

Co Reg No : 197701469G

## ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name	KCV17784/MR RAFFLES CORPORATION (SG) PTE
	Reg No/Reg Date	SLR6786P / 11/07/201
	Date In/Mileage	/ 19297
	Chassis No	MMBSTA13AHH004189
	Engine No	3A92UDP8439
	Make/Model	MIT/17MY ATTRAGE 1.2 CVT
	Colour/Trim	T06 MED BLUE MICA / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	15/01/2021/ 09:47	BLE	261 / Edwin Caina	61859			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000								2250.00
REPAIR ROOF TOP , BOOTLID , RHR FENDER & RHR DOOR								
E PNT98000								1400.00
RESPRAY ROOF TOP , BOOTLID , RHR FENDER & RHR DOOR								
E PNT88000								225.00
REMOVE & REFIT ROOF LINING								
A 54900099								30.00
CHECK WIRING ELECTRICAL SYSTEM								
A 10028901								120.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST								
USING HI-SCAN PRO TEST								
E PNT88000								240.00
REMOVE & REFIT FRT WINDSCREEN GLASS								
E PNT88000								240.00
RENEW RR WINDSCREEN GLASS								
M SUNDRY								280.00
INSTALL RR WINDSCREEN SOLAR FILM								
E PNT88000								80.00
CLEAN & VACUUM BROKEN GLASS								
E PNT88000								120.00
CONDUCT WATER LEAK TEST ON BOTH FRT & RR WINDSCREEN GLASS								
M SUNDRY								80.00
SUPPLY FRT WINDSCREEN SEALANT								
M SUNDRY								80.00
SUPPLY RR WINDSCREEN SEALANT								
M SUNDRY								80.00
APPLY ANTI CORROSION ON AFFECTED AREAS								
M SUNDRY								40.00
SUPPLY C&C BADGE								
M SUNDRY								20.00
Sundries								
M GLASS,RR WINDOW					1.00	544.00	23.00	418.88
M STOPPER,WINDSHIELD GLASS					2.00	3.00	23.00	4.62

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.



CYCLE &amp; CARRIAGE

# CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

## PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI  
MOTORS

Co Reg No : 1977014696

### ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name	KCV17784/MR RAFFLES CORPORATION (SG) PTE
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	Date In/Mileage	/ 19297
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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	15/01/2021/ 09:47	BLE	261 / Edwin Caina	61859
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M	SPACER,RR WINDOW	3.00	9.00	23.00	20.79
M	STOPPER,WINDSHIELD GLASS	2.00	3.00	23.00	4.62
M	SPACER,WINDSHIELD	1.00	6.00	23.00	4.62
M	SPACER,QTR WINDOW	1.00	8.00	23.00	6.16
M	TAPE,WINDSHIELD GLASS	1.00	24.00	23.00	18.48
M	MARK,THREE-DIA	1.00	69.00	23.00	53.13
M	MARK,ATTRAGE	1.00	21.00	23.00	16.17

# Estimate

SURVEYOR NAME : \_\_\_\_\_

SURVEYOR SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

REMARKS : \_\_\_\_\_

Confirm &amp; accepted by

Nett	5,832.47
7% GST on	408.27
<b>Total Payable</b>	<b>6,240.74</b>

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 Submission	15/01/2021 09:41 (SGT)
Date of Accident	13/01/2021 18:05 (SGT)
Exact Location of Accident	Jalan Besar MRT Station, Singapore
Additional Location Information	JALAN BESAR PLAZA 101 KITCHENER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6786P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAFFLES VORPORATION(SG) PTE LTD
Company Reg No	2XXXXX632D
Email Address	sbs2021@gmail.com
Mobile Phone No	(Phone) +65-63417882
Alternative Phone No	+65-63417882

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
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?	Yes
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700021926
Cover Note Number	-

#### DRIVER

Name of Driver	LENA MAIDEEN BASHEER MOHAMED SALEEM
NRIC No	SXXXX142I
Date Of Birth	10/06/1958
Occupation	Indoor

Date Of Driving Pass	09/11/1992
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84570786
Alt. Phone Number	-
Email Address	LMBSALEEM@GMAIL.COM
Address	BLK 212 MARSILING CRESCENT #09-29
Address complement	-
Postcode	730212
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

##### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	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 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.

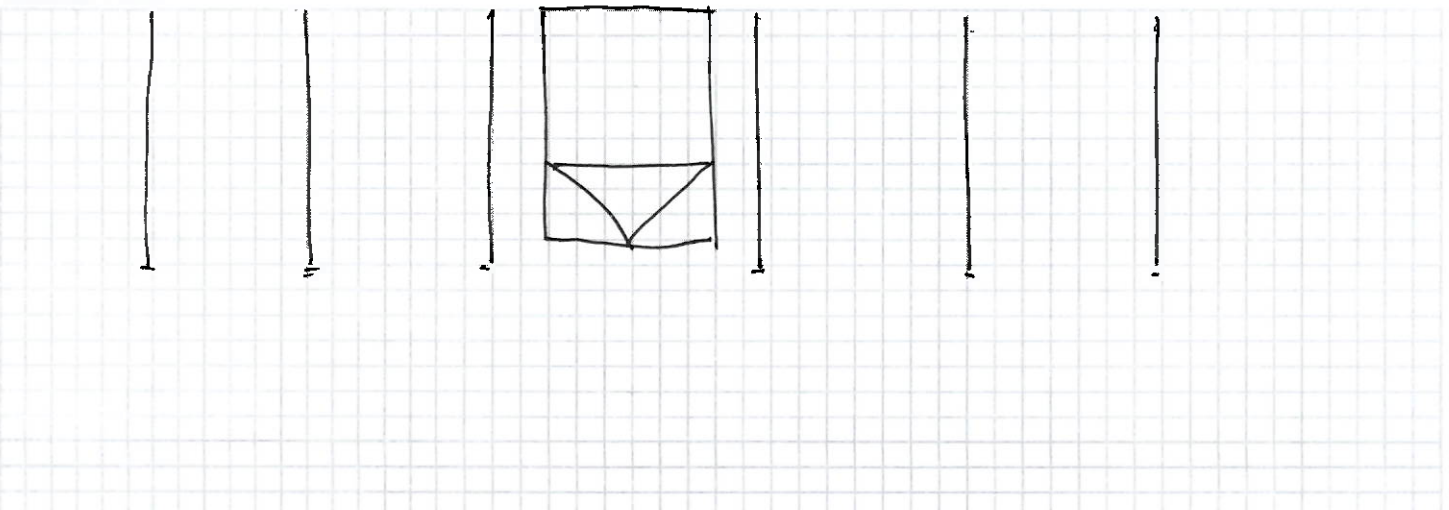


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

PLEASE SEE ATTACHED POLICE REPORT

**Declaration**

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



E/20210114/2050

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20210114/2050

Police Station Of Origin  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

Date/Time Report Made 14/01/2021 16:39	Vide Report No. A/20210113/0097	Station Diary No. 8
Name Of Informant MOHAMMED MUSTHAFA BIN NATHERSHA	Address APT BLK 114 POTONG PASIR AVENUE 1 #07-868 SINGAPORE 350114	
ID Type / ID No. NRIC NO / S7561113G	Contact No. Home/Office Mobile 90214960	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Company director	Sex Male	Age 45
Institution/School Name	Date of Birth 06/10/1975	Race Indian
Date/Time Of Incident 13/01/2021 18:05	Location Of Incident 101 KITCHENER ROAD JALAN BESAR PLAZA SINGAPORE 208511	

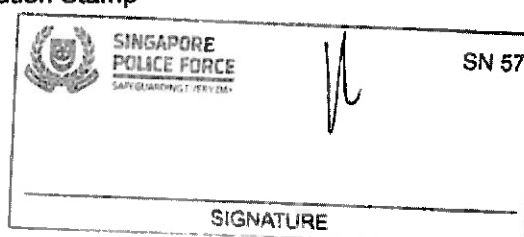
**Brief details.**

On 13/01/2021, at about 1600hrs, I parked my vehicle <SLR6786P> at the said location carpark which was not under shelter. At about 1800hrs, I came back and discovered the rear windscreen damaged and there were plastic toys around my vehicle. I decided to called for the police for assistance vide report A/20210113/0097.

I am making this report to submit for insurance claims.

Signature Of Officer Recording The Report: E / Staff Sgt LOCK KANG WEI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2021 16:39
Officer In-Charge Of Case: E / Kampong Java N.P.C / SI HYROL NEZAM BIN HUSSAIN Contact No.: 63910000	Classification Of Case:

**Authentication Stamp**





**SINGAPORE  
POLICE FORCE**



E/20210114/2050

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. E/20210114/2050**

Signature Of Officer Recording The Report:

E / Staff Sgt LOCK KANG WEI

Signature Of Interpreter:  
Not applicable

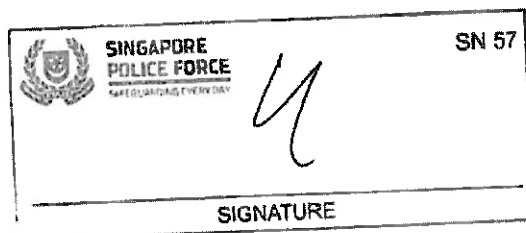
Officer In-Charge Of Case:  
E / Kampong Java N.P.C /  
SI HYROL NEZAM BIN HUSSAIN  
Contact No.: 63910000

Signature Of Informant:

Date/Time:  
14/01/2021 16:39

Classification Of Case:

Authentication Stamp



## UNDERTAKING

I, Lena Maideen Basheer Mohamed Saleem, (NRIC No. \_\_\_\_\_), hereby confirm that the Singapore Accident Statement lodged by me on 14/01/21 at 13:00 hours pertaining to the accident involving motor car Reg. No: SLR 6786 P, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature :



Name of Insured / Driver :

LENA MAIDEEN BASHEER MOHAMED SALEEM

Nric No. :

Date :

14/01

Signature :



Name of Policyholder :

LENA MAIDEEN BASHEER MOHAMED SALEEM

Nric No. :

Date :

14/01



AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME : LENA MAIDEEN BASHIR MOHAMMED SALEEM  
VEHICLE NUMBER : SLR 6786 P  
DATE/ TIME OF ACCIDENT : 13 / 01 / 2021  
PLACE OF ACCIDENT : JALAN BESAR  
THIRD PARTY VEHICLE (IF ANY) : #

\*\*\*\*\*  
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

OFFICE TO JALAN BESAR PLAZA

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO :

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

park & found

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO -

NAME:

[Signature]



I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE



# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : RAFFLES CORPORATION (SG) PTE LTD  
**Period of Insurance** : 11 Jul 2020 To 10 Jul 2021  
**Engine No.** : 3A92UDP8439  
**Chassis No.** : MMBSTA13AHH004189

**Vehicle No.** : SLR6786P  
**Policy No.** : 1700021926-03  
**Endorsement No.** :  
**Issued Date** : 11 Jun 2020

### ABOUT THE COVER

**Make/Model** : MITSUBISHI ATTRAGE 1.2 CVT

**Engine Capacity/Tonnage** : 1,193.00 CC

**Sum Insured** : Market Value

**First Year of Registration** : 2017

**Driver Restriction** : NA

**Off Peak Car** : No

**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\* :

Any person who is driving on the Policyholder's order or with their 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" ("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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708888

4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.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:** NA

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 the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720793

CYCLE & CARRIAGE - LUKAS

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSCNFY