

Invoice Name & Address

CYCLE & CARRIAGE FRANCE PTE. LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE



Owner Name & Vehicle Info

209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240

QUOTATION

Company Reg No. 200609327M GST Reg No. MR-8500111-X

			<u></u>					
	AIG Asia Pacific Insurance Pte.			Cust No/Name /Thet 0o Maung				
Ltd.				Reg No/Reg Date SLR3176U / 10/08/2017				
		M DEPARTMENT WAY #09-16		Date In/Mileage	/	/ 0		
	AIG BUILDIN		Chassis/Package VF73ABHZTHJ648377 /CC			CC17S5		
	SINGAPORE (Engine No	10JBHD3079213 CIT/GC4P 1.6 BLUEHDI EAT6 INTENSIVE ML				
	Contact No	6419 1000	Make/Model				NSIVE ML	
	1 J e n aja na jae iko	Ida braka b ahar i nka dinang dalah di		Colour/Trim	EUM SABLE	/ I	XF YATAG	O GREY
	· · · · · · · · · · · · · · · · · · ·						1	
Account No	Terms	Date/Time Printed	CSE	Operator		WIP No	Invoice/	Credit Note No
FAX00001	Credit	12/03/2021/ 16:20	BLE	261 / Edwin Caina	1	16290		0
F DUTOGOS	•	Description of Goods	/ Services		Qty	Unit Price	Disc%	Amount
E PNT8800	U FRT BUMPER							1500.0
E PNT9800	0							380.0
RESPRA' A 54900099	Y FRT BUMPER	t .						20.7
		TRICAL SYSTEM						30.0
A 10028903	1							275.0
		NOSTIC CHECK USING HI-S	CAN PRO TE	EST				
M SUNDRY	HI-SCAN PRO	1001						50.0
SUPPLY	FRT NUMBER	PLATE WITH CASING						
M SUNDRY Sundrie	25							20.0
M FRONT E	BUMPER				1.00	1022.00	20.00	817.6
	BRACKET				1.00	327.00	20.00	261.6
	MOULDING MOULDING				1.00	206.00		164.8
	MOULDING				1.00	206.00		164.8
	IBBR BOOT				1.00 1.00	225.00 305.00		180.0 244.0
	RILLE INFER	TFUR			1.00	308.00		246.4
M BADGE S		-1011			1.00	203.00		162.4
M CHEVRON EMBLEM SUPERIEUR M CHEVRON EMBLEM INFERIEUR					1.00	147.00		117.6
					1.00	147.00		117.6
M BRACKET					1.00	124.00		99.2
M BUMPER	MOULDING				1.00	171.00		136.8
	SET LAT				1.00	124.00		99.2
M ABSORBE					1.00	91.00	20.00	72.8
M BUMPER					1.00	511.00		408.8
M BUMPER	BRACKE				1.00	207.00	20.00	165.6
		Guarantee Your Warran	ity, Mainto	iin with Cycle & Carr	riage!			
Parts Labour		3,459.20 2,185.00			7% GST on	Nett 5714.20		5,714.20 399.99
Standard		0.00	0					
Specialist Job 0.00				Total Payable			6,114.19	
Diagnosti		0.00				Paid		0.00
Sundry/Others 70.00 Total (w/o GST) 5,714.20						Total Due		6,114.19
	U311	3./14.21	,					

VERSION: 1 (12/03/2021 16:26 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

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 Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

12/03/2021 16:26 (SGT)

11/03/2021 19:00 (SGT)

Punggol Rd, Singapore

SLIP RD AFTER EXITING TPE TOWARDS PUNGGOL BEFORE

TURNING LEFT TO PUNGGOL RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR3176U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address

Mobile Phone No

Alternative Phone No

No

THET OO MAUNG

SXXXX084J

t.o.maung@gmail.com

(Phone) +65-98204462

+65-98204462

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Citroen

C4 picasso

Private use

Yes

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AIG

Comprehensive

No

1700038271

DRIVER

Name of Driver

NRIC No

Date Of Birth

YU THET WAI SXXXX610I 22/12/1993

Occupation **Date Of Driving Pass** Driving experience Gender Mobile Number

Alt. Phone Number Email Address

Address Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Collision - Head to Rear Clear

Dry

Indoor 11/09/2014

Female

649412

No

No

Child

6 YEARS AND 6 MONTHS

BLK. 31 JURONG WEST STREET 41

(Phone) +65-93871471

ireneai93@gmail.com

#14-17 SINGAPORE

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? Nο 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 ATTACHMENT

ATTACHMENT(S)

Postcode

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Nο

Vehicle Registration Number SJX7175M Vehicle Manufacturer Mercedes Vehicle Model E250 Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver WONG ZI XUAN, NIKO Contact Number (Phone) +65-90716505 Address Address complement

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
- 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 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.

12.03.21/15:15 hrs Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time & Time Personnel

Sketch Plan

While quering to exit the slip mad, vehicles were inching forward. Ny vehicle contined to mil forward when the vehicle in front had stopped. Collided before being able to java break in time.	Describe Circumstances of the Accident
My vehicle contined to roll forward when the vehicle in front had stopped Collided before being able to jam break in time.	While quering to exit the slip mad, vehicles were inching forward.
stopped Collided before being able to jam break in time.	My vehicle contined to roll forward when the vehicle in front had
	stopped Collided before being able to jam break in time.

Declaration

 ${\it l}{\it W}{\it e}$ declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre

Personnel



CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: THET OO MAUNG

Period of Insurance

: 10 Aug 2020 To 09 Aug 2021

Engine No.

: 10JBHD3079213

Chassis No.

: VF73ABHZTHJ648377

Vehicle No.

: SLR3176U

Policy No.

: 1700038271-03

Endorsement No.

Issued Date

: 24 Jun 2020

ABOUT THE COVER

Make/Model

: CITROEN Grand C4 Picasso 1.6 BlueHDI

Engine Capacity/Tonnage : 1,560.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) The Policyringer 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

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)

THET OO MAUNG - \$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: 20 Leng Kee Rd Singapore 159094 64708600

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Atternatively, 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: 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, 1859 (Malaysia).

0502847639

CYCLE & CARRIAGE - DARREN

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.

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

MOTOR ACCIDENT INTERVIEW FORM

NAME	:	YU THET WAI
VEHICLE NUMBER	:	SLR 3176U
DATE/ TIME OF ACCIDENT	:	11 MARCH 2021 19:00
PLACE OF ACCIDENT	;	TPE TOWARDS PUNGGOL.
THIRD PARTY VEHICLE (IF ANY)	:	SJX 7175M
where did you start your journey and from Mary mount to		E WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
DID YOU DRINK ANY ALCOHOLIC DRINKS B POLICE CONDUCT ANY BREATHE-ANALYSER N_0 .		YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC N YOU? IF YES, WHAT WAS THE RESULTS?
what is the type of collision and the e	EXTENSI	VENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENGER/S INJURED FOR INVESTIGATION? NO)? IF INJ	URED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
		_
ling		
/ NIABAE:		

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, YU THET WAI	, (NRIC No), hereby					
confirm that the Singapore A	accident Statement lodged by me on _	12 MARCH 2021					
•	aining to the accident involving m						
	I was the driver are true and accura	te to the best of my					
knowledge, information and	bener.						
I acknowledge that my insure	ers are not liable under the contract of	finsurance if there is					
a breach of policy terms and	conditions.						
	ed/unreported third party property or i						
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.							
	1						
Signature	: WA						
Name of Insured / Driver	: YU THET VAI						
Nric No.	:						
Date	: 12 MARCH 2021						
Signature	:						
Name of Policyholder	THET OO MAUNG						
Nric No.							
Date	: 12 MARCH 2021						