\$) |
|----------------------------------|---------------|
| 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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque