

# 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	Cust No/Name	KCV08748/Mr Tan Min Hur, Terence (chen M
5 Maxwell Road #17-00	Reg No/Reg Date	SMA7772A / 13/07/2018
Tower Block, MND Complex,	Date In/Mileage	18/04/2019/ 0
Singapore 069110	Chassis No	JMAXTGK1WJZ002632
	Engine No	4B40DP0147
Contact No	Make/Model	MIT/ECLIPSE CROSS 1.5 T/C 2WD (T12
	Colour/Trim	X04 / BK

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S MIPNT8											100.00
	TO CHECK LIGHTING AND WIRING SYSTEM ON FRONT ACCIDENT										
	ED AREAS									1	000 00
S MIPNT8	8088										280.00
TO REM	OVE AND RE	-INSTALL F	RAD & A/C (	CONDENSER	TO GIVE	WAY					
		N FRONT ACC	CIDENT AFFE	ECTED ARE	AS					l	2000 00
S MIPNT8											3000.00
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P JJ6400			ACE, FR BU				1.0		376.00	0.00	376.00
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	A231HA		EXTENSION,				7.0		3.00	0.00	21.00
P JJ6512			INNER CLIP				1.0		72.00	0.00	72.00
P JJ6407			GARNISH, FR				1.0		212.00	0.00	212.00
M JJ6407			GARNISH, FR				1.0		17.00	0.00	17.00
P JJ6400			LH BRKT,F/				1.0		17.00	0.00	17.00
P JJ6400			RH BRKT,F/				1.0		561.00	0.00	561.00
M JJ6400			REINFORCEM LH BUMPER				1.0		35.00	0.00	35.00
M JJ6400			LH STAY.FR		NT.		1.0		9.00	0.00	9.00
M JJ6400			REINFORCEM		IM		1.0		233.00	0.00	233.00
M JJ6400			BAR, FR BUM	-			1.0		99.00	0.00	99.00
M JJ5220			UPR LH HEA				1.0		58.00	0.00	58.00
M JJ5256			LH HEADLAM		1		1.0		1957.00	0.00	1957.00
M JJ8301 M JJ831			LH HEADLAN LHF FOG &		JΔ		1.0		501.00	0.00	501.00
	A323XA		COVER,HEAD				1.0		52.00	0.00	52.00
M JJ8264 M JJ8264			LH ACTUATO				1.0		112.00	0.00	112.00
	A325 .A272XA		SENSOR, COR				1.0		326.00	0.00	326.00
M 00000			31.130K, 00K								

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 any auditional 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.



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



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•	Engine No	4B40DP0147
Contact No	Make/Model	MIT/ECLIPSE CROSS 1.5 T/C 2WD (T12
	Colour/Trim	XO4 / BK

F0000061	0.00 0.00	Amount 104.0 40.0
P JJMZ313950 COOLANT 4.00 26.00 P JJMR200300 CLIP, BUMPER 20.00 2.00 Z NOTES	0.00	104.0
P JJMR200300 CLIP, BUMPER 20.00 2.00 Z NOTES		
Z NOTES	0.00	40.0
Z NOTES		
ACCIDENT ON 16/04/2010 AT 49 ENTERDRISE HUR OUTSIDE #01.113 LOT 40		
ACCIDENT ON 10/04/2019 AT 40 ENTERPRISE HOD OUTSIDE #01-113 EOT 49		
OWNER CLAIMING THIRD PARTY		
REQUIRED REPLACEMENT CAR		
TP # SLF7824U TP INS : EQ		



Confirm & accepted by	Parts	5,780.00		
Contribute accepted by	Labour	0.00		
	Standard Menu	0.00		
	Specialist Job	5,310.00		
	Others(Lub,etc)	0.00		
	Sundry	0.00		
Authorized signatory and company stamp	Total (w/o GST)	11,090.00		

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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 witholding 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

Date Of Report

17/04/2019 17:14 16/04/2019 19:15

**Date Of Accident** 

48 ENTERPRISE HUB OUTSIDE #01-113 LOT 49

**Exact Location Of Accident** Country/State of Loss

SINGAPORE

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA7772A

#### Insured/Policyholder

Name Of Registered Owner

TAN MIN HUR, TERENCE (CHEN MINGHE, TERENCE)

NRIC No

S8019798E

**Email Address** 

TERENCETMH@HOTMAIL.COM

Mobile Phone No

(LOCAL) +65-96907772

Alternative Phone No

OTHERS-96907772

#### **Vehicle Particulars**

Manufacturer

MITSUBISHI

Model

ECLIPSE CROSS-1.5 CVT (A)

Exact Purpose for which vehicle was being used at

time of accident

PARKED

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

1800079308

Cover Note Number

#### Driver

Name of Driver

CHENG LI SEONG

NRIC No

S7702561H

Date Of Birth

11/02/1977

Occupation

**INDOOR** 

**Date Of Driving Pass** 

**Driving Experience** 

09/11/1994 24 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91141135

Fax Number

**Contact Number** 

OFFICE-91141135

**EMail Address** 

SALES@DIMENSIONAUDIO.COM.SG

Address

17 WOODLANDS AVENUE 6

#09-17 SINGAPORE

Postcode

738997

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

**FRIEND** SKL829H

Insurance Company of Driver's Own Vehicle

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

**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)

2

involved in the accident

NO

Was any body injured in the Accident?

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** 

I WAS STANDING AT ENTRANCE OF UNIT #01-113.MAZDA (SLF7824U) HIT THE MITSUBISHI (SMA7772A) WHICH IS PARKED IN PARKING LOT 49.INFRONT OF UNIT #01-113 AT 48 ENTERPRISE HUB.

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

SLF7824U

Vehicle Make/Model/Colour

**MAZDA** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SITI AISYAH BINTE MOHD DAUD

NRIC/Passport Number

S9825706C

**Contact Number** 

Address

BLK 62 NEW UPPER CHANGI ROAD

#02-1186 SINGAPORE

Postcode

461062

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

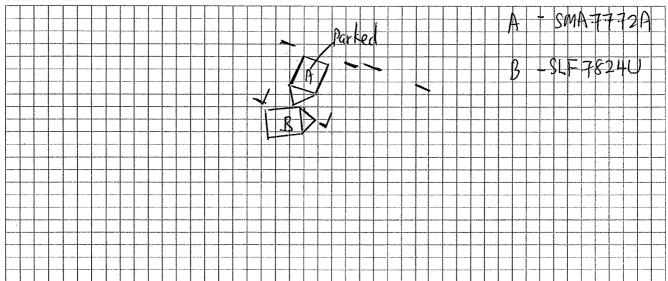
Page 2 of 14



### MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION
Date of Report:   7 /04 /2019.   Time :
Date of Accident: 16/64/2019 Time: 1915
Exact Location of Accident: 48 Enterprise Hub., Outside # 01-113 lot 49.
DETAILS OF OWN VEHICLE
Vehicle Registration Number: SMA 7772A Name of Registered Owner: Tan Min Hur, Terence (Chen MingHe, Terence
NRIC/Passport No./FIN: SRIGT986 Company Reg. No(for Company Veh): - VEHICLE PARTICULARS
Manufacturer: MIT Model: Eclipse Cross.
Exact Purpose for which vehicle was being use at time of Accident Normal Usage Others
Are You Claiming Under Your Own Insurance?  YES UNO Reporting Only  NO 3rd Party
Vehicle Category
Name of Insurance:
Type of Coverage: Comprehensive  Third Party
Policy Mumber: 1800079308
Driver when the Accident Happen
Name of Driver: Choug LT Seong NRIC/Passport/Fin No: 5770256/H
Date of Birth: 11/02/1977 Occupation: Manager.
Date of Driving Pass: 09/11/1994 Gender: Male Female
Mobile No.: 9 1441135, Home No.:
Address: 17 Woodlands Avenue 6 # 09-17 Singapore Postal Code 738997.
Email Address: Sales@di
Was the Driver an Employee of the Insured's Company: Yes No State the relationship of the driver to insured Friend.
Vehicle Registration Number of driver's Own Vehicle:
Insurace Company:
OTHER INFORMATION OF THE ACCIDENT
Type of Accident: Damage whist Parked
Weather Condition: Clear Raining Others, please specify
Road Surface Dry Wet Others, please specify
Was Any other material or Property Damaged: Yes No. Number of Passengers (Including Driver): Ö
That Ally Calci Illaterial of Froperty Sumaged
Which Police Station:
Was notice of Intended Prosecution given :  DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)
Vehicle Registration Number: SLF 7824U Name of Registered Owner:
NRIC/Passport No./FIN: Company Reg. No.(for, Company Veh):
Name of Driver: STTT ATSYAN Birte Mond Davd. NRIC/Passport/Fin No:
Mobile No.: Home No.:
Address: BLK 62 New Upper Chang Road Postal Code 461062
Email Address : 4(02-1186
Insurace 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: Yes No
Were Injured Convey to Hospital by Ambulance: Yes No

#### **SKETCH PLAN**



#### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

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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: 17/04/19

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

#### **SKETCH PLAN**

#### **IMPORTANT NOTICE**

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- 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: 17/64/19

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

# **LETTER OF AUTHORIZATION**

I, TERENCE TAN MIN HUR (NRIC No: S8019798E) of Apt Blk 335C Anchorvale Crescent #06-80 S(543335), do hereby authorize Cheng Li Seong of NRIC No. S7702561H to take charge of the claim report relating to an insurance claim arising from an accident that happened on 16<sup>th</sup> April 2019, around 7pm at Enterprise Hub as I am currently stationed overseas and my vehicle is under his care. My car plate number is SMA7772A.

Terence Tan

Mobile: 96907772



# **CERTIFICATE OF INSURANCE**

#### CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Tan Min Hur, Terence (Chen Minghe, Terence)

Period of Insurance

: 13 Jul 2018 To 12 Jul 2020

Engine No. : 4B40DP0147

: JMAXTGK1WJZ002632

Vehicle No.

: SMA7772A

Policy No.

: 1800079308

Endorsement No.

**Issued Date** 

: 25 Jul 2018

#### **ABOUT THE COVER**

Make/Model

Chassis No.

: MITSUBISHI Eclipse Cross 1.5

Engine Capacity/Tonnage: 1,499.00 CC

Sum Insured: Market Value

First Year of Registration : 2018

Driver Restriction

Insuring with COE/PARF : Yes

: NA

Off Peak Car: No

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 meats 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 - 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Min Hur, Terence (Chen Minghe, Terence) - \$800 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd.Singapore 159094 64708688
 Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65884501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8200. 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.

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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 8 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504623210

FULCOMICP2 - PY 22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

5668467



Alterative valuation (2)7/29/215



อกเรอในเกษ (6)7(2)[ก็2/2(0]](6

APT BLK 3360 ANCHORVALE CHESCENT FOG460 SINGAPCRE 543335

FORCKEUSEONLY

REPUBLIC OF SINGAPORE MENTITY CARD NO. S8019798E





Name

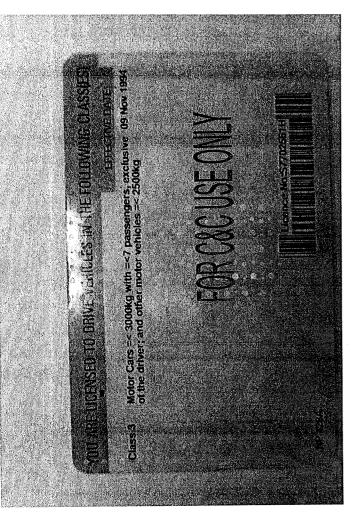
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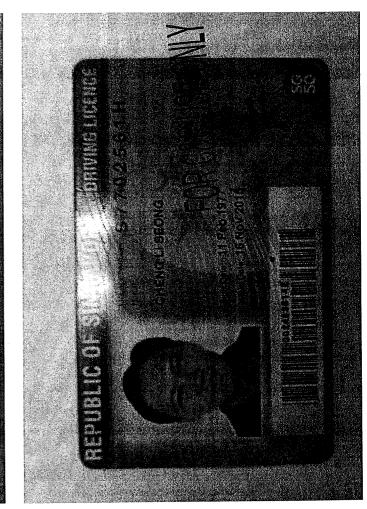
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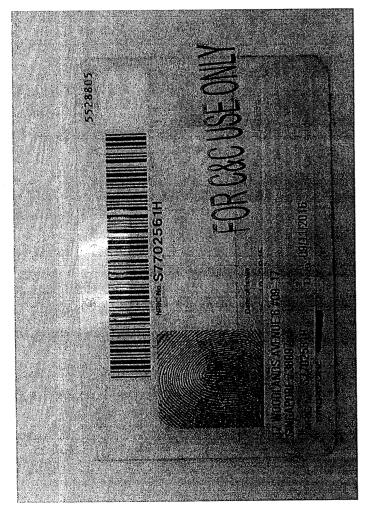
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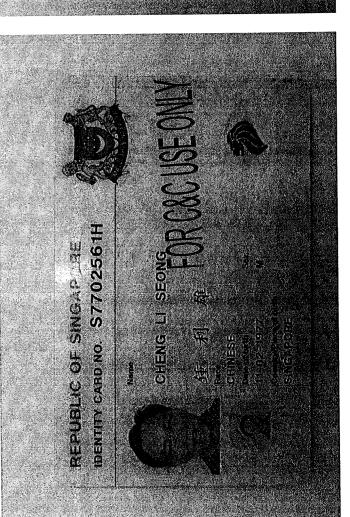














# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

# Third Party Insurer Enquiry

Our Ref No:

GR-19-060955

Date of Request:

17/04/2019

Your Ref No:

Online Purchase

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

Singapore 408650

Dear Sir/Madam,

**Enquiry Date** 

17/04/2019

**Enquiry By** 

Mars Ler Yeong Cherng

TP Vehicle No.

SLF7824U

Accident Date

16/04/2019

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLF7824U	EQ Insurance Company Ltd	20/07/2018-05/06/2019	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.

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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-19-060955

Date of Request:

17/04/2019

Your Ref No:

Online Purchase

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

Singapore 408650

Dear Sir/Madam,

**Enquiry Date** 

17/04/2019

**Enquiry By** 

Mars Ler Yeong Cherng

TP Vehicle No.

SLF7824U

**Accident Date** 

16/04/2019

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:

[X] GIRO [] Cash [] Cheque