



CYCLE &amp; CARRIAGE

# 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	
INDIA INTERNATIONAL INSURANCE SINGA 64 CECIL STREET #04-05 IOU BUILDING SINGAPORE 049711  Contact No	Cust No/Name	KCV05905/Mr Lim Boon Hwa(Lin Wenhua)
	Reg No/Reg Date	SLK6126G / 23/01/2017
	Date In/Mileage	08/03/2021/ 90414
	Chassis No	JMYSRCY1AGU006320
	Engine No	4A92CM5628
	Make/Model	MIT/CY1AE21
	Colour/Trim	X04 / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
F0000036	Credit	08/03/2021/ 15:54	DS	303 / Renemer	62941			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
S	MIPNT88088	DIAGNOSTIC/SCANNING						250.00
S	MIPNT88088	TO CHECK ALL LIGHTING/WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS						100.00
S	MIPNT88088	TO REMOVE & RE-INSTALL ALL CARPETS/TRMMING TO FACILITATE REPAIR ON REAR ACCIDENT AFFECTED AREAS						640.00
S	MIPNT88088	TO TRANSFER REAR BOOT COMPONENTS & MECHANISM						640.00
S	MIPNT88088	TO APPLY SEALANT KIT ON NEW & REPAIR PANELS STRAIGHTEN,REFORM,ALIGN ON REAR ACCIDENT AFFECTED AREAS						100.00
S	MIPNT88088	TO REPLACE REAR BOOT,REAR BUMPER,BRACKETS,CLISP,REINFORCEMENT,ETC TO CUT & WELD REAR END PANEL STRAIGHTEN,REFORM,ALIGN ON REAR ACCIDENT AFFECTED AREAS						3840.00
S	MIPNT98088	SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS						2200.00
S	MIPNT88088	TO INSTALL REVERSE SENSOR SET						280.00
S	MIPNT88088	REAR LICENSE PLATE WITH CASING						50.00
M	SUNDRY	C & C LOGO						50.00
M	JJ7415A111	MARK,THREE-DIA			1.00	70.00	0.00	70.00
M	JJ7415A112	MARK,LANCER			1.00	55.00	0.00	55.00
M	JJ5920A061	PANEL,TRUNK LID			1.00	772.00	0.00	772.00
M	JJMZ380416EX	REAR LIP SPOILER			1.00	411.00	0.00	411.00
M	JJ6410B832	FACE,RR BUMPER			1.00	865.00	0.00	865.00
M	JJMR200300	CLIP, BUMPER			10.00	4.00	0.00	40.00

Confirm &amp; 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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**EUNOS LINK SERVICE CENTRE**

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F0000036	Credit	08/03/2021/ 15:54	DS	303 / Renemer	62941

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M JJ6410C543 LH BRKT,R/BMPR FACE	1.00	17.00	0.00	17.00
M JJ6410C544 RH BRKT,R/BMPR FACE	1.00	17.00	0.00	17.00
M JJ8355A039 LH,REFLECTOR	1.00	37.00	0.00	37.00
M JJ8355A040 RH,REFLECTOR	1.00	37.00	0.00	37.00
M JJ8341A099 LAMP ASSY,LICENSE PL	2.00	35.00	0.00	70.00
M JJ8637A134 BUZZER,KEYLESS OPERA	1.00	172.00	0.00	172.00
M JJ6410B929 REINFORCEMENT,RR BUM	1.00	234.00	0.00	234.00
M JJ6410B028 UPR REINFORCEMENT,RR	1.00	91.00	0.00	91.00
M JJ5281A179 PANEL,RR END	1.00	564.00	0.00	564.00

Z NOTES

ACCIDENT ON 07/03/2021 ALONG JUNC OF WOODLANDS AVE 12 TOWARDS AVE 10  
 OWNER CLAIMING THIRD PARTY  
 REQUIRED REPLACEMENT CAR  
 TP#: GBK3027Y TP INS: I.I.I

Estimate

Confirm & accepted by

Parts	3,452.00
Labour	0.00
Standard Menu	0.00
Specialist Job	8,100.00
Others(Lub,etc)	0.00
Sundry	50.00
Total(w/o GST)	11,602.00

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	08/03/2021 13:09 (SGT)
Date of Accident	07/03/2021 15:45 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	TOWARDS WOODLANDS AVE 10
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6126G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON HWA(LIN WENHUA)
NRIC No	SXXXX235B
Email Address	BOONHWA.LIM@SIEMENS.COM
Mobile Phone No	(Phone) +65-96453674
Alternative Phone No	(Home) +65-96453674

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	2100497755-04
Cover Note Number	-

#### DRIVER

Name of Driver	LIM BOON HWA(LIN WENHUA)
NRIC No	SXXXX235B
Date Of Birth	10/10/1974
Occupation	Indoor



Date Of Driving Pass .....	15/01/1998
Driving experience .....	23 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96453674
Alt. Phone Number .....	(Home) +65-96453674
Email Address .....	BOONHWA.LIM@SIEMENS.COM
Address .....	1 Canberra Drive #08-01 Singapore
Address complement .....	-
Postcode .....	768101
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 .....	Raining
Road Surface .....	Wet

#### 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

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK3027Y
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SYED SUFRI ALJUNIED BIN SYED NAJEEB
NRIC No .....	SXXXX701H
Contact Number .....	(Phone) +65-96236059
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

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.
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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.

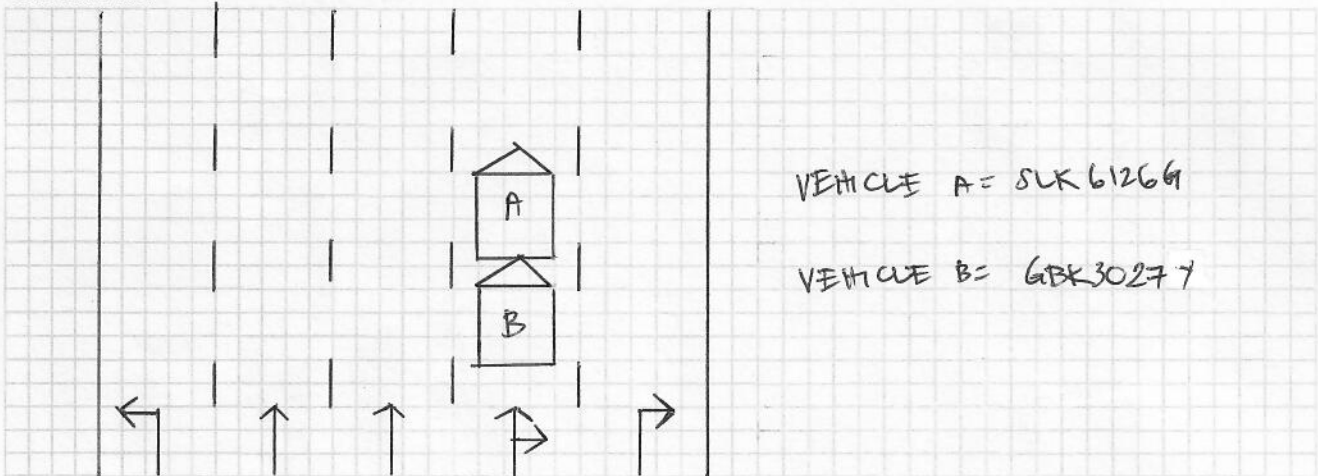


*Li* 08/03/21  
Policyholder's Signature / Date &  
Time 0830 hrs.

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan




**Describe Circumstances of the Accident**

On 7/03/21 around 1545pm raining day, as I was travelling along Woodlands Ave 12, I stop my vehicle SHK 6126G at the junction at Woodlands Ave 12 towards Woodlands Ave 10. At the part of time I was stationary as the traffic light was red. While waiting for the traffic light to turn green as I was to turn right towards Gairloch Ave, I suddenly feel an impact to my car and realise a vehicle bang onto my rear.

I alighted my car for a check and found my bumper was damaged. No injury to us. We exchange our particulars and we drove off.

**Declaration**

We declare the foregoing particulars are true in every respect.

 08/03/21  
Policyholder's Signature / Date &  
Time 0830hrs.

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel







# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Lim Boon Hwa (Lin Wenhua)  
**Period of Insurance** : 23 Jan 2021 To 22 Jan 2022  
**Engine No.** : 4A92CM5628  
**Chassis No.** : JMYSRCY1AGU006320

**Vehicle No.** : SLK6126G  
**Policy No.** : 2100497755-04  
**Endorsement No.** :  
**Issued Date** : 12 Jan 2021

### ABOUT THE COVER

**Make/Model** : MITSUBISHI LANCER EX 1.6L  
**Engine Capacity/Tonnage** : 1,590.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2017  
**Insuring with COE/PAF** : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above  
**Mileage Condition** : Unlimited Mileage  
**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)

Lim Boon Hwa (Lin Wenhua) - \$600 (Own Damage), \$600 (Flood Cover)

### 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 64708688
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 6338 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:** MayBank

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).

0500720785

CYCLE & CARRIAGE - BEVERW(MIT)

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

AIGSGMOBILEAPP



> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 08 Mar 2021 / 12:28:58

Receipt Date/Time : 08 Mar 2021 / 12:28:58

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210308-001561

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference**

**No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - GBK3027Y

As at 07 Mar 2021/15:45:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - GBK3027Y

Enquiry Fee

20210308122724424362

7.00	0.49	7.49
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**Sub-Total**

7.00	0.49	7.49
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**Total Before Rounding**

7.00	0.49	7.49
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**Rounding Difference**

0.04

**Total Amount Payable**

7.45

**Paid By**

524355XXXXXX0447

eNETS Credit Card

7.45

**Total**

7.45

**Cash Change**

0.00

**Tendered Amount**

7.45

**Excess Refundable Amount**

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.