



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	
AXA Insurance Singapore Pte Ltd 8 Shenton Way #27-01 AXA Tower, Singapore 068811 Attn: Motor Claims Contact No 63387288	Cust No/Name	/Mr Chai Yew Thong
	Reg No/Reg Date	SJW3213T / 17/03/2010
	Date In/Mileage	18/04/2019/ 0
	Chassis No	KNAFW411MA5178390
	Engine No	G4FC9H345497
	Make/Model	KIA/CERATO 1.6 A SX (2010)
	Colour/Trim	HO / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
F0000008	Credit	18/04/2019/ 09:40	DS	303 / Renemer	22876		
Description of Goods / Services						Qty	Unit Price Disc% Amount
S	MIPNT88088	DAIGNOSTIC/SCANNING					250.00
S	MIPNT88088	TO CHECK LIGHTING/WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS					100.00
S	MIPNT88088	TO REMOVE & RE-INSTALL ALL CARPETS/TRIMMING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS					600.00
S	MIPNT88088	TO APPLY SEALANT KIT ON NEW & REPAIRED PANELS					200.00
S	MIPNT88088	TO REPLACE REAR BUMPER UPR & LWR, REINFORCEMENT, ETC					1800.00
		TO REPAIR REAR END PANEL					
		STRAIGHTEN, REFORM, ALIGN ON REAR ACCIDENT AFFECTED AREAS					1680.00
S	MIPNT98088	SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS					50.00
M	SUNDRY	C & C LOGO					
M	KS 86611 1M 010	COVER-RR BUMPER				1.00	698.00 0.00 698.00
M	KS 86695 1M 010	CTR COVER-RR BUMPER				1.00	128.00 0.00 128.00
M	KS 86613 1M 000	LH BRKT ASSY-RR BUMP				1.00	26.00 0.00 26.00
M	KS 86614 1M 000	RH BRKT ASSY-RR BUMP				1.00	26.00 0.00 26.00
M	KS 86620 1M 010	RR BUMPER ENERGY				1.00	179.00 0.00 179.00
M	KS 95420 3K 100	ANTENNA ASSY-SMARTKE				1.00	79.00 0.00 79.00
M	KS 86630 1M 010	RAIL ASSY-RR BUMPER				1.00	385.00 0.00 385.00
M	KS 86686 1M 000	LWR BRKT REAM BEAM M				2.00	25.00 0.00 50.00
M	KS 86685 1M 000	LWR BRKT RR BUMPER M				1.00	5.00 0.00 5.00
M	KS 0G032 50 037A	CLIP- BUMPER				10.00	2.00 0.00 20.00
M	KS 95720 1M 010	SENSOR ASSY-ULTRASON				3.00	204.00 0.00 612.00
M	KS 86310 1M 100	EMBLEM-CERATO				1.00	32.00 0.00 32.00
M	KS 86310 1M 000	EMBLEM-FORTE				1.00	32.00 0.00 32.00
M	KS 86318 2G 000	ORNAMENT-KIA				1.00	55.00 0.00 55.00

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
F0000008	Credit	18/04/2019/ 09:40	DS	303 / Renemer	22876

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z NOTES ACCIDENT ON 17/04/2019 ALONG CTE TOWARDS PIE OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR TP#: SGK7575X TP INS: AXA				
Estimate				

Confirm & accepted by

Parts	2,327.00
Labour	0.00
Standard Menu	0.00
Specialist Job	4,630.00
Others (Lub, etc)	0.00
Sundry	50.00
Total (w/o GST)	7,007.00

Authorized signatory and company stamp

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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	17/04/2019 16:41
Date Of Accident	17/04/2019 08:45
Exact Location Of Accident	CTE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3213T
Insured/Policyholder	
Name Of Registered Owner	CHAI YEW THONG
NRIC No	S1454132B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96600021
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 SX (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	2100198647-09
Cover Note Number	

Driver

Name of Driver	TAN JOO ENG
NRIC No	S1456785B
Date Of Birth	01/07/1960
Occupation	INDOOR
Date Of Driving Pass	11/03/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91591286
Fax Number	
Contact Number	

Address	BLK 142 BISHAN ST 12 #11-520
Postcode	2057
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

WHEN I WAS DRIVING AT CTE TOWARDS PIE ON 17/04/19 AT ABOUT 8:45 AM, THE CAR IN FRONT OF ME STOP SO I APPLY MY BRAKE ALSO, SUDDENLY THE CAR BEHIND SGK7575X KNOCKED ME FROM BEHIND.

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	SGK7575X
Vehicle Make/Model/Colour	PORSCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAHMAT BIN M ISMAIL
NRIC/Passport Number	S0088239I
Contact Number	93517842
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOEY CHOO YING YING
NRIC/Passport Number	S9218625C
Contact Number	87805508
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:		Time : 8:45	
Exact Location of Accident:		C/E TOWARDS PIE	
DETAILS OF OWN VEHICLE			
Vehicle Registration Number: SW3213T		Name of Registered Owner: CHAN TENG THONG	
NRIC/Passport No./FIN: S1454132B		Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS			
Manufacturer :	KIA	Model:	CERATO 1.8
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: AIG			
Type of Coverage: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party			
Policy Number: 2100198647-09			
Driver when the Accident Happen			
Name of Driver: TAN JOO ENG		NRIC/Passport/Fin No : S1456785B	
Date of Birth: 01-07-1966		Occupation : PRISON OFFICER	
Date of Driving Pass: 11-03-1982		Gender : <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Mobile No.: 91591286		Home No.: 62580091	
Address: BLK 142 BISHAN ST. 12 # 11-520		Postal Code 2057	
Email Address : TJEEHAI@HOTMAIL.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:			
Insurance Company :			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident : CHAIN COLLISION			
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) : 1	
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? :	
Was the Accident reported to police:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was there any audio recording? : 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: SK7575X		Name of Registered Owner :	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver: RUMART BIN M ISMAIL		NRIC/Passport/Fin No : S00882391	
Mobile No.: 93517842		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

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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 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)**

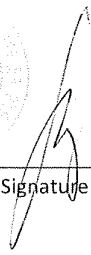
I understand, acknowledge, agree and consent that:

- (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

VEHICLE A = SJW3213T
 " B = SGK7575X
 " C = SGKX5049X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was driving at CTE toward PIE on 17/4/19 at about 8.40am, the car in front of me stop so I apply my break also, suddenly the car behind SGK 7575X knock me from behind.

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.: