



CYCLE & CARRIAGE

Our Ref : EM30K ✓
Your Ref : SJX1545T ✓

July 31, 2019

AR. REGISTERED

LKK Auto Consultants Pte Ltd.

51 Ubi Avenue 1
#02-25 Paya Ubi
Industrial Park
Singapore 408933

Attention: Motor Claims

Cc: EQ INSURANCE COMPANY LTD
5 MAXWELL ROAD # 17-00
TOWER BLOCK MND COMPLEX
SINGAPORE 069110

Dear Sir/Madam,

Repair Services Rendered to Vehicle Reg. No. EM30K – Accident on 04/07/2019
ALONG UPPER THOMSON ROAD

We are pleased to enclose our invoice number **77453041** dated **23/07/2019** amounting as follows:

Cost of Repair	S\$ 5775.86
Loss of Rental 03 DAYS X S\$214/DAY	S\$ 642.00
LTA Search Fee	S\$ 2.00

Grand Total	S\$ 6419.86
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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 : 199707303Z

GST Reg No : 19-9707303-Z

Invoice Name & Address	Owner Name & Vehicle Info	
EQ INSURANCE COMPANY LTD 5 Maxwell Road #17-00 Tower Block, MND Complex, Singapore 069110 Contact No	Cust No/Name	/MR PHUA HUA SENG
	Reg No/Reg Date	/
	Date In/Mileage	18/07/2019/ 0
	Chassis/Package	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No			
F0000061	Credit	23/07/2019/ 09:17	DS	323 / ChrisBulaclac	27852	77453041			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount	
S	MIPNT88088 TO PERFORM COMPUTER DIAGNOSTIC , COMPUTER RESET & PROGRAMMING								350.00
S	MIPNT88088 TO CHECK LIGHTING & WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS								100.00
S	MIPNT88088 TO SUPPLY FRONT NUMBER PLATE WITH CASING								50.00
S	MIPNT88088 TO REPLACE FRONT BUMPER,RADIATOR GRILLE,SPONGE,BRACKETS, PLATE NO. GARNISH,LOWER GRILLE,ETC. STRAIGHTE,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS								800.00
S	MIPNT98088 SPRAY PAINTING FRONT BUMPER & ACCIDENT REPAIRED AREAS								600.00
X	WMCD2228800247	FRONT BUMPER			1.00	1800.00	0.00	1800.00	
X	WMCD2228850437	FRT BUMPER SPONGE			1.00	224.00	0.00	224.00	
X	WMCD2228850124	FRT BUMPER GRILL			1.00	180.00	0.00	180.00	
X	WMCD2228850081	NUMBER PLATE CVR			1.00	114.00	0.00	114.00	
X	WMCD222800302	RADIATOR GRILLE ASSY			1.00	720.00	0.00	720.00	
X	WMCD0009055504	RR BUMPER SENSOR			2.00	170.00	0.00	340.00	
X	WJ2920A096	CLIP			10.00	6.00	0.00	60.00	
X	WJMD182537	RIVET SET 20			1.00	60.00	0.00	60.00	
Z	NOTES MR PHUA HUA SENG MERCEDES BENZ S400 HYBRID 3.5 (A) EM30K								F.O.C.
Z	NOTES ACCIDENT ON 04/07/2019 ALONG UPPER THOMSON ROAD OWNER CLAIMING THIRD PARTY TP # SJX1545T TP INSURER : EQ INSURANCE								F.O.C.
Parts						Nett		5,398.00	
Labour						7% GST on	5398.00	377.86	
Standard Menu									
Specialist Job						Total Payable		5,775.86	
Others(Lub,etc)						Paid		0.00	
Sundry						Total Due		5,775.86	
Total(w/o GST)						Balance B/FWD		19,372.35	
						Total Payable or C/FWD		25,148.21	

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.

Date : 19/07/2019

Tax Invoice No : S0587/19

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

 Contract No : -
 Rental Agreement No : ST/22300
 Contract Period : 15/07/19 - 18/07/19
 Payment Terms : CASH
 Payment Period : 15/07/19 - 18/07/19
 Payment Due Date : 19/07/2019

 A/c : Phua Hua Seng
 EM30K

Vehicle No.	Driver	Model	Item	Amount
SCY88E	As per agreement	Mercedes Benz E250	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

>>>>>>

<<<<<<<

 Please detach and return with
 your remittance to :

 Invoice No : S0587/19
 Vehicle No : SCY88E
 Due date : 19/07/2019

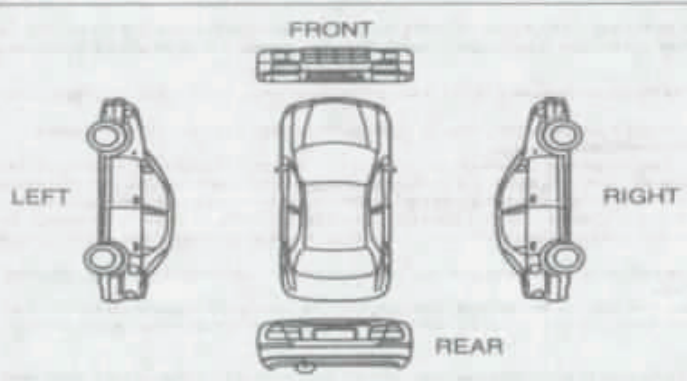
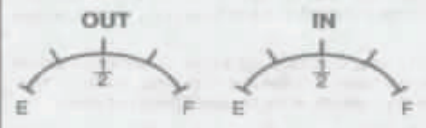
Fulco Leasing Pte Ltd
 22 Ubi Road 4, Fulco Building
 Singapore 408617

Amount Payable : \$ 642.00

Cash/Cheque :

RENTAL AGREEMENT No.ST/ 22300

ELS L - CMC - EM 3D/K

Hirer Particulars -		Veh. No. SCY88E		Replace Veh. No.	
Name	Ping Hua Seng	Make / Model	M/BR E250	Auto/Manual	
Address	22 Regent Drive S(509,830)	Date/Time Out	15/7/19	KM Out	
NRIC/Passport	S1134451 B	Date/Time In	18/07/19	KM In	
Employer		Estimated Date/Time Return			
		Rental Charges -		S\$	S\$
Authorised Driver's Particulars -		Hours	@	Per Hour	
Name		3	Days	@ 200	Per Day 600
Address		Weeks	@	Per Week	
		Months	@	Per Month	
NRIC/Passport	Nationality	Optional Charges -			
Date of Birth	Occupation	Delivery	@	Per Trip	
Dr/Licence No.	Pass Date	Collection	@	Per Trip	
Expiry Date	Country of Issue	M'sia Surcharge	@	Per Day	
Tel (Res)	Tel (Office)	PAI	@	Per Day	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Others			
		Sub-Total 660 Add 7% GST 42 (A) Estimated Total Rental 642			
		Extension - Extension Rental x M'sia Surcharge x Others - Sub-Total Add 7% GST (B) Extension/others Total			
Physical Damage Excess		ACCESSORIES CHECK			
Singapore - Own Damage	\$2,000.00	<input type="checkbox"/> Jack <input type="checkbox"/> STD Tools <input type="checkbox"/> S / Tyre <input type="checkbox"/> Hub Caps <input type="checkbox"/> S / RIM <input type="checkbox"/> Radio / CD			
Singapore - 3rd Party Damage	\$2,000.00	Hire's Acknowledgement			
Malaysia (if applicable)	\$8,000.00				
For Driver aged below 24 or above 65 or Less than 2 yrs driving experience regardless of age.	\$3,000.00 (Additional)	(A) + (B) Grand Total Rental Charges Less Prepayment Balance Due			
IMPORTANT NOTE:		Mode of Payment :			
1. 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. 2. 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.		Cash/Nets/Cheque/VISA/MC Card No: Deposit Amount Deposit Refunded 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			

Third Party Insurer Enquiry

Our Ref No: GR-19-107714
Date of Request: 05/07/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 05/07/2019
Enquiry By Christopher L. Bulaclac
TP Vehicle No. SJX1545T
Accident Date 04/07/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJX1545T	EQ Insurance Company Ltd	23/11/2018-22/11/2019	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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RECORDS MANAGEMENT CENTRE

**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-19-107714

Date of Request: 05/07/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 05/07/2019

Enquiry By Christopher L. Bulaclac

TP Vehicle No. SJX1545T

Accident Date 04/07/2019

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

**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: EQ INSURANCE COMPANY LIMITED
5 Maxwell Road #17-00
Tower Block, MND Complex,
Singapore 069110

OWNER	: <u>PHUA HUA SENG</u>	VEHICLE NO	: <u>EM30K</u>
VEHICLE MODEL	: <u>MERCEDES BENZ S400 HYBRID 3.5 A</u>	THIRD PARTY #	: <u>SJX1545T</u>
ACCIDENT DATE	: <u>4/7/2019</u>	WIP NO	: <u>27852</u>

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 EM30K AND SJX1545T ON 4/7/2019
Own Vehicle's Number Other Vehicle's Number Date Of Accident

Along ALONG UPPER THOMSON ROAD
Accident Location

BY THE LETTER OF AUTHORITY, I/We PHUA HUA SENG
Name of Policy Holder & NRIC/Passport/Fin #

Of 22 BEGONIA DRIVE SINGAPORE 809880
Address of Policy Holder

Owner of Vehicle Registration Number EM30K hereby authorize **Cycle & Carriage-Fulco Motor Dealer Pte Ltd.** to act for me with respect to my claim for repair cost and/or Loss of Use ("claim")
Own Vehicle Number
for my vehicle EM30K 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 5 JULY (Month) 2019 (Year)



PHUA HUA SENG

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	05/07/2019 11:50
Date Of Accident	04/07/2019 12:10
Exact Location Of Accident	UPPER THOMSON ROAD TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EM30Y
Insured/Policyholder	
Name Of Registered Owner	MR PHUA HUA SENG
NRIC No	S1134809B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96160011
Alternative Phone No	OTHERS-64206306

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400 HYBRID-3.5 W222 (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	2100390560-04
Cover Note Number	

Driver

Name of Driver	MR PHUA HUA SENG
NRIC No	S1134809B
Date Of Birth	19/03/1955
Occupation	INDOOR
Date Of Driving Pass	01/09/1972
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96160011
Fax Number	
Contact Number	OTHERS-64206306
Email Address	NOEMAIL

Address	22 BEGONIA DRIVE
Postcode	809880
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	COLLISION - HEAD TO REAR
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

I WAS TRAVELLING ALONG UPPER THOMSON ROAD GOING TOWARDS SLE. AT THE JUNCTION OF SLE, I STOPPED MY CAR BEHIND VEHICLE B (SJX1545T) I WAS STATIONARY FOR A FEW SECONDS, SUDDENLY I SAW THE VEHICLE B (SJX1545T) REVERSING TOWARDS ME, I SOUND MY HORN BUT IT CONTINUE TO REVERSE AND HIT ON MY CAR FRONT PORTION.

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	SJX1545T
Vehicle Make/Model/Colour	TOYOTA WISH BLACK
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	HUSIN BIN ADAM
NRIC/Passport Number	S7142131G
Contact Number	98571349
Address	APT BLK 892A WOODLANDS DRIVE 50 # 10-137
Postcode	730892
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

BASIC INFORMATION			
Date of Report:	05.07.2019	Time:	1137 hr
Date of Accident:	04.07.2019	Time:	1240 hr
Exact Location of Accident:	Upper Thomson Rd to 5LE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	EM 30K	Name of Registered Owner:	Mr Phua Hua Veng
NRIC/Passport No./FIN:	V1134809B	Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS			
Manufacturer:	Mercedes Benz	Model:	S400L Hybrid Sedan
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:	2100370560-04		
Driver when the Accident Happen:			
Name of Driver:	Phua Hua Veng	NRIC/Passport/Fin No:	V1134809B
Date of Birth:	19.03.1955	Occupation:	Director
Date of Driving Pass:	01-09.1972	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:		Home No.:	
Address:	22 Begonia Drive	Postal Code	809880
Email Address:			
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 owner		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:	TP & Reverse hit parked		
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	JTX 1545T	Name of Registered Owner:	T. Wren Black
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	Muhammad Bin Adam	NRIC/Passport/Fin No:	V7142131G
Mobile No.:	98571349	Home No.:	
Address:	- 93290299 - owner	Postal Code	
Email Address:	Apt B/K 892A Woodlands Drive 50 #10-127 V(730892)		
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

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:

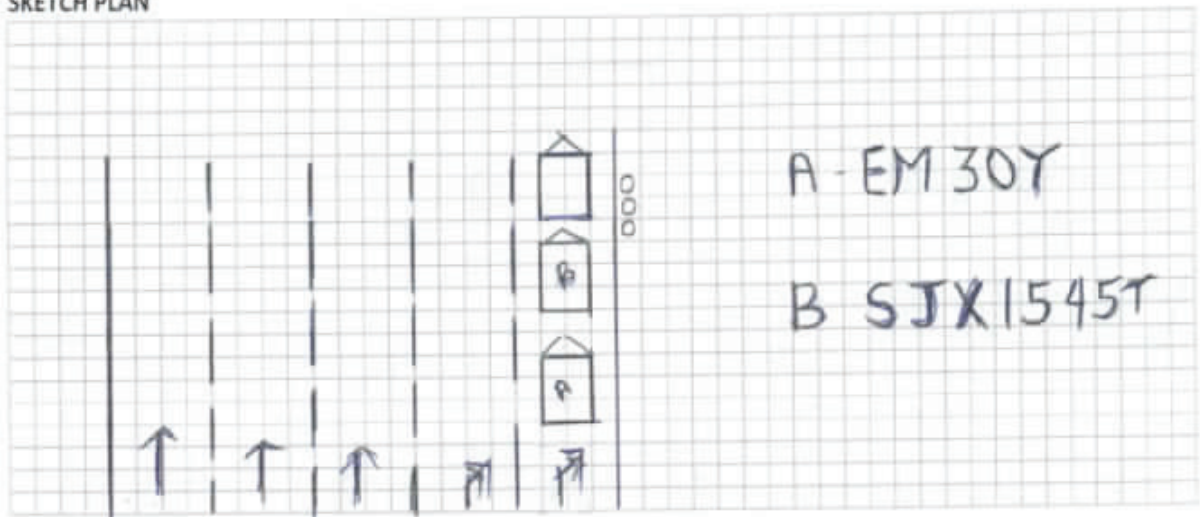


Driver's Signature
(If driver is not the policyholder)
Date & Time:


CYCLES CARRIAGE FULCO
SVC CIR

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Upper Thomson Rd going toward SLE. At the junction of SLE, I stopped by my car behind SJX1545T. I was stationary for a few seconds. Suddenly I saw this car reversed toward me. I sound my horn but it still hit my front part of my car.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

CHRIS
CYCLE & CARRIAGE FULCO

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





CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE - PRIVATE VEHICLE

Name of Policyholder : Phua Hua Seng
Period of Insurance : 30 Oct 2018 To 29 Oct 2019
Engine No. : 27896030620829
Chassis No. : WDD2221572A046711

Vehicle No. : EM30K
Policy No. : 2100390560-04
Endorsement No. :
Issued Date : 17 Oct 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ S400L HYBRID SEDAN
Engine Capacity/Tonnage : 3,498.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PARF : Yes

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 meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("VIDR") 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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Phua Hua Seng

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 168 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6339 6200. 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.


IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

(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. 188), Part (V) of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).)

0500660658

CYCLE & CARRIAGE AUTOMOTIVE P.L.
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-NONLIFE
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Monica Kwan

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1134809B



Name

PHUA HUA SENG

潘 华 星

Race

CHINESE

Date of birth

19-03-1955

Country/Place of birth

SINGAPORE

Sex

M

S1134809B

FOR C&C USE ONLY



6167650



NRIC No. S1134809B



Date of issue

09-04-2019

FOR C&C USE ONLY

Address

22 BEGONIA DRIVE
SINGAPORE 809880

REPUBLIC OF SINGAPORE DRIVING LICENCE

ICN: S11348098

NAME: PHUA HUA SENG

DATE OF BIRTH: 19 Mar 1955

EXPIRY DATE: 30 Sep 2003

1000375018D

FOR CAC USE ONLY

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	01 Sep 1972

NP 4/2003

FOR CAC USE ONLY

Licence No: S11348098

Chris Bulaclac

From: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>
Sent: Friday, 12 July 2019 10:19
To: Chris Bulaclac
Subject: RE: Accident on 04/07/2019 Involving Our Insured EM30Y & Your Insured SJX1545T
*LKK REF: CC3/EQI19011971/ga3

Your Ref: **EM 30Y**
Our Ref: CC3/EQI19011971/Ega3

Without Prejudice

Dear Sirs/Madam,

ACCIDENT INVOLVING SJX 1545T AND EM 30Y ON 04/07/2019

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, **the liability is clear 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 be based on the number of days of repair as recommended by our surveyor.

Please note that all finalisation subject insurer's approval.

"Please note that our above settlement is made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our insured/driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.

Settlement and payment are subject to production of original documents on demand at any time and execution of Discharge Voucher (for settlement sum above \$20,000/-) by the Plaintiff/Claimant. Further all original documents shall be retained by us after we have made payment on the settlement sum."

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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



Save the Earth. Print only when necessary.

From: Hsiao Tong (LKKAuto)
Sent: Monday, 8 July 2019 12:36 PM
To: Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>
Cc: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: Accident on 04/07/2019 Involving Our Insured EM30Y & Your Insured SJX1545T *LKK
REF: CC3/EQI19011971/ga3

Renemer Bagang

From: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>
Sent: Wednesday, 17 July 2019 7:23 PM
To: Renemer Bagang
Cc: Chris Bulaclac; Mars Ler
Subject: Accident on 04/07/2019 Involving Our Insured EM30Y & Your Insured SJX1545T *LKK REF: CC3/EQI19011971/ga3

Dear Rene,

We confirm the finalize **\$5,398.00** (P/P, before GST). 3 repair days.

Thanks

Best Regards,
Steve Chen | Assistant Automotive Assessor
LKK Auto Consultants
Phone: 6256 3561 | Email: SteveChen@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Renemer Bagang [mailto:renemer.bagang@ccfulco.com.sg]
Sent: Wednesday, July 17, 2019 1:23 PM
To: Steve Chen (LKK Auto)
Cc: Chris Bulaclac; Mars Ler
Subject: RE: Accident on 04/07/2019 Involving Our Insured EM30Y & Your Insured SJX1545T *LKK REF: CC3/EQI19011971/ga3

Dear Steve,

Please see attached files for your reference & finalization.

Thank you,

Best Regards,

Renemer Bagang
Service Advisor
H/P +65 85523293 D/D 65949166
email : renemer.bagang@ccfulco.com.sg
Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 UBI Road 3 Singapore 408650
Tel : 67461000 Fax : 64875857

From: Cecilia Chong (LKK Auto) [mailto:CeciliaChong@lkkauto.com]
Sent: Friday, 12 July 2019 10:19

Chris Bulaclac

From: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>
Sent: Tuesday, 23 July 2019 11:07
To: Chris Bulaclac
Subject: RE: Accident on 04/07/2019 Involving Our Insured EM30Y & Your Insured SJX1545T
*LKK REF: CC3/EQI19011971/ga3

WITHOUT PREJUDICE

Dear Chris,

For cost of repair, the recommended repair cost as calculated is P/P \$5,398.00 (before GST) with 3 repair days.

Kindly forward your LOD and other documents to us (LKK) for our necessary action.

Thanks

"Please note that our above settlement is made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our insured/driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.

Settlement and payment are subject to production of original documents on demand at any time and execution of Discharge Voucher (for settlement sum above \$20,000/-) by the Plaintiff/Claimant. Further all original documents shall be retained by us after we have made payment on the settlement sum."

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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

 Save the Earth. Print only when necessary.

From: Chris Bulaclac [<mailto:chris.bulaclac@ccfulco.com.sg>]
Sent: Friday, 12 July 2019 10:22 AM
To: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>
Subject: RE: Accident on 04/07/2019 Involving Our Insured EM30Y & Your Insured SJX1545T *LKK REF: CC3/EQI19011971/ga3

Dear Cecilia,

Good morning, Ok noted the Direct Settlement for this case.

Thank you,

Best Regards,

Christopher L. Bulaclac
Assistant Manager – Customer Service
H/P 96552177 D/D 65949160