



CYCLE & CARRIAGE

CYCLE & CARRIAGE·FULCO MOTOR DEALER PTE LTD

EUNOS LINK SERVICE CENTRE

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



CITROËN

ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
CHINA TAIPING INSURANCE (SINGAPORE) 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Claims Dept. Contact No 63896111	Cust No/Name	/Netlink Management Pte. Ltd.
	Reg No/Reg Date	GBH5247G / 02/07/2018
	Date In/Mileage	19/09/2018/ 0
	Chassis No	VF77FBHYMHJ760130
	Engine No	10JBHW3019358
	Make/Model	CITCV/BERLINGO L2 1.6 BLUEHDI ETG
	Colour/Trim	WPP / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No					
F0000018	Credit	19/09/2018/ 19:02	DS	218 / MarsLer	10362					
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
	DIAGNOSTIC / SCANNING									
S	MIPNT88088									1800.00
	TO REPLACE FRONT BUMPER,RHF FENDER,ETC STRAIGHTEN,REFORM,ALIGN ON FRT ACCIDENT AFFECTED AREAS									
S	MIPNT88088									100.00
	TO APPLY SEALANT KIT ON PANEL									
S	MIPNT98088									1260.00
	SPRAY PAINTING ON FRT & RHF ACCIDENT AFFECTED AREAS									
M	C1613563780	FRONT BUMPER	1.00	856.00	0.00	856.00				
P	C7416J2	BUMPER SIDE BRACKET	1.00	56.00	0.00	56.00				
M	C1613564780	BUMPER MOULDING	1.00	197.00	0.00	197.00				
M	C7841Y2	RHF FENDER PANEL	1.00	348.00	0.00	348.00				
Z	NOTES									
	ACCIDENT ON 18/09/2018 ALONG RAEURN PARK									
	OWNER CLAIMING THIRD PARTY									
	REQUIRED REPLACEMENT VEHICLE									
	TP #PC1730P TP INS : CHINA TAIPING									

Confirm & accepted by

Authorized signatory and company stamp

Parts	1,457.00
Labour	0.00
Standard Menu	0.00
Specialist Job	3,490.00
Others(Lub,etc)	0.00
Sundry	0.00
Total(w/o GST)	4,947.00

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 19/09/2018 14:39
Date Of Accident 18/09/2018 17:00
Exact Location Of Accident RAEBURN PARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH5247G
Insured/Policyholder
Name Of Registered Owner NETLINK MANAGEMENT PTE. LTD.
Co Reg No 201704784C
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-67182784

Vehicle Particulars

Manufacturer CITROEN
Model BERLINGO L2-1.6 D BLUEHDI S&S ETG6 (M)
Exact Purpose for which vehicle was being used at time of accident STATIONARY
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5090425321-01
Cover Note Number

Driver

Name of Driver DASALLA NORLITO CABLAY
Passport No/FIN G6111380R
Date Of Birth 10/12/1978
Occupation INDOOR
Date Of Driving Pass 21/01/2012
Driving Experience 6 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98216350
Fax Number
Contact Number OFFICE-67182784
Email Address NORLITO@NETLINKNBN.COM

Address BLK 1 BEDOK SOUTH AVE 1 #06-921 SINGAPORE
 Postcode 460001
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
 Weather Conditions DRIZZLING
 Road Surface WET

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) 3
 Passenger 1
 NAME: : NG WEI CHONG
 GENDER: : MALE
 Passenger 2
 NAME: : WONG SOON WAI
 GENDER: : MALE

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

AROUND 5.00PM YESTERDAY (18/09/2018) WHEN THE ACCIDENT HAPPENED, OUR VAN WAS PARKED ALONG RAEBURN PARK WHEN THIS VAN WITH A PLATE NO. PC1730P MADE A U-TURN AND WANTED TO PARK IN FRONT OF US TO PICK UP SOMEONE BUT THE DRIVER ACCIDENTALLY BUMPER THE FRONT-SIDE OF OUR VAN.

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 PC1730P
 Vehicle Make/Model/Colour TOYOTA HIACE
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver FAISAL BIN MOHAMMAD ISA
 NRIC/Passport Number S1794466E
 Contact Number 93698809
 Address BLK 808 WOODLANDS STREET 81 #10-141 SINGAPORE
 Postcode 730808

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	19/9/18	Time:	
Date of Accident:	18/9/18	Time:	1700
Exact Location of Accident:	Raeburn Park		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	GBH 5247G	Name of Registered Owner:	NetLink Management Pte. Ltd.
NRIC/Passport No./FIN:	-	Company Reg. No.(for Company Veh):	201704784C

VEHICLE PARTICULARS

Manufacturer:	CITCV	Model:	Berlingo
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others stationary		
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 type="checkbox"/> Private car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire		

INSURANCE DETAILS

Name of Insurance:	NTUC
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	5090425321-01

Driver when the Accident Happen

Name of Driver:	Dasalla Norlito Cablay	NRIC/Passport/Fin No.:	G6111380R
Date of Birth:	10/12/1978	Occupation:	Associate Engineer
Date of Driving Pass:	21/01/2012	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	98216350	Home No.:	-
Address:	BLK 1 Bedok South Ave 1 #06-921 Singapore Postal Code 460001		
Email Address:	norlito@netlinknbn.com		
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		
Vehicle Registration Number of driver's Own Vehicle:	-		
Insurance Company:	-		

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	3rd Party Hit Insured		
Weather Condition:	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others, please specify Drizzling		
Road Surface	<input type="checkbox"/> Dry <input checked="" 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 Number of Passengers(Including Driver): 3		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was there any video captured by your Camera?: Yes		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was there any audio recording?: 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:	PC 1730P	Name of Registered Owner:	(Toyota Hrace)
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	Faisal Bin Mohamad Isa	NRIC/Passport/Fin No.:	S1794466E
Mobile No.:	93698809	Home No.:	96991410 (office)
Address:	Blk 808 Woodlands Street 8 #10-141 Postal Code 730808		
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.



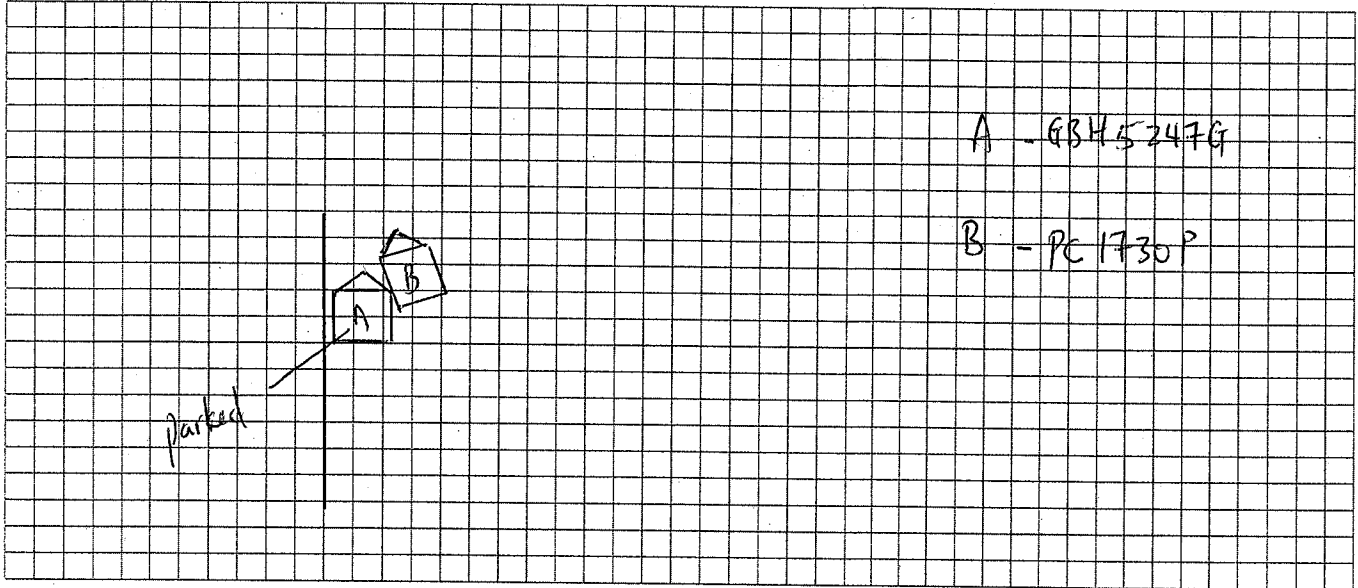
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/9/18

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AROUND 5:00 PM YESTERDAY (18/9/2018) WHEN THE ACCIDENT HAPPENED. OUR VAN WAS PARKED ALONG RAE BURN PARK WHEN THIS VAN WITH A PLATE NO. PC1730P MADE A U-TURN AND WANTED TO PARK IN FRONT OF US TO PICK UP SOMEONE BUT THE DRIVER ACCIDENTALLY BUMPER THE FRONT-SIDE OF OUR CAR.

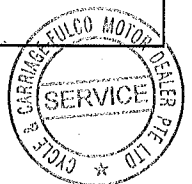
DECLARATION

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: 19/9/18

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



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)

Certificate Number : 5090425321-01

Cover : Preferred Workshop Plan

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : VF77FBHYMHJ760130 |
| 2. Name of Policyholder | : NETLINK MANAGEMENT PTE. LTD. |
| 3. Effective Date of Insurance | : 02 Jul 2018 |
| 4. Expiry Date of Insurance | : 01 Jul 2019 |
| 5. Persons 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. | |
| 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. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

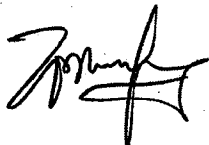
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : MARSH (SINGAPORE) PTE LTD (00000690193)
Date of Issue : 18 Aug 2017 16:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

NETLINK TRUST OPERATIONS COMPANY PTE. LTD.

Sector

SERVICE

Name

DASALLA NORLITO CABLAY

Occupation

ASSOCIATE ENGINEER

S Pass No.

0 2473305

Date of Application

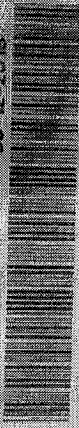
31-10-2018

Date of Issue

15-11-2016

Date of Expiry

30-12-2018



FOR COUSE ONLY
1739842

REPUBLIC OF SINGAPORE DRIVING LICENCE

REGISTRATION NO. G6111380R

DASALLA NORLITO CABLAY

Birth Date: 10 Dec 1978

Issue Date: 21 Jan 2017

Valid Till: 20/01/2022



FOR COUSE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

- Class 2B Motorcycles <= 200 cc
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver and other motor vehicles with unladen weight <= 2500kg

EFFECTIVE DATE

21 Jan 2012

21 Jan 2012



Licence No. G6111380R

NP 4204

VISIT PASS

Registration No. G6111380R

Name: DASALLA NORLITO CABLAY

Date of Birth: 10-12-1978

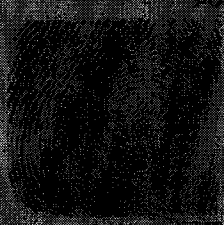
Sex: M

Religion: CHRISTIAN

Date of Issue: 15-11-2016

Valid Till: 30-12-2016

MULTIPLE JOURNEY VISA ISSUED



THIS PASS IS VALID FOR THE PERIOD OF 15 DAYS FROM THE DATE OF ISSUE. IT IS VALID FOR MULTIPLE JOURNEYS TO AND FROM SINGAPORE.

**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-18-144898

Date of Request: 19/09/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 19/09/2018

Enquiry By Mars Ler Yeong Cherng

TP Vehicle No. PC1730P

Accident Date 18/09/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PC1730P	China Taiping Insurance (Singapore) Pte. Ltd.	06/03/2018-05/03/2019	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**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

TAX INVOICE

Our Ref No: GR-18-144898

Date of Request: 19/09/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 19/09/2018

Enquiry By Mars Ler Yeong Cherng

TP Vehicle No. PC1730P

Accident Date 18/09/2018

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