



CYCLE & CARRIAGE

Our Ref : SLQ9909M
Your Ref : SJQ5828M

January 25, 2019

AR. REGISTERED

ERGO INSURANCE PTE LTD
5 TEMASEK BOULEVARD # 04-01
SUNTEC TOWER FIVE
SINGAPORE 038985

Attention: Motor Claims,

Dear Sir/Madam,

Repair Services Rendered to Vehicle Reg. No.SLQ9909M – Accident on 06/12/2018
ALONG LOR 1 TOA PAYOH TRAFFIC JUNCTION.

We are pleased to enclose our invoice number **77420596** dated **18/01/2019** amounting as follows:

Cost of Repair	S\$12829.30
Loss of USE 08 days x S\$120/DAY	S\$ 960.00
LTA Search Fee	S\$ 2.00

Grand Total	S\$13791.30
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In addition, attached are the supporting documents of repair services rendered to the abovementioned vehicle.

Please acknowledge receipt of the same.

Take Notice, the agreed settlement and acceptance for this case is subject to the understanding that we must receive your payment for the agreed sum within 30 days herein.

Thank you.

Yours sincerely



Cycle & Carriage –Fulco Motor Dealer Pte Ltd
Eunos Service Centre

Encs.



CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE



CYCLE & CARRIAGE

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

TAX INVOICE

Co Reg No : 199707303Z

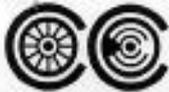
GST Reg No : 19-9707303-Z

Invoice Name & Address	Owner Name & Vehicle Info	
ERGO Insurance Pte Ltd 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Attn: Motor Claims Contact No 68299194	Cust No/Name	/Mr Chieng Kai Seng
	Reg No/Reg Date	SLQ9909M / 28/07/2017
	Date In/Mileage	06/12/2018/ 12496
	Chassis/Package	KNAHU815VJ7186120 /FS1F
	Engine No	D4FDHH108403
	Make/Model	KIA/CARENS 1.7 A D SX FL DY6
	Colour/Trim	IM / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
F0000082	Credit	18/01/2019/ 09:06	DS	323 / ChrisBulaclac	14924	77420596

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
MIPNT88088 TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT AND REAR ACCIDENT EFFECTED AREAS				80.00
S MIPNT88088 TO TRANSFER RHF & RHR DOOR COMPONENTS AND MECHANISM				600.00
S MIPNT88088 COMPUTERIZE WHEEL ALIGNMENT				180.00
S MIPNT88088 WHEEL BALANCING				100.00
S MIPNT88088 TO REMOVE AND RE-INSTALL CARPETING AND TRIMMING TO GIVE WAY ACCESS FOR REPAIR ON RHS ACCIDENT EFFECTED AREA				300.00
S MIPNT88088 TO REPLACE RHF FENDER,RHF & RHR DOOR ETC. -TO REPAIR RHS CENTER PILLAR & RHR OUTER FENDER & RH SIDE SILL -STRAIGHTEN,REFORM & ALIGN,ON RHS ACCIDENT EFFECTED AREAS				2400.00
S MIPNT88088 TO APPLY SEALANT KIT ON NEW PANEL				200.00
S MIPNT88088 TO DIAGNOSTIC/SCANNING				250.00
S MIPNT98088 SPRAY PAINTING ON RHS ACCIDENT EFFECTED AREAS				2100.00
M SUNDRY KS86614A4000 BRACKET ASSY - REAR BUMPER SIDE, RH				25.00
X KS 66321 A4 000 RH PANEL - FENDER	1.00	405.00	0.00	405.00
X KS 76004 A4 000 RHF DOOR PANEL ASSY	1.00	914.00	0.00	914.00
X KS 77004 A4 000 RHR DOOR PANEL ASSY	1.00	842.00	0.00	842.00
X KS 86373 A4 000 TAPE-FR DR BLACK FR	1.00	14.00	0.00	14.00
X KS 86372 A4 000 TAPE-FR DR BLACK FRA	1.00	12.00	0.00	12.00
X KS 86391 A4 000 TAPE-RR DR BLACK FR	1.00	11.00	0.00	11.00
X KS 86392 A4 000 TAPE-RR DR BLACK FR	1.00	12.00	0.00	12.00
X KS 86393 A4 000 TAPE-RR DR FRAME BL	1.00	9.00	0.00	9.00
X KS 86611 A4 010 COVER - REAR BUMPER,	1.00	576.00	0.00	576.00

Any dispute to the invoice must be made within 3 days.
 Cheques should be crossed and made payable to CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD - (SERVICE)
 This is a computer generated document, no signature is required.



CYCLE & CARRIAGE

**CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE**

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

**TAX INVOICE**

Co Reg No : 199707303Z

GST Reg No : 19-9707303-Z

Invoice Name & Address	Owner Name & Vehicle Info	
ERGO Insurance Pte Ltd 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Attn: Motor Claims Contact No 68299194	Cust No/Name	/Mr Chieng Kai Seng
	Reg No/Reg Date	SLQ9909M / 28/07/2017
	Date In/Mileage	06/12/2018/ 12496
	Chassis/Package	KNAHU815VJ7186120 /FS1F
	Engine No	D4FDHH108403
	Make/Model	KIA/CARENS 1.7 A D SX FL DY6
	Colour/Trim	IM / WK

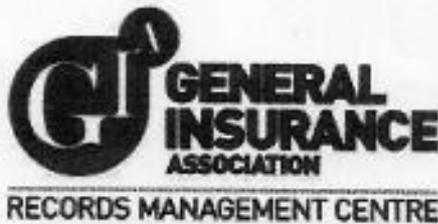
Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
F0000082	Credit	18/01/2019/ 09:06	DS	323 / ChrisBulaclac	14924	77420596

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
KS 52910 A4 750 WHEEL ASSY-ALUMINIUM	2.00	1480.00	0.00	2960.00
NOTES ACCIDENT ON 06/12/2018 ALONG LOR 1 TOA PAYOH TRAFFIC JUNCTION OWNER CLAIMING THIRD PARTY LOSS OF USE 08DAYS x \$120.00 = \$960.00 TP # SJQ5828M TP INS : ERGO				F.O.C.

File Copy

Parts	5,755.00	Nett	11,990.00
Labour	0.00	7% GST on	11990.00
Standard Menu	0.00		
Specialist Job	6,210.00	Total Payable	12,829.30
Others(Lub,etc)	0.00	Paid	0.00
Sundry	25.00	Total Due	12,829.30
Total(w/o GST)	11,990.00	Balance B/FWD	12,888.15
		Total Payable or C/FWD	25,717.45

Any dispute to the invoice must be made within 3 days.
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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-18-189102
Date of Request: 06/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/12/2018
Enquiry By Mars Ler Yeong Cherng
TP Vehicle No. SJQ5828M
Accident Date 06/12/2018

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:

GIRO Cash Cheque



**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-18-189102

Date of Request: 06/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 06/12/2018
Enquiry By Mars Ler Yeong Cherng
TP Vehicle No. SJQ5828M
Accident Date 06/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJQ5828M	ERGO Insurance Pte. Ltd.	02/04/2018-17/05/2019	6829 9199

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.



**CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE**

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

REPAIRER : CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD - EUNOS LINK SERVICE CENTRE

MOTOR VEHICLE CLAIM DISCHARGE VOUCHER

ATTN: ERGO INSURANCE PTE LTD
5 TEMASEK BOULEVARD # 04-01
SUNTEC TOWER FIVE
Singapore 038985

OWNER CHIENG KAI SENG
VEHICLE MODEL KIA/CARENS 1.7
ACCIDENT DATE 06/12/2018

VEHICLE NO SLO9909M
THIRD PARTY # SJQ5828M
WIP NO 14924

I/WE CERTIFY THAT THE VEHICLE HAS BEEN FULLY REPAIRED TO MY ENTIRE SATISFACTION AND THE PAYMENT OF REPAIRER'S CHARGES ARE CLAIMABLE UNDER THE POLICY WILL BE DEEMED IN FULL AND THE FINAL SETTLEMENT OF MY CLAIMS.

OWNER/INSURED SIGNATURE _____
DATE : _____
TIME _____

LETTER OF AUTHORITY

ACCIDENT INVOLVING SLQ9909M AND SJQ5828M ON 6/12/2018
Own Vehicle's Number Other Vehicle's Number Date Of Accident

Along LOR 1 TOA PAYOH TRAFFIC JUNCTION
Accident Location

BY THE LETTER OF AUTHORITY, I/We CHIENG KAI SENG S7468022D
Name of Policy Holder & NRIC/Passport/Fin #

Of BLK 153 LORONG 2 TOA PAYOH #13-606 SINGAPORE 310153
Address of Policy Holder

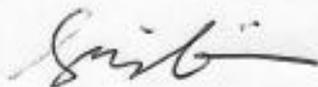
Owner of Vehicle Registration Number SLQ9909M hereby authorize **Cycle & Carriage-Fulco Motor**
Own Vehicle Number

Dealer Pte Ltd. to act for me with respect to my claim for repair cost and/or Loss of Use ("claim")

for my vehicle SLQ9909M that was damaged.
Own Vehicle Number

I further Authorized **Cycle & Carriage-Fulco Motor Dealer Pte Ltd.** To settle my above mentioned claim in a manner that they deem fit and **Cycle & Carriage-Fulco Motor Dealer Pte Ltd.** Is further Authorize to Signed on my behalf & receive payment further to settlement cheque/s of my claim with payment being made in favour of **Cycle & Carriage-Fulco Motor Dealer Pte Ltd** I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the vehicle/s is concerned.

Dated this 6 DECEMBER (Month) 2018 (Year)



CHIENG KAI SENG

Signed By Claimant/Policy Holder



Signed by "The Workshop"

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	06/12/2018 13:19
Date Of Accident	06/12/2018 09:35
Exact Location Of Accident	LOR 1 TOA PAYOH TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9909M
Insured/Policyholder	
Name Of Registered Owner	CHIENG KAI SENG
NRIC No	S7468022D
Email Address	CKS.JAMES@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90217740
Alternative Phone No	HOME-66735178

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (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	1700029701-01
Cover Note Number	

Driver

Name of Driver	HUANG YING
NRIC No	S7567203I
Date Of Birth	12/08/1975
Occupation	INDOOR
Date Of Driving Pass	27/04/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90217640
Fax Number	
Contact Number	HOME-66735178
E Mail Address	HYY9999@GMAIL.COM

Address	BLK 153 LORONG 2 TOA PAYOH #13-606 SINGAPORE
Postcode	310153
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : WEI YUN
	GENDER: : FEMALE

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

AS I WAS TRAVELLING STRAIGHT ROAD ON LOR 1 TOA PAYOH, SUDDENLY VEHICLE B(SJQ5828M) FROM MY RIGHT LANE JOINT MY LANE AND COLLIDED TO MY VEHICLE RIGHT HAND SIDE PORTION.

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	SJQ5828M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU TIANG WEE (LIU ZHANWEI)
NRIC/Passport Number	S8330519C
Contact Number	87203018
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

MOTOR ACCIDENT REPORT FORM
BASIC INFORMATION

Date of Report:	06/12/18	Time:	
Date of Accident:	06/12/2018	Time:	0935
Exact Location of Accident:	Lot 1 Tou Payoh Traffic Junction		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLQ 9909M	Name of Registered Owner:	Chiang Kai Seng
NRIC/Passport No./FIN:	S74680220	Company Reg. No.(for Company Veh):	-

VEHICLE PARTICULARS

Manufacturer:	KIA	Model:	Carens 1.7A
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:	1700029701-01		

Driver when the Accident Happen

Name of Driver:	Huang Ying	NRIC/Passport/Fin No:	S75672031
Date of Birth:	12/08/1975	Occupation:	Account Assistant
Date of Driving Pass:	27/04/2010	Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mobile No.:	90217640	Home No.:	66735178
Address:	Blk 153 Lorong 2 Tou Payoh #13-606 Singapore Postal Code 310153		
Email Address:	hyy9999@gmail.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 spouse		
Vehicle Registration Number of driver's Own Vehicle:	-		
Insurece Company:	-		

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	3rd Party Hit Insured (change lane)		
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:	SJA 5828M	Name of Registered Owner:	(Model: Hyundai)
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	Lau Tiang Nee (Liu Zhanwei)	NRIC/Passport/Fin No:	S8330519C
Mobile No.:	87203018	Home No.:	
Address:		Postal Code:	
Email Address:			
Insurece 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: 1/1/18
06/12/18



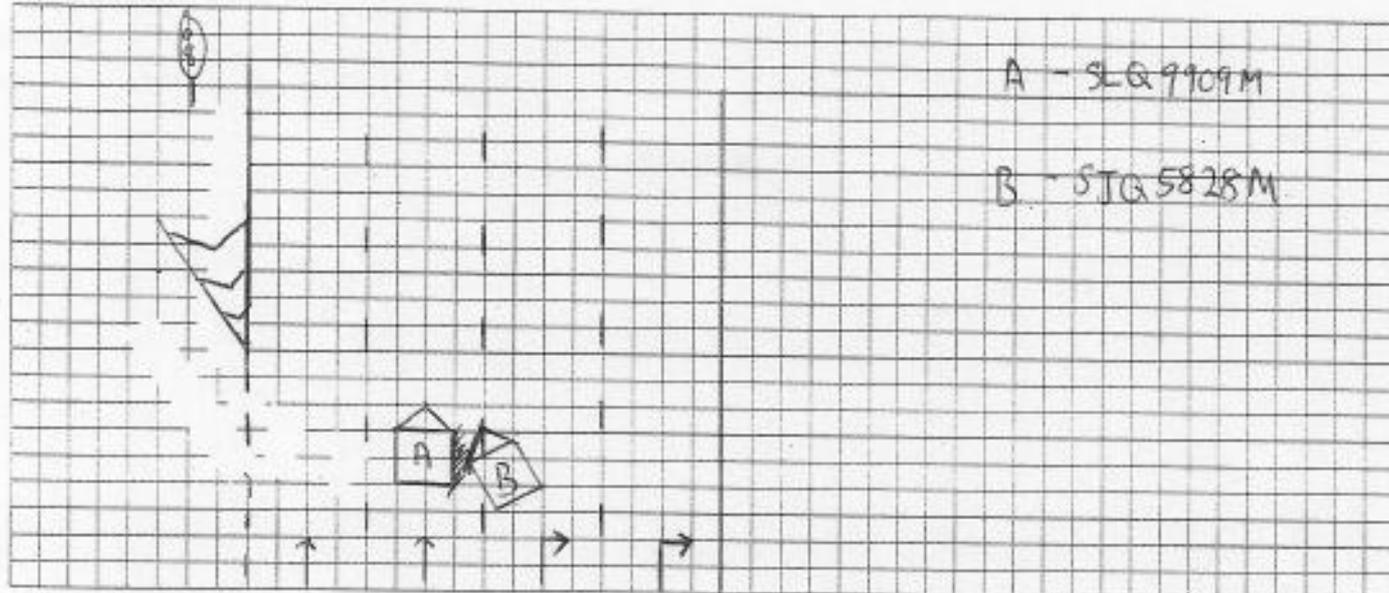
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling straight road on Lor 1 Pua Payoh, Suddenly vehicle B from my right lane joint into my lane and collided to my vehicle right hand side portion.

DECLARATION

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


Policyholder's Signature
Date & Time: 1 PM
6/12/18

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


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





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chieng Kai Seng
Period of Insurance : 28 Jul 2018 To 27 Jul 2019
Engine No. : D4FDHH108403
Chassis No. : KNAHU815VJ7186120

Vehicle No. : SLQ9909M
Policy No. : 1700029701-01
Endorsement No. :
Issued Date : 03 Jul 2018

ABOUT THE COVER

Make/Model : KIA Carens 1.7 Diesel SX
Engine Capacity/Tonnage : 1,685.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 - 1800cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 182) and Section 26 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)

Chieng Kai Seng - \$600 (Own Damage)

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

- Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684901
- Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64278800
- Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461003

For other Approved Reporting Centres/WG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website 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: Standard Chartered Bank (Singapore) 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. 182), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500710060

C&C FULCO-CORP SALES
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Monik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

100129458110ACX

25C295

4954846



NRIC No. S7468022D

Date of issue
22-04-2013

FOR C&C USE ONLY

Address
APT BLK 153 LORONG 2 TOA PAYOH
#13-606
SINGAPORE 310153

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7468022D



Name

CHIENG KAI SENG

詹开成

Race

CHINESE

Date of birth

20-02-1974

Sex

M

Country of birth

MALAYSIA

S7468022D

FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

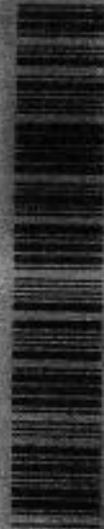
Class 3 Motor Cars < 2000kg with < 47 passengers, exclusive of the driver; and other motor vehicles < 2500kg

27 Apr 2010



License No: S75672031

SP 629A



REG No: S75672031

Date of issue
22-04-2012

Address

APT BLK 133 LORONG 2 TOA PAYAH
#13-805
SINGAPORE 310153

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S75672031

NAME
HUANG YING

Birth Date 12 Aug 1975

Issue Date 27 Apr 2010



00185-245821

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S75672031

Name

HUANG YING

黄英

Race

CHINESE

Date of birth

12-08-1975

Sex

F

Country of birth

CHINA



Mars Ler

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Friday, 4 January, 2019 4:42 PM
To: Mars Ler; SUR, Adrian Ling (LKKAuto)
Cc: Chris Bulaclac; Renemer Bagang
Subject: RE: Accident On 06/12/2018 Involving Our Insured SLQ9909M And Your Insured SJQ5828M

Dear Mars,

WITHOUT PREJUDICE

Confirmed amount \$11,990 before GST @ 8 working days.

Kindly send Final invoice and all supporting documents to ERGO INSURANCE

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mars Ler <mars.ler@ccfulco.com.sg>
Sent: Friday, 4 January 2019 2:45 PM
To: SUR <sur@lkkauto.com>; Adrian Ling (LKKAuto) <adrianling@lkkauto.com>
Cc: Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>; Renemer Bagang <renemer.bagang@ccfulco.com.sg>
Subject: RE: Accident On 06/12/2018 Involving Our Insured SLQ9909M And Your Insured SJQ5828M

Dear Veron / Andrian ,

As per attach for your reference , please help to finalize (8working days) .

Thank You,

Best regards

Mars Ler
B & P Service Advisor
Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 Ubi Road 3 Singapore 408650
D/D 65949163 H/P 91792566

From: Mars Ler
Sent: Monday, 10 December, 2018 10:53 AM
To: 'ERGO Insurance Pte. Ltd. (Claims Department)'
Cc: Chris Bulaclac
Subject: Re:Accident On 06/12/2018 Involving Our Insured SLQ9909M And Your Insured SJQ5828M