Our ref: Your ref:	SKD 204	<u>C</u>				
	- 1 Alic	2010		Direct	Settlement	
Date:		<u> 2019</u>				
То:	Lunzac	lusyrance	VIL			
	Singapore	144555			•	
Attn:	Motor Claims	Department				
Re: Accid	11.	Iotor Vehicle Nos.	SKOZO	)4( On <u>v</u> )	& SGC 8598R 405/19@_14:00	
I am the ow insured vehic	mer of vehicle nole no.	o. <u>SKD X44</u> 987 <u> </u>	that was accident.	involve	d in an accident with y	our
	ent was caused by the following: -	y your insured negl	igent/inco	nsiderate	driving, thus I am claim	ing
1. Cost of Re 2. Loss of Us 3. LTA/GIA 4. GIA Repo 5. Others	se / Rental ( 3 d Search Fee	ays @ \$ <u>170</u> r	oer day)		\$ 3,231.30 \$ 545.70 \$ 2.00	
			4111	Total:	\$ 3,779	
solicitor to c representativ	commence legal e of CYCLE &	action against you	. If you h NDUSTRI	ave any <b>ES PTE</b>	ng which, I shall instruct queries, please contact LTD at Telephone	the
	•	to CYCLE & CAF omprise settlemen			RIES PTE LTD and the on my behalf.	eir
-	ration and imme earing from you s		ne above i	s greatly	appreciated. I hereby le	ook
Yours faithfu	ılly					
/ t						

C/o. 188 Pandan Loop Singapore 128378 Mr Alan Quek/ Ms Amanda Ang

Cc:

alan.quek@cyclecarriage.com.sg/amanda.ang@cyclecarriage.com.sg E-mail:

Fax No. 67795383

Name & Signature

Address:



Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

#### **TAX INVOICE**

	Inve	oice Name & Address			Owner N	lame & Vehicle I	into	
	LONDAG TROS	IDANCE BUD		Cust No/Name	WCV37556/Ye	e Lai		
	LONPAC INSU	JKANCE BHD		Reg No/Reg Date	SKD204C	/ 15/11/20	18	
	MOTOR CLAIM	1 DEPARTMENT		Date In/Mileage	09/07/2019/	/ 14309		
	300 BEACH F			Chassis No	WDD2221662A			
		THE CONCOURSE		Engine No	27682430936			
	SINGAPORE 1	199555		•		SEDAN LONG		
	Contact No	62507388		Make/Model	•	dium sil/ 04	0 001 Losth	w Bla
				Colour/Trim	02/ //5 Iri	alum sii/ 04	o our Leatin	er Dia
Account No	Terms	Date/Time Printed	CSE	Operator		WIP No	Invoice/Credit	Note No
WL001605	Credit	28/08/2019/ 10:01	AQ	305 / Alan Quek	Ai Lun	33070	28157457	
		Description of Good	s / Services		Qty	Unit Price S\$		Amount S
DRIVE : DATE II BY/AUTI A BPILAB	IN:02-05-201 N/DATE SURVE HRIZED ON	::1800134679 // 02-05 19 // TP CAR NO:SGC859 EY:08-07-2019 // LKK R :ASHER SNG // 15-06- CK CONTROL UNITS & RES	08R (LONPAC NASUL 02019					480.00
STANDAR A BPILAB	RD SETTINGS.	NETT						960.00
ASSY CO A BPIRES	OMPONENTS &		CAR SUPPUR					600.0
	Y REAR BUMPE					114 20		11/1-2
	JMPER GARNIS JMPER GARNIS				1.00 1.00	114.32 114.32		114.3 114.3
,	OTTOM PANEL	,,,			1.00	560.33		560.3
X BLIND					10.00	2.20		22.00
A REAR DI	OTTOM LEFT 1	KIM SIKIP			1.00	168.94		168.9
		•	•	ebrates 120 years. com/120 for more inj	fol			
Danto						Matt		2 010 01
Parts Labour		979. 2,040.			7% GST on	Nett 3019.91		3,019.91 211.39
Standard	Menu	2,040.			/4 U31 UII	. 3013.31		L11.37
Speciali			00		T	otal Payable	•	3,231.30
Diagnost	ics Job	0.	00			Paid		0.00
Sundry/0	thers o GST)	0. 3,019.				Total Due	!	3,231.30

Pandan Loop Service Center 188 Pandan Loop Singapore 128378 Tel: 6777 8388 Fax: 6779 5383 www.mercedes-benz.com.sg

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

# **CHAN'S & SONS ENTERPRISE**

363 Sembawang Road Singapore 758379 Tet 67532536 Fax:67567565 GST Reg No: 51-936900-M



## TAX INVOICE

YEE LAI INVOICE : AR1907-0254

 DATE
 :
 16/07/2019

 TERMS
 :
 C.O.D

 STAFF ID
 :
 ELAINE

AGREEMENT NO. : HA201907-0091

ATTN: ACCOUNTS PAYABLE

DESCRIPTION AMOUNT (SGD)

Vehicle Reg No : SKT379Y 510.00

Make / Model : MITSUBISHI OUTLANDER 2.4 (AUTO)

Rental Dates : Rental Billing From 08/07/2019 To 11/07/2019

Period : 3 days

Rental Rate : S\$ 181.90 Per Day (Including GST)

Reference No : SKD204C

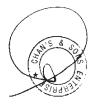
 AMOUNT : \$\$
 NON-TAXABLE VALUE :
 0.00

 FIVE HUNDRED FORTY-FIVE DOLLARS AND CENT
 TAXABLE VALUE :
 510.00

 SEVENTY ONLY
 GST 7% :
 35.70

 TOTAL \$\$ :
 545.70

Please make your cheques payable to : CHAN'S & SONS ENTERPRISE



For Official USe Only

Payment Date	:	F / Amt
cs/cc/ch	:	
CS / CC /CH	•	







CHAN'S & SONS ENTERPRISE 363 Sembawang Road, Goodlink Park, Singapore 758379. Tel: 6753 2536 Fax: 6756 7565 Breakdown Recovery: 9742 9446

### **RENTAL AGREEMENT**

201907 - 0091

Hirer's Name	1		Date of Birth	Passport/			Nation	atitx
Ykk	Lan		125.03.1825	S2557016 B			m m	
204 SPRINGLEAST AUE			Occupation	Driving Lie	cence f	Vo	Date of Expiry	
		Postal Code	Contact No	Mobile Ph	none No	D.		
			96306746		46	1		
Joint Hirer's / Guarantor's Name			Date of Birth	Passport/	Passport/ Nric No.		Nationality	
Address			Occupation	Driving Li	cence l	Vo	Date c	of Expiry
		Postal Code	Contact No	Mobile Pt	none No	 o.		
				<u> </u>	 	Λ	<u>L</u>	
CHECK OUT	8 - 7 · / S	Time	Mileage	ļ	/			<del></del>
		1020	KM	E	1/4	1	/2	3/4 F
CHECK IN	Dale (	510n	Mileage KM	Remarks	,	ron	1 pic	•
IMPORTANT NOTE	:S:-			UNIT		RATE	= (\$)	TOTAL (\$)
Car is restricted to S	SINGAPORE use. See clause 1(f)	) for non-compliance.	DATE	3	@			st 570-00
•	ven for vehicle that returns early.	a unhinte plue tage of	RATE	<u> </u>			. 79	3.20-00
	ility – First \$1500 for damage t aged vehicle is under repair.	o venicie pius ioss or	DISCOUNT	 	++			
	<ul> <li>First \$2000 for any Third Party</li> <li>\$3000 for drivers under 24yr</li> </ul>		GST @ 7%	<u> </u>				35.70
and/or less than 2yr	s driving experience.	,	TOTAL					545.70
	for all parking fines & traffic sumr y's advance notice is required o		EXTENSION					AR 1907-023
	returned at the same time as um time is before 10am.	collection except on	!					
•	er office hour will be charged to the	he next working day.	-10				•	
•	charged at 1/5 of the daily rate.		AAC		+ +			
☐ Please check that y	enance, please check water & er ou have not left any of your pers any and staff will not be respoi vehicle is returned	onal belongings in the	MINSKO	204	Ç.			
□ For the comfort of	other users, please refrain from	m smoking, eating or 00 will be imposed for	DEPOSIT (refundable) S\$					
Carrying of PASSE	ENGERS in commercial vehicle covered under hirer's workme		CHANGED OVER FROM VEH. DATE					 ≣
	tree to the terms and conditions of formation given on this form is tru		ove and as set overleaf.	1 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	NS FN	S	wyr	
承				38189A3	' 	/-	_	
Hirer's Signature	T	Joint Hirer's/ Guara	intor's Signature	for <b>C</b>	HAN'	S & SON	S ENT	ERPRISE
VEHICLE NO	). SKT 3	3794.	MODEL					
FROM		(	RETURN			"Estimate t	Date. For ac	tual return see CHECK IN



# 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-19-069086

Date of Request:

02/05/2019

Your Ref No:

Online Purchase

Cycle & Carriage Industries Pte Ltd

188 Pandan Loop Singapore 128378

Dear Sir/Madam,

**Enquiry Date** 

02/05/2019

Enquiry By

Lim Xin Yi

TP Vehicle No. Accident Date

SGC8598R 02/05/2019

**Enquiry Result** 

		·	
TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGC8598R	Lonpàc Insurance Bhd	26/01/2019-25/01/2020	+65 62507388

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-19-069086

Date of Request:

02/05/2019

Your Ref No:

Online Purchase

Cycle & Carriage Industries Pte Ltd 188 Pandan Loop

188 Pandan Loop Singapore 128378

Dear Sir/Madam,

**Enquiry Date** 

02/05/2019

Enquiry By

Lim Xin Yi

TP Vehicle No.

SGC8598R

Accident Date

02/05/2019

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:

[X] GIRO [] Cash [] Cheque

#### 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. But the ladgement of this report to the incurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

<ol><li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/05/2019 17:02
Date Of Accident	02/05/2019 14:00
Exact Location Of Accident	BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD204C
Insured/Policyholder	
Name Of Registered Owner	YEE LAI
NRIC No	S2557016B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96300746
Alternative Phone No	OFFICE-96300746
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S450
Exact Purpose for which vehicle was being used at time of accident	
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	1800134679
Cover Note Number	

Driver

Name of Driver YEE LAI NRIC No S2557016B Date Of Birth 07/03/1952 Occupation **INDOOR** Date Of Driving Pass 26/07/1974

**Driving Experience** 44 YEARS AND 9 MONTHS

Gender MALE

(LOCAL) +65-96300746 Mobile Number

Fax Number

OFFICE-96300746 Contact Number

NOEMAIL **EMail Address** 

204 SPRINGLEAF AVE Address

786328 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

**General Information of the Accident** 

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

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**

MY CAR GIVEWAY TO CAR C. DURING MY SLOW DOWN COMING TO A STATIONARY POSITION. ALL OF SUDDEN, CAR B (SGC8598R) COLLIDED MY REAR. NO ONE WAS INJURED.

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** 

SGC8598R

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

LONPAC INSURANCE BHD

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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

Name: Alan (xw)

2 Rece 4	150-K XXX
	XXXXX (CI)
	(9) ShO 204C
	B) 56C8598R
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	$\frac{1}{2}$

(h)	wehicle	Sire	way	to	(J)	vehicle.
-----	---------	------	-----	----	-----	----------

During my slow down coming to a stationary position. All of sudden (B) rehicle collided my rear.

B) No one was injure.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature Date & Time

Driver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personnel's
Name: Han

NRIC/FIN No.:



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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

FOR CACUSE ONLY

