

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			
	Cust No/Name	/Polymedic Trading Enterprise Pt		
CHINA TAIPING INSURANCE (SINGAPORE) 3 Anson Road #16-00	Reg No/Reg Date	GT1565S / 28/01/2015		
Springleaf Tower		05/02/2021/ 107713		
Singapore 079909	Chassis No	VF77F9HF8EJ794117		
Attn: Claims Dept.	Engine No	10JBFR0014738		
Contact No 63896111	Make/Model	CITCV/BERLINGO L2 1.6 ETG PANEL		
	Colour/Trim	ZRM / BK		

Account No	Terms	Date/Time Printed	CSE	Operator		WIP No		
F0000018	Credit	05/02/2021/ 12:0	7 DS	303 / Renemer		61254		
		Description of Go	ods / Services		Qty	Unit Price	Disc%	Amount
S MIPNT880								250.00
DIAGNOST		ING						
S MIPNT880								100.00
		HTING/WIRING SYSTE	EM ON RH ACCI	DENT				
AFFECTED	AREAS							1280.00
S MIPNT880	88			AUT ALLANIT DAL				1200.0
TO TRANS	FER RHF 8	RH SLIDING DOOR	COMPONENTS &	MECHANISM				3200.0
S MIPNT880	88			DU CLIDING DOOD ET	•			3200.0
TO REPLA	CE RHF FE	NDER, RH SIDE MIRE	ROR, RHF DOOR,	RH SLIDING DOOR, ET	•			
TO REPAI	R RHF A F	ILLAR	DENT AFFECTS	DE ADEAC				
STRAIGHT	EN,REFORM	ALIGN ON RH ACC	IDENT AFFECTE	DIAKEAS	、八、一	1		2200.0
S MIPNT980	88	L DU ACCIDENT AFF	-ctronicia	1110019	175/0			220010
SPRAY PA	INTING OF	KH ACCIDENT AFFE	CLED AREAS	ima	111/0	7		50.0
S MIPNT880	88	TON CTICKED	De		and have the			
		TION STICKER						150.0
S MIPNT880		(POLYMEDIC)						
M C7841Y2	SIICKER	RH FRONT	WING		1.00	619.00	0.00	619.0
M C9015EL			TRIM CHEATER	any idia s	1.00	151.00	0.00	151.0
M C1611912	680		MUDGUARD		1.00	157.00	0.00	157.0
P C1609267			EL GUARD		10.00	1.00	0.00	10.0
M C9677755			/IEW MIRROR		1.00	356.00	0.00	356.0
M C1608751			REAR VIEW M		1.00	24.00	0.00	24.0
M C9015EF	100		INT GUSSET D	ME 2 2	1.00	20.00	0.00	20.0
M C9004Z6		RH FRONT			1.00	1201.00	0.00	1201.0
M C8545GT		RH DOOR F	PROTECTOR		1.00	97.00	0.00	97.0
M C9202R6		RH FIXED	WINDOW		1.00	239.00	0.00	239.0
M C9300W1		RH WINDOV	V CHANNEL		1.00	211.00	0.00	211.0 110.0
M C9101GE		RH DOOR I			1.00	110.00	0.00	1280.0
M C9008S2		SIDE DOOF		2538-14	1.00	1280.00	0.00	96.0
M C8546X1			CTOR SLIDING	1963 5 5 5	1.00	96.00	0.00	110.0
M C9101GG			SLIDING DO		1.00	110.00	0.00	75.0
M C5416K4		WHEEL CAN			1.00	75.00	0.00	75.0

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.



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F0000018	Credit	05/02/2021/ 12:07	DS	303 / Renemer	61254	i de la composition della comp	
		Description of Goods	s / Services	21112	Qty Unit Pri	ce Disc%	Amount
OWNER CL	AIMING THE REPLACEN		POINT LO				
		冒	St	ima	ite		
Confirm & a	accepted b	ру			Parts Labour Standard Menu		4,756. 0.1 0.1
Authorized	signatory	and company stamp			Specialist Job Others(Lub,etc) Sundry Total(w/o GST)		7,230.0 0.0 0.0 11,986.0

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SC0N21250002 / Cycle & Carriage Fulco Motor Dealer Pte Ltd ENTRY DATE & TIME: 05/02/2021 11:48 (SGT) SUBMITTED BY: Renemer Bagang VERSION: 1 (05/02/2021 11:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

This Form must be <u>completed</u> 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.

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 05/02/2021 11:48 (SGT) Date of Accident 04/02/2021 15:45 (SGT) Exact Location of Accident Singapore Additional Location Information CAUSEWAY POINT LOADING BAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GT1565S Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? POLYMEDIC TRADING ENTERPRISE PTE LTD Name Of Registered Owner Company Reg No 1XXXXX469E Email Address pharma@polymedic.com Mobile Phone No (Phone) +65-62836826 Alternative Phone No (Office) +65-62836826

VEHICLE PARTICULARS

Citroen Manufacturer Berlingo Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2100400440-06 Cover Note Number

DRIVER

Name of Driver MOHAMMAD KHAIRYANI BIN ABDUL GHANI NRIC No SXXXX361G

Date Of Driving Pass Driving experience	07/07/2011 9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87527566
Alt. Phone Number	-
Email Address	kangalion01@yahoo.com.sg
Address	BLK 622B PUNGGOL CENTRAL #14-274
Address complement	
Postcode	822622
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 min / Vandaliam / Damagod whilet narked
Weather Conditions	Hit and run / Vandalism / Damaged whilst parked
Road Surface	Clear
Noau Sullace	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE 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
The state of the s	
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBD8045Z
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	
Vehicle Colour	
Vehicle Category	- Commercial vehicle
Name of Driver	PEK ZHI QIANG, KENNETH
NRIC No	SXXXX474D
Contact Number	(Phone) +65-97716613

(Phone) +65-97716613

Contact Number Address

Addrage complement

Insurance Company Name	
Nature Of Damage	
Details of property damaged in accide	ent
No. Of Passenger (Including Driver)	************

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer , my w orkshop 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) w ho 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

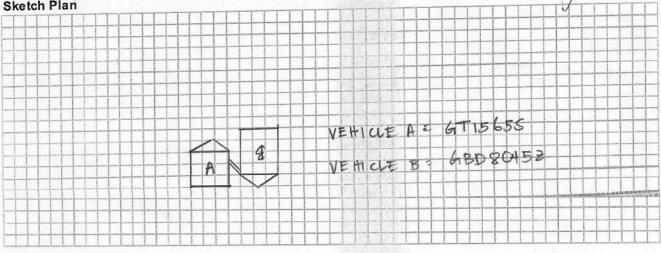
Policyholder's Signature / Date & Time 0930

Driver's Signature (If driver is not the policyholder) / Date & Time 0930

Witnessed by Reporting Personnel

SERVICE

Sketch Plan



Describe Circumstances of the Accident

Mh was i	not particed at consensely Point Loading boy parting area. I went up to lativery at Garardian Pharmacy. When I came back I saw may the side Colorid on the ground. Then 2 guys came to me and told me that they had a stationary van. The other driver told me that he was remembering his his driver side door was opened during reversing.
do me d	aliques of Connaction Pharmacy, Will I came back I saw mon the side Colorie
do my d	as the ground Them I muc came to me and told me their they had
yrror was	of the ground. The other driver told me that he was resepring his
songed my	1 Stationary van. The other or or the first of the first
touch and	his amper side occor was opened away recessey.
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	194793.00
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7. The second se	
	A The CA ST ST

Declaration

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

Policyholder's \$ignature / Date & Time 09 30

Driver's Signature (If driver is not the policyholder) / Date & Time & 20

Witnessed by Reporting Centre Personnel

SERVICE



CERTIFICATE OF INSURANCE

CITROEN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder :: Polymedic Trading Enterprise Pte Ltd

Period of Insurance

28 Jan 2021 To 27 Jan 2022

Engine No. Chassis No.

10JBFR0014738 : VF779HF8EJ794117 Vehicle No.

· GT1565S

Policy No.

: 2100400440-06

Endorsement No.

Issued Date

: 19 Jan 2021

ABOUT THE COVER

Make/Model

: CITROEN BERLINGO LWB 1.6L (ETG)

Engine Capacity/Tonnage: 0.8 Tonnage

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.b) 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

mitation as to use* :

1) Use in connection with the Policyholder's business

Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-maked drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trad

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

1.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708600 2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000 3.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.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: United Overseas Bank Limited

rdity that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Rieks and Compensiport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500670050

CYCLE & CARRIAGE FULCO

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

22 UBI ROAD 4 FULCO BUILDING SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBD8045Z

Date of Accident

04/02/2021

Reset

% RESULT & RECEIPT

g Insurance
12/06/2021
le & Car
2021 09:48

Payment details

Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: M400017735