



**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	
EQ INSURANCE COMPANY LTD 5 Maxwell Road #17-00 Tower Block, MND Complex, Singapore 069110  Contact No	Cust No/Name	LCV05877/Mr Leung Chung Hong
	Reg No/Reg Date	SJM179G / 14/06/2018
	Date In/Mileage	29/10/2018/ 0
	Chassis No	KNAHU815VJ7208469
	Engine No	D4FDJH552923
	Make/Model	KIA/CARENS 1.7 A D SX FL DY6
	Colour/Trim	K7N / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No					
F0000061	Credit	30/10/2018/ 15:23	DS	218 / MarsLer	12707					
Description of Goods / Services					Qty	Unit Price	Disc%	Amount		
S	MIPNT88088	TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS							80.00	
S	MIPNT88088	DIAGNOSTIC / SCANNING							250.00	
S	MIPNT88088	TO REMOVE AND RE-INSTALL RAD & A/C CONDENSOR TO GIVE WAY ACCESS REPAIR ON FRONT ACCIDENT AFFECTED AREAS							280.00	
S	MIPNT88088	TO PERFORM COMPUTERIZE WHEEL ALIGNMENT							180.00	
S	MIPNT88088	WHEEL BALANCING							50.00	
S	MIPNT88088	TO REPLACE FRONT BUMPER,LHF FENDER,LHF WHEEL,SUP PANEL,ETC STRAIGHTEN,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS							3600.00	
S	MIPNT88088	TO APPLY SEALANT KIT ON NEW PANEL							200.00	
S	MIPNT98088	SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS							1680.00	
M	KS 86511 A4 820	COVER - FRONT BUMPER					1.00	695.00	0.00	695.00
M	KS 86521 A4 810	LH COVER - FR BUMPER					1.00	130.00	0.00	130.00
M	KS 92201 A4 500	LHF FOG LAMP ASSY					1.00	206.00	0.00	206.00
P	KS 86320 A4 000	EMBLEM - KIA					1.00	76.00	0.00	76.00
M	KS 86513 A4 800	LH SIDE BRACKET - FR					1.00	12.00	0.00	12.00
M	KS 86514 A4 800	RH SIDE BRACKET - FR					1.00	12.00	0.00	12.00
M	KS 86551 A4 000	LH UPR SIDE BRACKET					1.00	12.00	0.00	12.00
M	KS 86552 A4 000	RH UPR SIDE BRACKET					1.00	12.00	0.00	12.00
M	KS 86520 A4 800	ABSORBER - FRONT BUM					1.00	68.00	0.00	68.00
P	KS 0G032 50 037A	CLIP - BUMPER					10.00	2.00	0.00	20.00
M	KS 64101 A4 000	CARRIER ASSY - FRONT					1.00	628.00	0.00	628.00
P	JJMZ313950	COOLANT					4.00	26.00	0.00	104.00
M	KS 66311 A4 000	LH FENDER PANEL					1.00	405.00	0.00	405.00
M	KS 84141 A4 000	LH FENDER INSULATOR					1.00	48.00	0.00	48.00

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
F0000061	Credit	30/10/2018/ 15:23	DS	218 / MarsLer	12707

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M KS 86810 A4 000 LHF WHEEL GUARD ASSY	1.00	75.00	0.00	75.00
P JJMR200300 CLIP, SPLASH SHIELD	10.00	2.00	0.00	20.00
P KS 92101 A4 160 LH HEADLAMP ASSY	1.00	1558.00	0.00	1558.00
M KS 52910 A4 750 WHEEL ASSY-ALUMINIUM	1.00	704.00	0.00	704.00

**Z. NOTES**

ACCIDENT ON 26/10/2018 ALONG CTE (BUKIT TIMAH EXIT) RIGHT LANE  
 OWNER CLAIMING THIRD PARTY  
 REQUIRED REPLACEMENT CAR  
 TP # SJZ82H TP INS : EQ

# Estimate

Confirm & accepted by

Parts	4,785.00
Labour	0.00
Standard Menu	0.00
Specialist Job	6,320.00
Others(Lub,etc)	0.00
Sundry	0.00
<b>Total(w/o GST)</b>	<b>11,105.00</b>

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 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. 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	26/10/2018 14:31
Date Of Accident	26/10/2018 09:30
Exact Location Of Accident	CTE(BUKIT TIMAH EXIT) RIGHT LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM179G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEUNG CHUNG HONG
NRIC No	S7270379J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91549117
Alternative Phone No	OTHERS-91549117

### Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103456056
Cover Note Number	

### Driver

Name of Driver	LEUNG CHUNG HONG
NRIC No	S7270379J
Date Of Birth	12/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91549117
Fax Number	
Contact Number	OTHERS-91549117
Email Address	NOEMAIL

Address	BLK 515 #04-87 PASIR RIS STREET 52
Postcode	510515
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : -
	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

REFER TO BELOW STATEMENT/SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ82H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLC4900T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.

26 OCT 2018

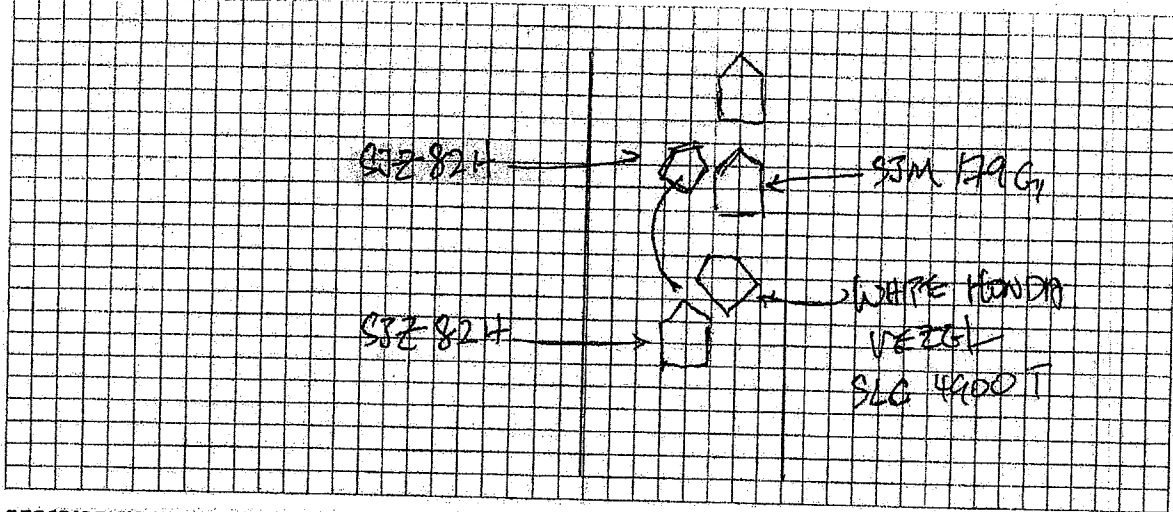
Policyholder's Signature  
Date & Time

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

**IDAC KAKI BUKIT (VAC)**  
Reporting Centre, 23 Kaki Bukit Ave 4  
Name: Singapore 415933  
NRIC/TEN: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

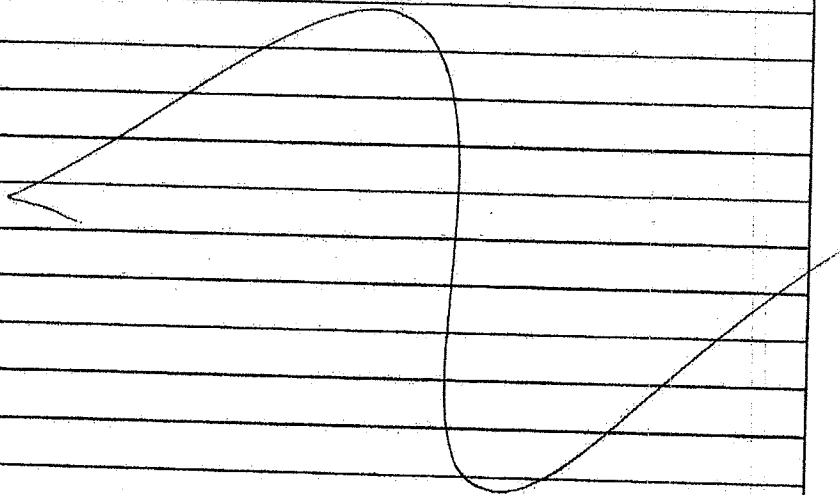
# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I MADE A HARD BRAKING AS THE VEHICLE IN FRONT ON THE EXTREME RIGHT LANE ARE COMING TO A QUICK STOP. WHILE HONDA BEHIND ME COULD NOT BRAKE IN TIME AND SWAYED TO ITS LEFT TO AVOID A COLLISION TO MY REAR. FROM ITS ACTION, CAR S2Z 82H, HAS TO REACT BY STEERING TO HIS LEFT AND HE HAS TO STEER BACK TO HIS RIGHT BUT HE COULD NOT STEER BACK TO HIS LANE IN TIME AND HE HIT ONTO MY LEFT FRONT.



## DECLARATION

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

26 OCT 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

Name:

Tel: 67416697 Fax: 67492305

NRIC/ID NO:

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

G.A.M.C SketchPlanForm\_V3

**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: 56650020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No: SDM H96  
Name (as shown in NRIC) : Leung Chung Hoap NRIC/FIN/Passport No : 872 23795  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 915449117

Email Address : \_\_\_\_\_

Date of Accident : 26.10.2018 Time of Accident : 09.30

Place of Accident : CTE (Bukit Mah Exit)

Insurance Company: Lone

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

update tp no. 85782H

Policyholder/ Driver's Signature  
Date:

**IDAC KAKI BUKIT (VAC)**  
Reporting Centre: 28 Kaki Bukit Ave 4  
Name: Singapore 415933  
NRIC/Pass No: Tel: 67416697 Fax: 67492305  
Date: Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

## 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 :** 5103456056

**Cover :** Comprehensive

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>SJM179G</b>    |
| Chassis Number   | : KNAHU815VJ7208469 |
| 2. Name of Policyholder  | : LEUNG CHUNG HONG  |
| 3. Effective Date of Insurance   | : 30 Aug 2018       |
| 4. Expiry Date of Insurance  | : 29 Aug 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.<br>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 or Hirer's business.   |                     |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.   |                     |

This Policy does not cover

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

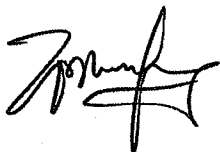
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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)

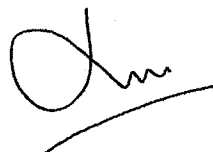
Agency : GRABCAR PTE. LTD. (00000601726)  
Date of Issue : 30 Aug 2018 13:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

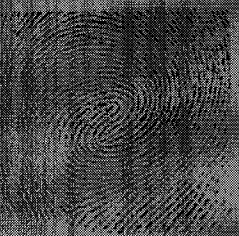


Countersigned By:

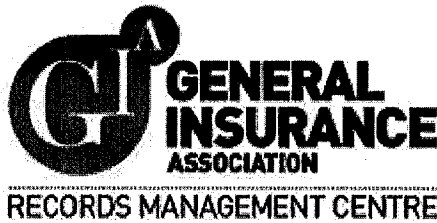
\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



2009283

**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-18-167324

Date of Request: 29/10/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/10/2018  
Enquiry By Mars Ler Yeong Cherng  
TP Vehicle No. SJZ82H  
Accident Date 26/10/2018

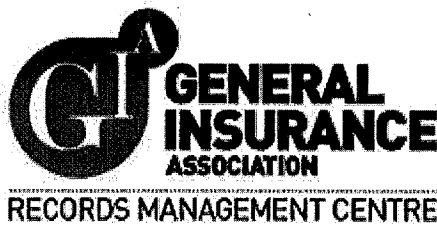
**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJZ82H	EQ Insurance Company Ltd	26/09/2018-25/09/2019	6223 9433

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.

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**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-18-167324

Date of Request: 29/10/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 29/10/2018  
Enquiry By Mars Ler Yeong Cherng  
TP Vehicle No. SJZ82H  
Accident Date 26/10/2018

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.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque