



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 CHIAN TIAN MING (ZHONG ZHENMING Blk 152 Rivervale Crescent 07-106 Singapore 540152 Contact No Mobile: 98633469	Cust No/Name	/Mr Chian Tian Ming (Zhong Zhen
	Reg No/Reg Date	SLC9815Z*KC17R(/ 31/05/2016
	Date In/Mileage	15/08/2018/ 0
	Chassis No	KNAFX411MG5579476
	Engine No	G4FGFH609713
	Make/Model	KIA/FORTE K3 1.6 A EX BF4
	Colour/Trim	4SS / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00001	Cash	16/08/2018/ 08:19	DS	218 / MarsLer	63253			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
S	MIPNT88088							280.00
	REVERSE SENSOR SET							
M	SUNDRY							50.00
	C & C LOGO							
S	MIPNT88088							80.00
	TO CHECK LIGHTING AND WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS							
S	MIPNT88088							600.00
	TO REMOVE AND RE-INSTALL TRIMMING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS							
S	MIPNT88088							600.00
	TO TRANSFER REAR BOOT COMPONENT & MECHANISM PARTS							
S	MIPNT88088							2400.00
	TO REPLACE REAR BUMPER,REAR BEAM,REAR BOOT,ETC -REPAIR REAR END PANEL STRAIGHTEN,REFORM,ALIGN ON REAR ACCIDENT AFFECTED AREAS							
S	MIPNT88088							200.00
	TO APPLY SEALANT KIT ON NEW PANEL							
S	MIPNT98088							1680.00
	SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS							
M	KS 86611 A7 000	COVER - REAR BUMPER			1.00	768.00	0.00	768.00
P	KS 86695 A7 000	COVER - REAR BUMPER,			1.00	234.00	0.00	234.00
M	KS 92405 A7 000	LHR REFLECTOR REFLEX			1.00	114.00	0.00	114.00
M	KS 86613 A7 000	LH SIDE BRACKET ASSY			1.00	33.00	0.00	33.00
M	KS 86614 A7 000	RH SIDE BRACKET ASSY			1.00	33.00	0.00	33.00
P	KS 0G032 50 037A	CLIP - BUMPER			10.00	2.00	0.00	20.00
P	KS 86631 A7 000	BEAM-RR BUMPER			1.00	365.00	0.00	365.00
M	KS 86636 A7 000	BRACKET - REAR BEAM			2.00	5.00	0.00	10.00
M	KS 86635 A7 000	BRACKET - REAR BEAM			1.00	5.00	0.00	5.00
M	KS 86641 A7 000	LH STAY - REAR BUMPE			1.00	75.00	0.00	75.00
M	KS 86642 A7 000	RH STAY - REAR BUMPE			1.00	75.00	0.00	75.00
M	KS 69200 A7 070	PANEL ASSY - TRUNK L			1.00	1491.00	0.00	1491.00
P	KS 86310 A7 050	KIA LOGO ASSY			1.00	37.00	0.00	37.00

Confirm & 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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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	16/08/2018/ 08:19	DS	218 / MarsLer	63253
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
P	WFFORTE FORTE EMBLEM	1.00	40.00	0.00	40.00
P	WFEMBLEMK3 EMBLEM K3	1.00	15.00	0.00	15.00
Z	NOTES				
ACCIDENT ON 13/08/2018 ALONG JUNC B/W UPP SERANGOON RD & HOUGANG AVE 4					
OWNER CLAIMING THIRD PARTY					
REQUIRED REPLACEMENT CAR					
TP # SLU4693X TP INS : I.I.I					
<h1>Estimate</h1>					

Confirm & accepted by

Authorized signatory and company stamp

Parts	3,315.00
Labour	0.00
Standard Menu	0.00
Specialist Job	5,840.00
Others(Lub,etc)	0.00
Sundry	50.00
Total(w/o GST)	9,205.00

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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	13/08/2018 13:18
Date Of Accident	13/08/2018 08:10
Exact Location Of Accident	JUNC B/W UPP SERANGOON RD & HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9815Z
Insured/Policyholder	
Name Of Registered Owner	CHIAN TIAN MING
NRIC No	S7216873I
Email Address	CHIAN TM8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98633469
Alternative Phone No	OTHERS-98633469

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00006647
Cover Note Number	31/05/2018 - 30/05/2019

Driver

Name of Driver	CHIAN TIAN MING
NRIC No	S7216873I
Date Of Birth	23/05/1972
Occupation	INDOOR
Date Of Driving Pass	18/08/1992
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98633469
Fax Number	
Contact Number	OTHERS-98633469
E Mail Address	CHIAN TM8@GMAIL.COM

Address	BLK 152 RIVERVALE CRESCENT #07-108
Postcode	540152
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	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	2
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 STATEMENT AND SKETCH

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	SLU4693X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO ENG KHOON
NRIC/Passport Number	S1383066E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ICE

FWD

the details of the accident to speed up the claims process.

Vehicle: SLC 9815 Z

ated by the Policyholder and/or the Authorised Driver.

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allow Insurance companies to repudiate policy liability.

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companies.

5. Any false reporting may be referred to the Police for Investigation.

3. 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: 13/8/18

11.45am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

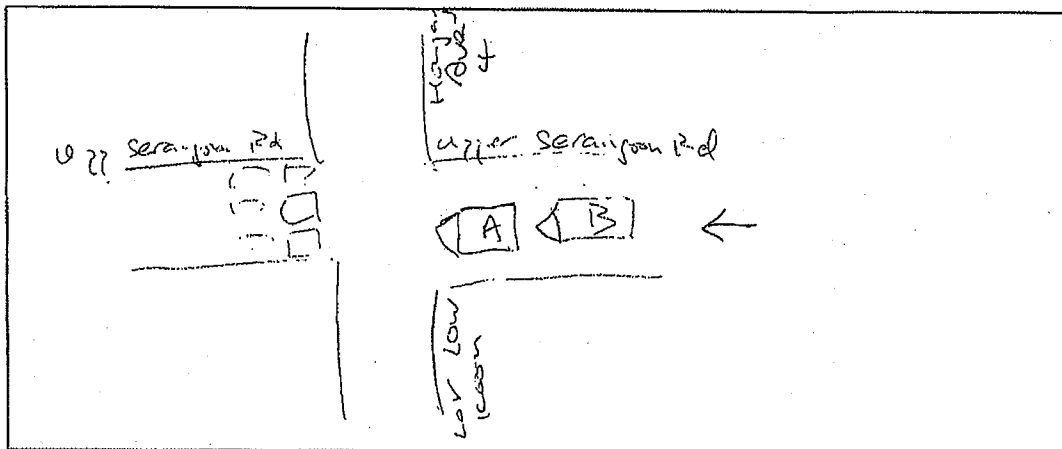
NRIC/FIN No.:



Sketch Plan Pg. 2

Date of accident: 13 Aug 18 Time: 08:10am Location: Junction Up Serangoon Rd, Haysay Ave
 My Vehicle A: SLC98152 Vehicle B: SLU4693X Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time: 08:10am date: 13 Aug 2018
 morning traffic, slow and busy

Car A (SLC98152) halt at junction waiting for front cars to move. But suddenly, Car B (SLU4693X) banged from behind.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:
 My workshop :
 Email address :
 & myself :
 Email address : eh1antm8@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Vehicle: SLC 98152

Policyholder's Signature

Date & Time: 13/8/18
11:45am

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature

Name: Nellie
 NRIC/FIN No.: 121818
 AH LIM MOTOR COMPANY



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-00006647 (Comprehensive - Classic Plan)

Car plate number: SLC9815Z

Your name (As the policyholder): Chian Tian Ming

Coverage start date: 31/05/2018

Coverage end date: 30/05/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Maybank Singapore

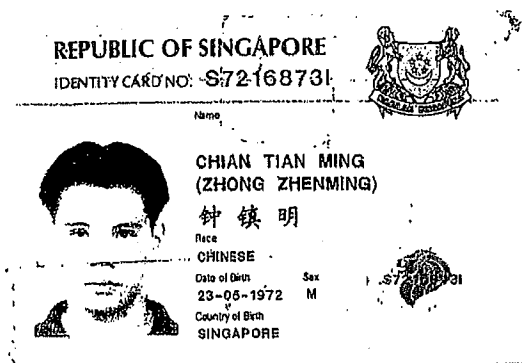
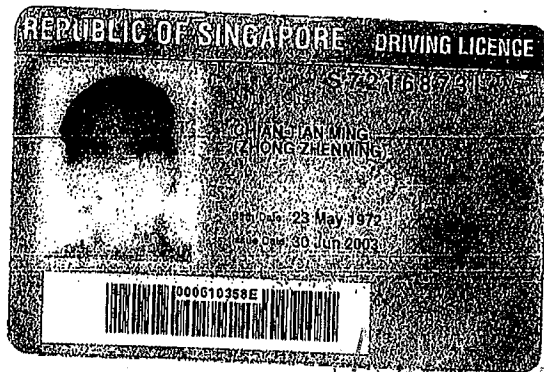
We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 15/05/2018

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-3888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

Sketch Plan Pg. 3



FOR C&C USE ONLY



Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 16 Aug 1992

FOR C&C USE ONLY

NP 428A



NRIC No. S72168731



Blood Group A+ Date of Issue 16-11-1992

Address: APT BLK 152 RIVERVALE CRESCENT #07-108 SINGAPORE 640152

NRIC No: S72168731

Date: 09/08/2018

FOR C&C USE ONLY

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Aug 2018 / 08:13:15

Receipt Date/Time : 16 Aug 2018 / 08:13:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180816-000112

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLU4693X				
As at 13 Aug 2018/08:10:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLU4693X Enquiry Fee 20180816081159319323	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				
	xxxxxxxxxxxx5046	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.