



CYCLE & CARRIAGE

Our Ref : SLZ1632R
Your Ref : SGS2686A

July 3, 2019

AR. REGISTERED

LKK Auto Consultants Pte Ltd.
51 Ubi Avenue 1
#01-25 Paya Ubi
Industrial Park
Singapore 408933

Cc: FWD SINGAPORE PTE LTD
6 TEMASEK BOULEVARD # 18-01
SUNTEC TOWER FOUR
SINGAPORE 038986

Dear Sir/Madam,

Repair Services Rendered to Vehicle Reg. No.SLZ1632R – Accident on 23/01/2019
ALONG ANG MO KIO AVENUE 5

We are pleased to enclose our invoice number 77447408 dated 24/06/2019 amounting as follows:

Cost of Repair	S\$ 4825.70
Loss of Rental 03 days x S\$214/DAY	S\$ 642.00
LTA Search Fee	S\$ 2.00

Grand Total	S\$ 5469.70
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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

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 : 1997073032

GST Reg No : 19-9707303-Z

Invoice Name & Address	Owner Name & Vehicle Info	
FWD SINGAPORE PTE LTD 6 Temasek Boulevard #18-01 Suntec Tower Four SINGAPORE 038986 Tel: 68208888 Contact No	Cust No/Name	/FULCO LEASING PTE LTD
	Reg No/Reg Date	/
	Date In/Mileage	30/01/2019/ 0
	Chassis/Package	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No		
F0000090	Credit	24/06/2019/ 08:17	D5	323 / ChrisBulaclac	18225	77447408		
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
S	MIPNT88088							350.00
	DIANOSTIC / SCANNING							100.00
S	MIPNT88088							400.00
	TO CHECK LIGHTING AND WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS							800.00
S	MIPNT88088							600.00
	TO REMOVE AND RE-INSTALL TRIMMING AND CAPERTING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS							50.00
S	MIPNT88088							250.00
	TO REPLACE REAR BUMPER,CHROME GARNISH,REAR BEAM,ETC -TO REPAIR REAR END PANEL STRAIGHTEN,REFORM,ALIGN ON REAR ACCIDENT AFFECTED AREAS							1600.00
S	MIPNT98088							360.00
	SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS							F.O.C.
M	SUNDRY							
	CLIP							
X	WMCD2058857038	LWR RR BUMPER			1.00	250.00	0.00	250.00
X	WMCD205880044764	UPPER RR BUMPER			1.00	1600.00	0.00	1600.00
X	WMCD2058851621	LWR CHROME BUMPER GA			1.00	360.00	0.00	360.00
Z	NOTES							
	FULCO LEASING PTE LTD							
	22 UBI RD 4 SINGAPORE 408617							
	SLZ1632R MERCEDES-BENZ C180							
	CHASSIS NO.: WDD2050402R377341							F.O.C.
Z	NOTES							
	ACCIDENT ON 23/01/2019 ALONG ANG MO KIO AVENUE 5							
	OWNER CLAMING THIRD PARTY							
	REQUIRED REPLACEMENT CAR (R/A-22277)							
	TP # SGS2686A TP INS : FWD							
Parts	2,210.00					Nett		4,510.00
Labour	0.00				7% GST on	4510.00		315.70
Standard Menu	0.00							
Specialist Job	2,250.00					Total Payable		4,825.70
Others(Lub,etc)	0.00					Paid		0.00
Sundry	50.00					Total Due		4,825.70
Total(w/o GST)	4,510.00					Balance B/FWD		0.00
						Total Payable or C/FWD		4,825.70

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.

To : Cycle & Carriage.Fulco Motor Dealer Pte Ltd
 - Workshop
 Eunus Link Service Centre
 330 Ubi Road 3
 Singapore 408650

 A/c : Raymond Chua Teck Boon
 SLZ1632R

Date : 26/04/2019
 Tax Invoice No : **S0328/19**
 Contract No : -
 Rental Agreement No : ST/22277
 Contract Period : 23/04/19 - 26/04/19
 Payment Terms : CASH
 Payment Period : 23/04/19 - 26/04/19
 Payment Due Date : 26/04/2019

Vehicle No.	Driver	Model	Item	Amount
SCY88E	As per agreement	MB E200	Rental Charges: 3 days @ \$200 per day	\$600.00

Total : \$ 600.00
 GST 7% : \$ 42.00
 Amount Payable : \$ **642.00**

Billing Enquires

Contact : Accounts
 Tel. No. : 6743 6266
 Fax No. : 6420 6328

for Fulco Leasing Pte Ltd



Cheques should be crossed and made payable to "Fulco Leasing Pte Ltd"

Authorized Signature

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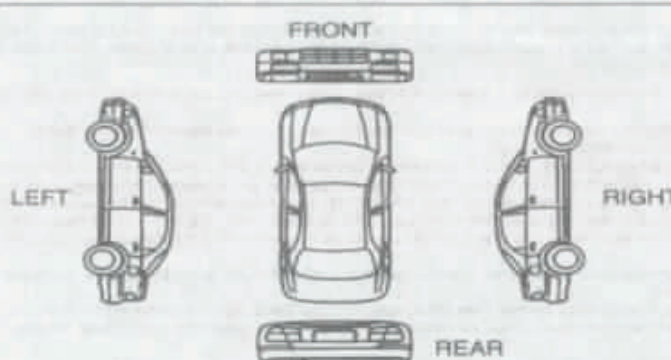
Please detach and return with
your remittance to :

Fulco Leasing Pte Ltd
 22 Ubi Road 4, Fulco Building
 Singapore 408617

Invoice No : S0328/19
 Vehicle No : SCY88E
 Due date : 26/04/2019
 Amount Payable : \$ **642.00**
 Cash/Cheque :

RENTAL AGREEMENT No. ST/ 22277

SZ1632R Ref: CVC - AL lev.

Hirer Particulars -		Veh. No. SCY88E		Replace Veh. No.	
Name	Raymond Chua Teck Boon	Make / Model	MB E200	Auto/Manual	Auto
Address	1 Bishan St 15 #07-10 Sky Vne	Date/Time Out	23/04/19 @ 0930am	KM Out	34963
	S(573910)	Mobile	9646 8230	Date/Time In	26/04/19 @ 0900AM
NRIC/Passport	S2561402 Z	Tel (Office)		Estimated Date/Time Return	
Employer	Heracem Materials	Occupation	GM	Rental Charges -	
Authorised Driver's Particulars -		Hours		Per Hour	
Name	As above	3	Days	@	200
Address	As above		Weeks	@	Per Week
			Months	@	Per Month
NRIC/Passport	As above	Nationality	S'porean	Optional Charges -	
Date of Birth	20/03/1965	Occupation		Delivery	@ Per Trip
DL Licence No.		Pass Date	29/12/2007	Collection	@ Per Trip
Expiry Date	NA	Country of Issue	S'pore	M'sia Surcharge	@ Per Day
Tel (Res)		Tel (Office)		PAI	@ Per Day
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Others			
		Sub-Total		600	
		Add 7% GST		42	
		(A) Estimated Total Rental		642	
		Extension -			
		Extension Rental	x		
		M'sia Surcharge	x		
			x		
		Others -			
		Sub-Total			
		Add 7% GST			
		(B) Extension/others Total			
		(A) + (B) Grand Total Rental Charges			
		Less Prepayment			
		Balance Due			
		Mode of Payment :			
		Cash/Nets/Cheque/VISA/MC Card No:			
		Deposit	Deposit Refunded		
		Amount			
		Remarks:	Received by		
		The hirer hereby read and understood all terms and conditions stated on this page and overleaf:			
		for Fulco Leasing Pte Ltd			
		Hirer Signature/Co's Stamp/Date		Authorised Signature/Date	

IMPORTANT NOTE:

- Only drivers registered with FULCO Leasing Pte Ltd (the Owner) are authorised to drive the Vehicle. Should the Vehicle be damaged or stolen while being driven by unauthorised drivers, the Hirer is liable for the full cost of repair or the value of the Vehicle if the Vehicle is being stolen & other losses suffered by the Owner.
- The Hirer shall not permit the Vehicle to be used for purposes which conflict with the Law in connection with theft, drug peddling or trafficking, smuggling or any other criminal action. Should the Vehicle be confiscated by the Government under such circumstances, the Hirer shall indemnify the Owner the value of the Vehicle plus all cost and expenses incurred.

**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-19-014204

Date of Request: 24/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date: 24/01/2019

Enquiry By: Mars Ler Yeong Cherng

TP Vehicle No: SGS2686A

Accident Date: 23/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
sgs2686a	FWD Singapore Pte. Ltd.	09/03/2018-08/03/2019	6727 5700

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.



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE6 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-19-014204

Date of Request: 24/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 24/01/2019
Enquiry By Mars Ler Yeong Cherng
TP Vehicle No. SGS2686A
Accident Date 23/01/2019

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



**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: FWD INSURANCE SINGAPORE PTE LTD
6 TEMASEK BOULEVARD
#18-01 SUNTEC TOWER 4
SINGAPORE 038986

OWNER : FULCO LEASING PTE LTD

VEHICLE NO : SLZ1632R

VEHICLE MODEL : MERCEDES-BENZ C180

THIRD PARTY # : SGS2686A

ACCIDENT DATE : 23/01/2019

WIP NO : 18225

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 SLZ1632R AND SGS2686A ON 23/1/2019
Own Vehicle's Number Other Vehicle's Number Date Of Accident

Along ANG MO KIO AVENUE 5
Accident Location

BY THE LETTER OF AUTHORITY, I/We FULCO LEASING PTE LTD 1308G
Name of Policy Holder & NRIC/Passport/Fin #

Of 22 UBI ROAD SINGAPORE 408617
Address of Policy Holder

Owner of Vehicle Registration Number SLZ1632R 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 SLZ1632R 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 23 JANUARY (Month) 2019 (Year)


FULCO LEASING PTE LTD

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	24/01/2019 12:16
Date Of Accident	23/01/2019 08:40
Exact Location Of Accident	ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1632R
Insured/Policyholder	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	201021308G
Email Address	JOHNSON.POON@FULCOLEASING.COM.SG
Mobile Phone No	(LOCAL) +65-98387928
Alternative Phone No	OFFICE-67436266

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 AVANTGARDE (R17 LED) (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	SLZ1632R
Cover Note Number	

Driver

Name of Driver	RAYMUND CHUA TECK BOON
NRIC No	S2561402Z
Date Of Birth	20/03/1965
Occupation	INDOOR
Date Of Driving Pass	29/12/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96468230
Fax Number	
Contact Number	OTHERS-96468230
Email Address	RAYMUND.CHUA@HERAEUS.COM

Address	1 BISHAN STREET 15 #07-10 SINGAPORE
Postcode	573910
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASE
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT # T/20190123/2035

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	SGS2686A
Vehicle Make/Model/Colour	MITSUBISHI LANCER GLX
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)

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Report:			Time :
Date of Accident:	23/01/2019		Time : 0840
Exact Location of Accident:	Ang Mo Kio Avenue 5		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SLZ 1632 R	Name of Registered Owner :	Fulco Leasing Pte Ltd.
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	2010213086
VEHICLE PARTICULARS			
Manufacturer :	Mercedes Benz	Model:	C180
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		
INSURANCE DETAILS			
Name of Insurance:	ALG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	SLZ 1632R		
Driver when the Accident Happen			
Name of Driver:	Raymond Chua Teck Boon		NRIC/Passport/Fin No :
Date of Birth:	20/03/1965		Occupation : Director
Date of Driving Pass:	29/12/2007		Gender : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	96468230	Home No.:	-
Address:	11 Bishan Street 15 #07-10 Singapore		Postal Code 573910
Email Address :	raymond.chua@heraus.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 Lease		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company :			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident :	HTF and Run		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Which Police Station:	Bishan N.P.C		
Was notice of Intended Prosecution given :			
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number:	SGS 2686A		
NRIC/Passport No./FIN:			
Name of Driver :			
Mobile No.:			
Address:			
Email Address :			
Insurance Company :			
Details of Passenger if any			
Passenger Name:			
Contact Number:			
Gender			
Details of Injured Person			
Name :			
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.



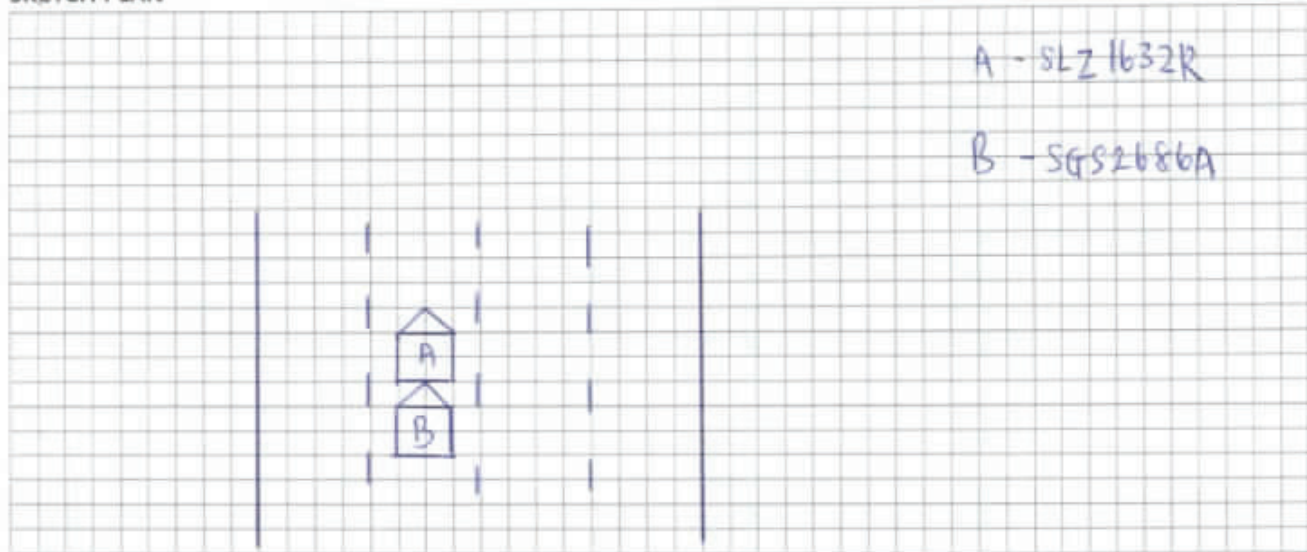
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20190123/2035

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:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





SINGAPORE POLICE FORCE



T/20190123/2035

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190123/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 11:47		Vide Report No.:		Station Diary No.: 81	
Informant's Particulars					
Name of Informant: RAYMUND CHUA TECK BOON			Address: 1 BISHAN STREET 15 #07-10 SINGAPORE 573910		
ID Type / ID No.: NRIC NO / S2561402Z			Contact No.: Home/Office: Mobile: 96468230		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 20/03/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/01/2019 08:40	Type of Location: traffic light Junction
Location: Junction of Road 1 and Road 2 CENTRAL EXPRESSWAY ANG MO KIO AVENUE 5 Junction of Ang Mo Kio Flyover and Ang Mo Kio Ave 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle hit onto stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS2686A	Car				Slightly Damaged	1
SLZ1632R	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190123/2035

CONTINUATION OF REPORT

Driver			
Name	RAYMUND CHUA TECK BOON		ID No. S2561402Z
Related Vehicle	SLZ1632R (Car)		Contact No. 96468230
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my car (SLZ1632R) along Ang Mo Kio North Flyover(CTE). The traffic was heavy at that point of time. As I reached the junction of Ang Mo Kio Ave 5, I stopped my vehicle as the traffic light was red. As I was waiting stationary, I felt an impact coming from the rear of my vehicle. I look through my rear view mirror; I notice that a car(SGS2686A) was very near to my vehicle. As the traffic was heavy, I expected the car to follow me. However, after two traffic light junction, the car did not stop. As such there was no exchanging of particulars.

When I made a check on my in-car camera, the said car, inching forward and hit onto the rear of my car. I then notice that the driver was talking with the passenger. I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190123/2035

3 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190123/2035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 3 MUHAMMAD RIDZUAN BIN ABDUL
RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/01/2019 11:47

Classification Of Case:

SN 061

SIGNATURE

**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, 1988 (MALAYSIA)

M.Z. 400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. SLZ1632R

(The below excess is subject to GST)

POLICY EXCESS S\$1300.00 (i)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLZ1632R

Fulco Leasing Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT

15 December 2018

4) DATE OF EXPIRY OF INSURANCE

31 December 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their 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 to that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use for the carriage of passengers or goods in connection with the insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst towing a trailer except the towing (either than for reward) of any one disabled mechanically propelled vehicle.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY DBS Bank

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Issued in Singapore 23 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd

502806-000
Liew Ooi Lin May
78 Shenton Way
#07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPAHN

4306874



NRIC No: S2561402Z

FOR C&C USE ONLY



Date of issue: 21-11-2012

1 BISHAN STREET 15 #07-10
SINGAPORE 573910

NOTED No: S2561402Z

Date: 04/11/2016

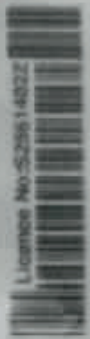
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, grossing \geq 74 driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EXPIRY DATE 29 Dec 2007

FOR C&C USE ONLY

License No: S2561402Z



NP 426A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2561402Z



FOR C&C USE ONLY

Name RAYMUND CHUA TECK BOON

Race CHINESE

Date of birth 20-03-1965

Sex M

Country of birth BRUNEI

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number S2561402Z

Name RAYMUND CHUA TECK BOON

Birth Date 20 Mar 1965

Issue Date 09 Nov 2016



002627492H

Mars Ler

From: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Sent: Wednesday, 6 March, 2019 2:51 PM
To: Mars Ler
Cc: Chris Bulaclac; Renemer Bagang; assignments
Subject: RE: Re:Accident On 23/01/2019 Involving Our Insured SLZ1632R And Your Insured SGS2686A

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Hi Sir/Mdm,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, **the liability is clear /** under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle.

The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will base on the number of days of repair as recommended by our surveyor.

Kindly take note that the case handler in-charge is Asher and she can be contacted at her DID 6841 6051

In order to expedite the claim process, please forward all relevant documents to us (**LKK**) to proceed on negotiate settlement.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: asher.sng@lkkauto.com | fax: 6741-4108

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

From: Mars Ler <mars.ler@ccfulco.com.sg>
Sent: Tuesday, 26 February 2019 4:44 PM
To: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Cc: Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>; Renemer Bagang <renemer.bagang@ccfulco.com.sg>; assignments <assignments@lkkauto.com>
Subject: Re:Accident On 23/01/2019 Involving Our Insured SLZ1632R And Your Insured SGS2686A

Dear Asher ,

As per attach video footage for your reference , SGS2686A rolling & collided my customer vehicle .

Thank You,