



CYCLE & 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	
EQ INSURANCE COMPANY LTD 5 Maxwell Road #17-00 Tower Block, MND Complex, Singapore 069110 Contact No	Cust No/Name	/Ms Ong Hwee Yee Stella
	Reg No/Reg Date	SLE208A / 06/11/2015
	Date In/Mileage	11/12/2018/ 0
	Chassis No	KNAFX411MF5522252
	Engine No	G4FGFH796883
	Make/Model	KIA/FORTE K3 1.6 A EX BF4
	Colour/Trim	SWP / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
F000061	Credit	11/12/2018/ 11:06	DS	218 / MarsLer	15132

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
S MIPNT88088 DIAGNOSTIC/SCANNING				250.00
S MIPNT88088 TO CHECK LIGHTNING AND WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS				80.00
S MIPNT88088 TO REPLACE FRONT BUMPER,RHF FENDER ETC. -STRAIGHTEN,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS				2400.00
S MIPNT88088 WHEEL BALANCING				50.00
S MIPNT88088 COMPUTERIZED WHEEL ALIGNMENT				180.00
S MIPNT88088 TO REMOVE & RE-INSTALL A/C CONDENSER & RADIATOR TO GIVE WAY ACCESS REPAIR ON FRONT ACCIDENT AFFECTED AREAS				280.00
S MIPNT98088 SPRAY PAINTING ON FRT & RHS ACCIDENT AFFECTED AREAS				1680.00
M KS 86511 A7 000 COVER - FRONT BUMPER	1.00	728.00	0.00	728.00
M JJMR200300 CLIP, BUMPER	10.00	2.00	0.00	20.00
M KS 86514 A7 000 BRACKET -FR BUMPER S	1.00	12.00	0.00	12.00
M KS 86513 A7 000 BRACKET-FR BUMPER SI	1.00	12.00	0.00	12.00
M KS 92102 A7 101 LAMP ASSY-HEAD,RH	1.00	1870.00	0.00	1870.00
M KS 66321 A7 000 PANEL - FENDER, RH	1.00	435.00	0.00	435.00
M KS 86812 A7 000 RHF WHEEL GUARD ASSY	1.00	109.00	0.00	109.00
M WRT900437 WHEEL ASSY	1.00	1460.00	0.00	1460.00
M KS 64101 A7 001 CARRIER ASSY-FR END	1.00	776.00	0.00	776.00
P JJMZ313950 COOLANT	4.00	26.00	0.00	104.00
Z NOTES ACCIDENT ON 10/12/18 ALONG AMA83 ANG MO KIO INDUSTRIAL PARK 2 BLK 5022 OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR TP # YL9606J TP INS: EQ INSURANCE				

Estimate

Confirm & accepted by Authorized signatory and company stamp	Parts	5,526.00
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	4,920.00
	Others(Lub,etc)	0.00
	Sundry	0.00
	Total(w/o GST)	10,446.00

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 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	10/12/2018 16:51
Date Of Accident	10/12/2018 10:40
Exact Location Of Accident	AMA83 ANG MO KIO INDUSTRIAL PARK 2 BLK 5022
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE208A
Insured/Policyholder	
Name Of Registered Owner	ONG HWEE YEE STELLA
NRIC No	S8415333H
Email Address	ONG_STELLA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81868484
Alternative Phone No	OTHERS-94309995

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 EX (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	2100435194-03
Cover Note Number	

Driver

Name of Driver	SAMUEL ONG CHONG HWA
NRIC No	S9218895G
Date Of Birth	29/05/1992
Occupation	INDOOR
Date Of Driving Pass	05/05/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94309995
Fax Number	
Contact Number	
EMail Address	SAMUEL.ONG@LIVE.COM

Address 8 ANG MO KIO CENTRAL 3 #01-12
 Postcode 567744
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SIBLING
 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 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) 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

MY CAR WAS PARKED AT 5022 ANG MO KIO INDUSTRIAL PARK 2 AT CAR PARK AMA83 FROM 0800-1200HRS. AS I WENT BACK TO MY VEHICLE, I NOTICED A NOTE ON MY WINDSCREEN AND THAT THE FRONT PORTION (RIGHT SIDE) OF MY CAR WAS DAMAGED BY VEHICLE B (YL9606J). AFTER CALLING THE PHONE NUMBERS LEFT ON THE NOTE, THEY TOLD ME TO PROCEED WITH INSURANCE CLAIMS, AGAINST THEM.

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 YL9606J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

BASIC INFORMATION

Date of Report:		Time:
Date of Accident:	10/12/2018	Time: 1040.
Exact Location of Accident:	AMA83. Ang Mo Kio Industrial Park 2 BLK 5022.	

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLE 208A	Name of Registered Owner:	Ong Hwee Yee Stella.
NRIC/Passport No./FIN:	S8415333H	Company Reg. No.(for Company Veh):	-

VEHICLE PARTICULARS

Manufacturer:	KIA.	Model:	cerato.
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage	<input checked="" type="checkbox"/> Others	Parked.
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:	HIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	2100435194-03.

Driver when the Accident Happen

Name of Driver:	Samuel Ong Chong Hwa.	NRIC/Passport/Fin No:	S 9218895G.
Date of Birth:	29/05/1992.	Occupation:	Engineer
Date of Driving Pass:	05/05/2011	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	94309995.	Home No.:	
Address:	18 Ang Mo Kio Central 3 #10-12 Singapore Postal Code 567744		
Email Address:	SAMUEL.ONH@LIVE.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 :		
Vehicle Registration Number of driver's Own Vehicle:	-		
Insurance Company:	-		

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:	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	Number of Passengers(Including Driver): 0
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?: -
Which Police Station:	-		
Was notice of Intended Prosecution given:	-		

DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number:	YL 9606J.	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:		NRIC/Passport/Fin No:	
Mobile No.:		Home No.:	
Address:		Postal Code	
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

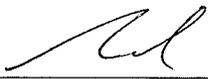
IMPORTANT NOTICE

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.

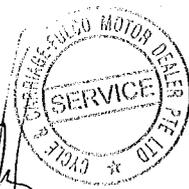
Policyholder's Signature
Date & Time:



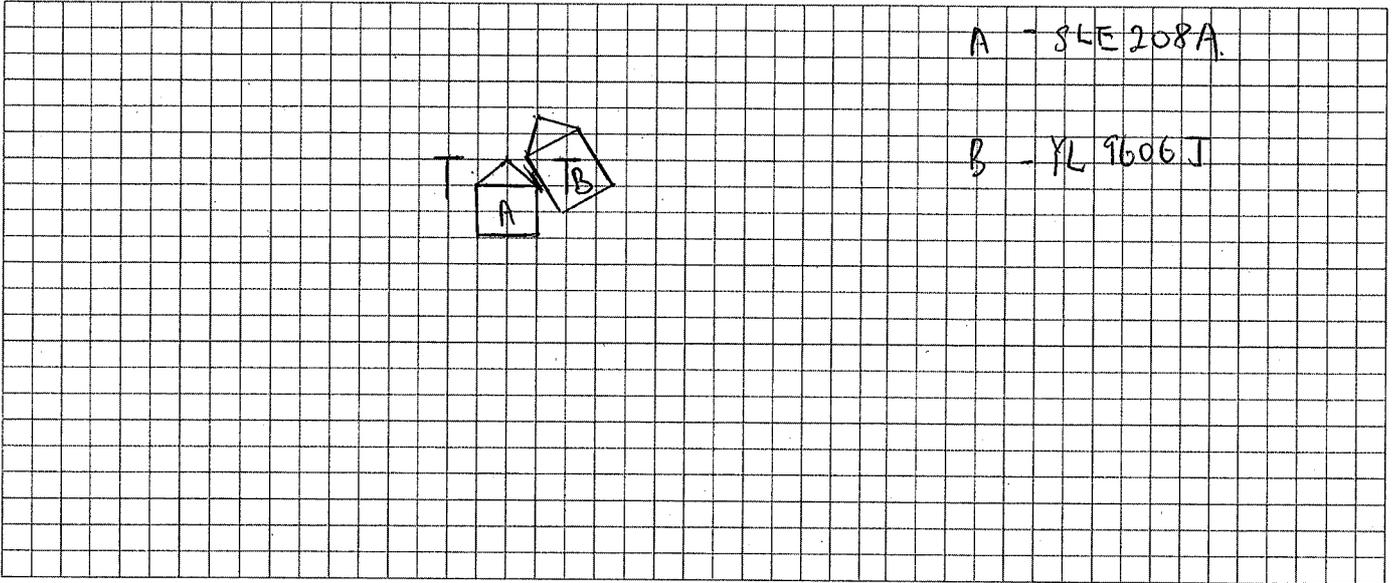
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/2/18 16:10hrs



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR WAS PARKED AT 5022 ANA MO KIO INDUSTRIAL PARK 2 AT CARPARK NUMBER AM183 FROM 0800 - 1200HRS. AS I WENT BACK TO MY VEHICLE, I NOTICED A NOTE ON MY WINDSCREEN AND THAT THE FRONT PORTION (RIGHT SIDE) OF MY CAR WAS DAMAGED BY YL 9606J.

AFTER CALLING THE PHONE NUMBERS LEFT ON THE NOTE, THEY TOLD ME TO PROCEED WITH INSURANCE CLAIMS, AGAINST THEM.

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: 10/2/18 16:10HRS


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



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ong Hwee Yee Stella
Period of Insurance : 06 Nov 2018 To 05 Nov 2019
Engine No. : G4FGFH796883
Chassis No. : KNAFX411MF5522252

Vehicle No. : SLE208A
Policy No. : 2100435194-03
Endorsement No. :
Issued Date : 09 Oct 2018

ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A EX
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PARF : Yes

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* :
This Policy is 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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 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)

Ong Hwee Yee Stella - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64278800
3. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/AIG 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: MayBank

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500710050

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPQCC

Call

HP-90556546

HP-87271633



+65 8727 1633 >

iMessage
Today 12:23 PM

YL9606J
SAFETECH ENGINEERING
PTE.LTD
87271633

The sender is not in your contact list.
Report Junk

manager mr. Indi



Subject

Attachments



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9218895G



NAME
 SAMUEL ONG CHONG HWA



RACE
 王 崇 馨

CHINESE

Date of Birth
 29-05-1992

Country of Birth
 SINGAPORE

Sex
 M

FOR COPIES ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S9218895G



SAMUEL ONG CHONG HWA

Issue Date: 29 May 2009

Valid Until: 05 May 2011



4504053

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS 3 Motor Cars < 3000kg with < 7 passengers & elsewhere 05 May 2011
 of the driver, and other motor vehicles < 2500kg.

EXPIRY DATE

FOR COPIES ONLY

License No. S9218895G



187428A

FOR COPIES ONLY

4504053



Date of Issue
 15-12-2009

Issue No. S9218895G

Address
 0 ANG MO KIO CENTRAL 3
 #01-12
 SINGAPORE 567749



**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-18-190975

Date of Request: 10/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 10/12/2018
Enquiry By Christopher L. Bulaclac
TP Vehicle No. YL9606J
Accident Date 10/12/2018

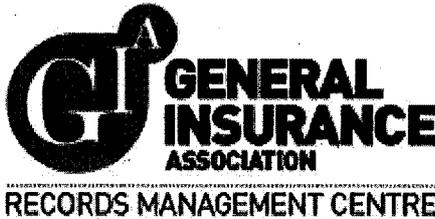
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YL9606J	EQ Insurance Company Ltd	18/03/2018-17/03/2019	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.

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-18-190975

Date of Request: 10/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 10/12/2018
Enquiry By Christopher L. Bulaclac
TP Vehicle No. YL9606J
Accident Date 10/12/2018

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