



**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	
CHINA TAIPING INSURANCE (SINGAPORE) 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Claims Dept. Contact No 63896111	Cust No/Name	/Mr Heng Chong Ming
	Reg No/Reg Date	SGH8021L / 23/06/2006
	Date In/Mileage	22/02/2019/ 0
	Chassis No	KNADE241266118048
	Engine No	G4EE6H038388
	Make/Model	KIA/RIO 1.4 M HB
	Colour/Trim	J4 / RU(

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
F0000018	Credit	27/02/2019/ 14:38	DS	218 / MarsLer	19334

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
S MIPNT88088 DIAGNOSTIC / SCANNING				250.00
S MIPNT88088 TO REMOVE AND RE-INSTALL TRIMMING TO GIVE WAY ACCESS REPAIR ON LHS ACCIDENT AFFECTED AREAS				600.00
S MIPNT88088 TO TRANSFER LHF DOOR COMPONENT & MECHANISM PARTS				600.00
S MIPNT88088 TO REPLACE LHF DOOR,ETC -TO REPAIR LHS PILLAR ACCIDENT AFFECTED AREAS STRAIGHTEN,REFORM,ALIGN ON LHS ACCIDENT AFFECTED AREAS				1800.00
S MIPNT88088 TO APPLY SEALANT KIT ON NEW PANEL				200.00
S MIPNT98088 SPRAY PAINTING ON LHS ACCIDENT AFFECTED AREAS				1260.00
M KS 76003 1G 010 LHF DOOR PANEL ASSY	1.00	648.00	0.00	648.00
M KS 79310 1G 000 UPR LH HINGE	1.00	27.00	0.00	27.00
M KS 79320 1G 000 LWR LH HINGE	1.00	27.00	0.00	27.00
M KS 82210 1G 001 W/STRIP ASSY-FR DR B	1.00	43.00	0.00	43.00
M KS 87721 1G 010 LHF DR W/LINE MOULDI	1.00	47.00	0.00	47.00
M KS 82650 1G 050 LHF DOOR O/SIDE HAND	1.00	80.00	0.00	80.00
M KS 81312 1G 000 LHF DOOR LATCH ASSY	1.00	238.00	0.00	238.00
M KS 82401 1G 010 REGULATOR ASSY-FR DR	1.00	249.00	0.00	249.00
M KS 82530 1G 000 LHF DR WDO GLASS RUN	1.00	105.00	0.00	105.00
Z NOTES ACCIDENT ON 18/02/2019 ALONG VEERASAMY ROAD OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR TP # GV5229B TP INS : CHINA TAIPING				

Estimate

Confirm & accepted by Authorized signatory and company stamp	Parts	1,464.00
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	4,710.00
	Others(Lub,etc)	0.00
	Sundry	0.00
	Total(w/o GST)	6,174.00

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	18/02/2019 16:52
Date Of Accident	18/02/2019 13:05
Exact Location Of Accident	VEERASAMY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8021L
Insured/Policyholder	
Name Of Registered Owner	HAI MOHAMED S/O MOHAMED HUSSAIN
NRIC No	S2204602J
Email Address	HAIQLTY@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92275501
Alternative Phone No	OTHERS-92275501

Vehicle Particulars

Manufacturer	KIA
Model	RIO-1.5 (A)
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5032378523-10
Cover Note Number	THIRD PARTY

Driver

Name of Driver	HAI MOHAMED S/O MOHAMED HUSSAIN
NRIC No	S2204602J
Date Of Birth	04/02/1971
Occupation	INDOOR
Date Of Driving Pass	01/03/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92275501
Fax Number	
Contact Number	OTHERS-92275501
EMail Address	HAIQLTY@SINGNET.COM.SG

Address	BLK 12 NORTH BRIDGE ROAD #22-3958
Postcode	190012
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 (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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO INSURED'S STATEMENT

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	GV5229B
Vehicle Make/Model/Colour	
Details Of Properties	RIGHT PORTION
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)	

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Vehicle No:

Report Date: 18/2/2019 Start Time: 5:03 PM

Report No: MT#

D.O.A:

Make/Model:

Reporting Type: TP

End Time:

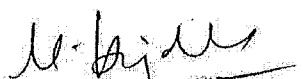
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 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.
- 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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.


18/2/2019 17:03

Policyholder's Signature
Date & Time:

18/2/2019 17:03

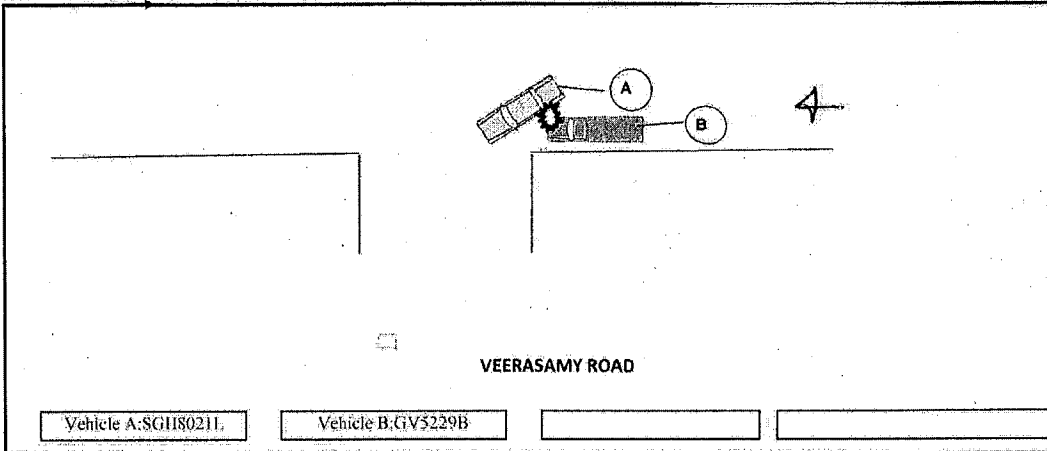
Driver's Signature (If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to OI statement

DECLARATION

We declare the foregoing particulars are true in every respect.


18/2/2019 17:03

Policyholder's Signature
Date & Time:

18/2/2019 17:03

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



Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

OI STATEMENT Pg. 1

OI STATEMENT Pg. 1

On 18/2/2019 at about 1.05 pm, I drove my vehicle SGH 8021L along Veerasamy Road.

I wanted to park at the HDB car park on the left.

Thus, I signalled left with the indicator.

A truck with a driver was stationary along the double yellow line.

I then proceeded to turn ~~right~~ into the car park gate ensuring some distance from the stationary truck.

Before it, the stationary truck, Toyota Dyna, GV52298, ^{left indicator} banged into my car's front left door.

I was jolted and shocked.

Clearly, the driver did not check before moving nor looked at my left indicator.

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: S66550020G / 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: MNII 19022680 Vehicle Registration No: SGH 802/L
Name (as shown in NRIC): Haj Mohamed s/b Mohamed Hussain NRIC/FIN/Passport No: S2204602J
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
Address: 81K 12 North Bridge Road #22-3958 Singapore (190012)
Contact (Tel): Mobile No: 9227 5501
Email Address: hajgthy@singnet.com.sg
Date of Accident: 18/2/19 Time of Accident: 13:05
Place of Accident: Veerasamy Road
Insurance Company: NTUC Income Insurance Co-operative Ltd.

(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:

Change of OI statement
[Blank lines for additional amendments]

[Signature]
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: Eric Lim
NRIC/FIN No.: S792753
Date:

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: 5032378523-10

Cover : Third Party

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGH8021L |
| Chassis Number | : KNADE241266118048 |
| 2. Name of Policyholder | : HAJ MOHAMED S/O MOHAMED HUSSAIN |
| 3. Effective Date of Insurance | : 23 Jun 2018 |
| 4. Expiry Date of Insurance | : 22 Jun 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

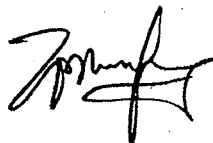
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: HAJ MOHAMED S/O MOHAMED HUSSAIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

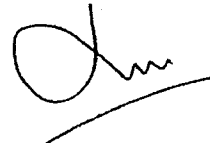
Agency : INCOME - MAIN SERVICING (00000600057)
Date of Issue : 21 Jun 2018 17:28 hrs
Reprint : 21 Jun 2018 17:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**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-19-029196

Date of Request: 23/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 23/02/2019

Enquiry By Mars Ler Yeong Cherng

TP Vehicle No. GV5229B

Accident Date 18/02/2019

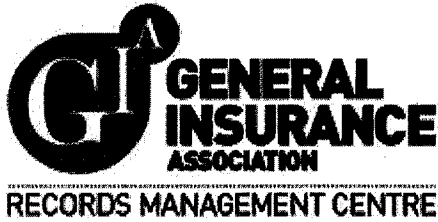
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GV5229B	China Taiping Insurance (Singapore) Pte. Ltd.	23/02/2018-22/02/2019	6389 6111

Thank You.

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

This is a computer generated document and requires no signature.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-029196

Date of Request: 23/02/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 23/02/2019
Enquiry By Mars Ler Yeong Cherng
TP Vehicle No. GV5229B
Accident Date 18/02/2019

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