

TAX INVOICE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address		Owner Name & Vehicle Info	
35. AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892 24/03/2021		Cust No/Name	/Mohd Ikbar S/O Mohd Ibrahim
		Reg No/Reg Date	SLX5323S / 29/03/2018
		Date In/Mileage	24/03/2021/ 36786
		Chassis/Package	MMBSTA13AJH002035
		Engine No	3A92UGT7931
		Make/Model	MIT/18MY ATTRAGE 1.2 CVT
		Colour/Trim	U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
KAX00008	Credit	09/04/2021/ 08:47	TLC	884 / Lauro Songcuan	62223	41472796

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
PNT88000				900.00
RENEW REAR BUMPER, BOOTLID				
PNT88000				60.00
REMOVE & INSTALL PARKING SENSOR				
PNT98000				700.00
SPRAY PAINT FOR REAR BUMPER, BOOTLID				
M SUNDRY				40.00
APPLY SEALANT FOR AFFECTED PORTIONS				
M SUNDRY				40.00
SUPPLY C&C LOGO				
A 54900099				30.00
CHECK WIRING & CHASSIS ELECTRICAL SYSTEM				
10028901				120.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST				
USING HI-SCAN PRO TEST				
SUNDRY				20.00
SUNDRIES				
PNT88000				450.00
REPAIR REAR END PANEL & REAR RH FENDER				
PNT98000				700.00
SPRAY PAINT REAR END PANEL & REAR RH FENDER				
X FACE,RR BUMPER	1.00	751.00	23.00	578.27
X PANEL,TRUNK LID	1.00	795.00	23.00	612.15
X MARK,THREE-DIA	1.00	70.00	23.00	53.90
X MARK,ATTRAGE	1.00	21.00	23.00	16.17
X EMBLEM MIVEC TECHNOLOGY	1.00	30.00	00.00	30.00
TEXT				
TP CLAIM AIG - SLX8626Z				
DOA: 22/01/2021				
SURVEY: STEVE (LKK) 24/03/2021				
06 DAYS				
Guarantee Your Warranty, Maintain with Cycle & Carriage!				

Parts	1,290.49		Nett	4,350.49
Labour	2,960.00	7% GST on	4350.49	304.53
Standard Menu	0.00			
Specialist Job	0.00		Total Payable	4,655.02
Diagnostics Job	0.00		Paid	0.00
Sundry/Others	100.00		Total Due	4,655.02
Total(w/o GST)	4,350.49			

Payment should be made strictly by cash, NETS or credit cards. Thank you.

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

**MOHD IKBAR S/O MOHD IBRAHIM C/O CYCLE &
CARRIAGE AUTOMOTIVE PTE LTD**-
Singapore -

Agreement Period: 24/03/2021- 01/04/2021

Tax Invoice**Inv No.** : RIN21040024
Date : 06 Apr 2021
Ref : SLX5323S, 4751
Curr : SGD
Terms : COD
RA No. : RRA21030091
Sales : Wilson Ho

#	Description	Qty	Unit	Unit Price	Amt
1	Rental (24/03/2021 to 31/03/2021) Vehicle Registration No. : SMT2770M Vehicle Model : ATTRAGE 1.2 CVT Reference No: SLX5323S	8.00	Day	100.00	800.00

This is a computer generated document.
No signature is required.
For Bank Transfer:
SCB 01-063-8115-6
DBS 072-009109-4

For PayNow:
PayNow ID (SGD): 201900307RS01
Or scan QR code for payment.

Kindly send payment advice to
cclfinance@cyclecarriage.com.sg



Subtotal Before GST : S\$ 800.00
7 % GST on S\$ 800.00 : S\$ 56.00
Total Amt Incl. GST : S\$ 856.00

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SLX8626Z

Date of Accident

22/01/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG**Period of Insurance **16/04/2020 - 15/04/2021**Requested By **LU TING (CYCLE & CARRIAGE A...**Requested Date **23/01/2021 10:31****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**



Exceptional Journeys

To:
Cycle & Carriage Automotive Pte Limited /
209 Pandan Gardens,
Singapore 609339

Attention: [Motor Claims Department]

Date: [23/01/2020]

LETTER OF AUTHORIZATION TO ACT

Dear Sirs,

1. I/We, the undersigned, am the registered owner of vehicle no. SLX5323S (*vehicle no.*) (the "**Vehicle**").
2. As a result of a motor incident occurring on 22/01/2021 (*date and time of accident*) on/along BUKIT BATOK EAST AVE 2 (*location*) between the Vehicle and SLX8626Z (*3rd party vehicle(s) number, if any*) (the "**Accident**"), the Vehicle was damaged and has been sent in for repairs to be conducted at Cycle & Carriage's workshop.
3. I/We hereby authorize Cycle & Carriage to act for and on my/our behalf in respect of the following:
 - (a) to submit, make, settle and/or resolve any claims (the "**Claims**") which I/we may have against third party insurers and/or any other parties ("**Third Parties**") arising out of the Accident, in any manner as it deems fit;
 - (b) to receive payment from any Third Parties as settlement for the Claims (including accepting cheques made out in favour of Cycle & Carriage); and
 - (c) to generally do or cause to be done all acts or things (including signing any forms or documents or giving instructions to any Third Parties) which it deems necessary or expedient for the foregoing purposes.
4. In addition to the above, I/We hereby further authorize Cycle & Carriage, for and on our behalf, to **execute and sign any discharge vouchers, indemnity forms and/or any other forms or documents** in relation to or arising from the Claims.

For the avoidance of doubt, all payments towards settlement of the Claims should be made in favour of Cycle & Carriage.



Exceptional Journeys

5. I/We further acknowledge and recognize that any settlement which Cycle & Carriage may make for and on my/our behalf in respect of any Claims may be on a without prejudice basis and without any admission of liability in so far as any other Third Parties are concerned.

Thank you.

Yours faithfully,

A handwritten signature in blue ink, followed by the date "23/9/2021" also written in blue ink.

Name: Mohd Ikbar S/o Mohd Ibrahim
NRIC / Passport No. / Company Registration No.: 4751

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Mohd Ikbar s/o Mohd Ibrahim
Period of Insurance : 29 Mar 2019 To 28 Mar 2020
Engine No. : 3A92UGT7931
Chassis No. : MMBSTA13AJH002035

Vehicle No. : SLX5323S
Policy No. : 1800030900-01
Endorsement No. :
Issued Date : 27 Mar 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Mohd Ikbar s/o Mohd Ibrahim - \$600 (Own Damage)

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

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

2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

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

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

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: Standard Chartered Bank (Singapore) Limited

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

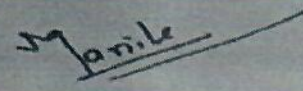
0500722050

C&C FULCO-CORPORATE

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **4751**

Name: **MOHD IKBAR S/O MOHD IBRAHIM**

Birth Date: **16 May 1963**

Issue Date: **01 Feb 2006**

001396536E

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **4751**

Name: **MOHD IKBAR S/O MOHD IBRAHIM**

Race: **INDIAN**

Date of birth: **16-05-1963**

Country/Place of birth: **SINGAPORE**

Sex: **M**

5939938

FOR C&C USE ONLY

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

Class	Description	PASS DATE
Class 2B	Motorcycles =< 200 cc	16 Apr 1988
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	19 Feb 1998
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	13 Nov 1989
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	16 Feb 1990
Class 5	*Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

Licence No: **4751**

NP 428A

FOR C&C USE ONLY

5939938

NRIC No: **4751**

Date of issue: **18-05-2018**

Address: **APT BLK 389 BUKIT BATOK WEST AVENUE 5 #10-394 SINGAPORE 650389**

FOR C&C USE ONLY



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	23/01/2021 09:59 (SGT)
Date of Accident	22/01/2021 20:30 (SGT)
Exact Location of Accident	Bukit Batok East Ave 2, Singapore
Additional Location Information	BUKIT BATOK EAST AVE 2 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5323S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHD IKBAR S/O MOHD IBRAHIM
NRIC No	SXXXX475I
Email Address	ikbar_ibrahim@nrf.gov.sg
Mobile Phone No	(Phone) +65-93627163
Alternative Phone No	+65-93627163

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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800030900-01
Cover Note Number	-

DRIVER

Name of Driver	MOHD IKBAR S/O MOHD IBRAHIM
NRIC No	SXXXX475I
Date Of Birth	16/05/1963
Occupation	Indoor



Date Of Driving Pass	19/02/1988
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93627163
Alt. Phone Number	+65-93627163
Email Address	ikbar_ibrahim@nrf.gov.sg
Address	BLK 389 BUKIT BATOK WEST AVE 5 #10-394
Address complement	-
Postcode	S(650389)
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN.

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	SLX8626Z
Vehicle Manufacturer	Citroen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CLAIRE WU XUE TING
NRIC No	SXXXX250E
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

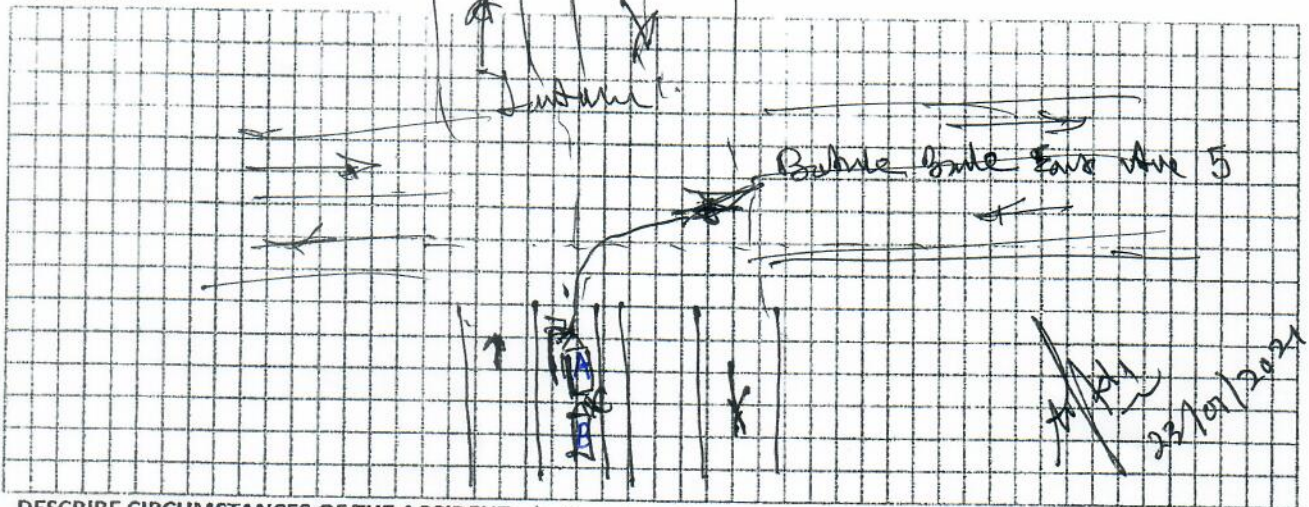
Policyholder's Signature
Date & Time:

22/09/2021
Guan

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A Baker Street East Ave 2

*Was waiting to turn right at
Baker Street East Ave 2. Car
was hit from the back by
another car.*

*Result - impact to the rear of
the car.*

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- | | |
|---|--|
| | - Reporting Only |
| | - Claim OD |
| | - Claim TP |
| ✓ | - Claim OD TP at other workshop |

DECLARATION

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

Policyholder's signature

Date & Time *gan*

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.