

TAX INVOICE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
MS FIRST CAPITAL INSURANCE LIMITED MOTOR CLAIMS DEPARTMENT 6 RAFFLES QUAY #21-00 SINGAPORE 048580 Contact No 21/07/2021	Cust No/Name	/Ms Norwiah Binte Muhamad
	Reg No/Reg Date	SLQ5107L / 13/07/2017
	Date In/Mileage	21/07/2021/ 54124
	Chassis/Package	MMBSTA13AHH00604C /#
	Engine No	3A92UGB2389
	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	Invoice/Credit Note No
CTP00040	Cash	30/07/2021/ 08:47	TLE	884 / Lauro Songcuan	12652	41478498

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRONT BUMPER & LH FRONT FENDER				1280.00
E PNT98000 SPRAY PAINT FRONT BUMPER & LH FRONT FENDER				1100.00
A 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYSTEM				80.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				280.00
M SUNDRY SUNDRIES				20.00
S SPECIALISTJOB ACCIDENT TOWED FROM 464 UPPER SERANGOON TO C&C PANDAN GARDENS W/O NO:1259608				85.00
S SPECIALISTJOB SUPPLY ONE PC OF FRONT LICENSE WITH PLASTIC FRAME MODEL: ATTRAGE				50.00
S SPECIALISTJOB OPC RESEALING INSPECTION (RE-SEAL WEEKEND PLATE)				120.00
X FACE,FR BUMPER	1.00	706.00	00.00	706.00
X BRACKET,FR BUMPER,LH	1.00	13.00	00.00	13.00
X CLIP,FR BUMPER	12.00	4.00	00.00	48.00
X FENDER,FR LH	1.00	500.00	00.00	500.00
X HEADLAMP ASSY,LH	1.00	663.00	00.00	663.00
X EMBLEM ECO	1.00	17.00	00.00	17.00
Z TEXT TP CLAIM FIRST CAPITAL - SHB621C SURVEY: STEVE (LKK) 21/07/2021 DOA: 01/07/2021 04 DAYS				
<i>Guarantee Your Warranty, Maintain with Cycle & Carriage!</i>				

Parts	1,947.00	Nett	4,962.00
Labour	2,740.00	7% GST on	347.34
Standard Menu	0.00		
Specialist Job	255.00	Total Payable	5,309.34
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	20.00	Total Due	5,309.34
Total(w/o GST)	4,962.00		

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.

Tax Invoice

chan's

www.chans.com.sg

CHAN'S & SONS ENTERPRISE

Company Reg No:51936900M

363 Sembawang Road, Goodlink Park,

Singapore - 758379

Email: admin@chans.com.sg

Tax Invoice No:

AR2006 / 998 /

Dated:

August 2, 2021

Rental Agreement No:

RA 10356 2021-07

Terms of Payment:

Due upon receipt

Customer Reference:

SLQ5107L

Notes:

SLQ5107L

Customer Details

CYCLE & CARRIAGE KIA PTE LTD TEBAN

209 PANDAN GARDENS Singapore 609339

Executive Name: C&C EDWIN

S.No	Product	Description	From Date	To Date	No. of Periods	Price (SGD)	Amount (SGD)
1	SMF2085G	NORWIAH BINTE MUHAMAD - S1671310D	2021-07-21	2021-07-29 (INCLUSIVE)	9 DAYS	1,080.00	1,080.00
							1,080.00

GST 7% (7%)

75.60

Amount in words :

One Thousand One Hundred Fifty Five and Sixty cents Singapore Dollar

(SGD)

Total (SGD)

1,155.60

Declaration:

Please make your cheques payable to : **CHAN'S & SONS ENTERPRISE**

For CHAN'S & SONS ENTERPRISE

This is a Computer generated document.
No signature is required.

Income Terms

Terms

RENTAL AGREEMENT

RA 10356 2021-07

Hirer's Name NORWIAH BINTI MUHAMAD		Date of Birth 10.03.1964	Passport/ Nric No. S1671310D	Nationality
Address 464 UPPER SERANGOON RD		Occupation	Driving Licence No	Date of Expiry
#04-1217	Postal Code 530464	Contact No	Mobile Phone No. 90675897	
Joint Hirer's / Guarantor's Name		Date of Birth	Passport/ Nric No.	Nationality
Address		Occupation	Driving Licence No	Date of Expiry
	Postal Code	Contact No	Mobile Phone No.	

CHECK OUT

Date 21.7.21	Time 9 ~	Mileage KM	E 1/4 1/2 3/4 F
Date 29.7.21	Time 2.30pm	Mileage KM	Remarks 1st car

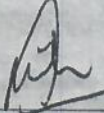
CHECK IN

IMPORTANT NOTES:-

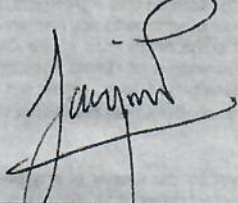
- Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.
- No refund will be given for vehicle that returns early.
- Own Damage Liability – First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
- Third Party Liability – First \$2000 for any Third Party Accident Claim.
- Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.
- Hirer is responsible for all parking fines & traffic summons.
- Extension:- One day's advance notice is required otherwise no extension will be allowed.
- Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
- Vehicle returned after office hour will be charged to the next working day.
- Hourly extension is charged at 1/5 of the daily rate.
- As preventive maintenance, please check water & engine oil daily.
- Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
- For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.
- Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.

	UNIT		RATE (\$)	TOTAL (\$)
RATE	9	@	120 + GST	1080
DISCOUNT				
GST @ 7%				75.60
TOTAL				1155.60
EXTENSION			AR 2006 / 998	
EDW 5107 L				
DEPOSIT (refundable) S\$			1155.60	
CHANGED OVER FROM VEH.			DATE	

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.
I/We declare that all information given on this form is true and accurate.


Hirer's Signature

Joint Hirer's/ Guarantor's Signature


for CHAN'S & SONS ENTERPRISE

VEHICLE NO. SMT 2085 G	MODEL
FROM	RETURN <small>*Estimate Date. For actual return see CHECK IN</small>

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : NORWIAH BINTE MUHAMAD
Period of Insurance : 13 Jul 2021 To 12 Jul 2022
Engine No. : 3A92UGB2389
Chassis No. : MMBSTA13AHH006040

Vehicle No. : SLQ5107L
Policy No. : 1700024793-04
Endorsement No. :
Issued Date : 07 Jun 2021

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 : Yes
First Year of Registration : 2017
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 2 years' driving experience.

Age Condition : All Age Condition
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)

NORWIAH BINTE MUHAMAD - \$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 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

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).

0500720786

CYCLE & CARRIAGE - FLOREN(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.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1671310D**

Name: **NORWIAH BINTE MUHAMAD**

Birth Date: **10 Mar 1964**

Issue Date: **31 May 2003**

000529960E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1671310D**

Name
NORWIAH BINTE MUHAMAD

Race
MALAY

Date of birth
10-03-1964

Country/Place of birth
SINGAPORE

Sex
F

FOR C&C USE ONLY

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
24 May 2000

Licence No: **S1671310D**

NP 428A

6318911

NRIC No. **S1671310D**

Date of issue
26-10-2019

Address
**APT BLK 464 UPPER SERANGOON ROAD
#04-1217
SINGAPORE 530464**

FOR C&C USE ONLY



Exceptional Journeys

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

Attention: [Motor Claims Department]

Date:

LETTER OF AUTHORIZATION TO ACT

Dear Sirs,

1. I/We, the undersigned, am the registered owner of vehicle no. SLQ5107L (*vehicle no.*) (the "**Vehicle**").
2. As a result of a motor incident occurring on 01.07.2021 (*date and time of accident*) on/along CARPARK BLK 464 UPPER SERANGOON RD (*location*) between the Vehicle and SHB621C (*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.

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,



Name: NORWIAH BINTE MUHAMAD
NRIC / Passport No. / Company Registration No.:

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	02/07/2021 13:03 (SGT)
Date of Accident	01/07/2021 09:00 (SGT)
Exact Location of Accident	464 Upper Serangoon Rd, Singapore 530464
Additional Location Information	CARPARK-BLK 464 UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5107L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORWIAH BINTE MUHAMAD
NRIC No	SXXXX310D
Email Address	NMUHAMAD121@GMAIL.COM
Mobile Phone No	(Phone) +65-90675897
Alternative Phone No	+65-90675897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700024793-04
Cover Note Number	-

DRIVER

Name of Driver	NORWIAH BINTE MUHAMAD
NRIC No	SXXXX310D

Date Of Birth	10/03/1964
Occupation	Outdoor
Date Of Driving Pass	24/05/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90675897
Alt. Phone Number	+65-90675897
Email Address	NMUHAMAD121@GMAIL.COM
Address	BLK 464 UPPER SERANGOON ROAD #04-1217
Address complement	-
Postcode	530464
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	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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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 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	SHB621C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-98568986
Address	-
Address complement	-

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

WITNESS DETAILS

WITNESS 1

Name	NEIGHBOUR
Phone	-
Email	-

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
1/7/2021

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

The Accident happen early in the morning at HDB Car park Blk. 464, Upper Serangoon Road, S (530464). My car was parked when the Taxi reversed and hit my stationary car. I wasn't there when it happened, but my neighbour were at the void deck having funeral ceremony saw and witnessed.

Anyway, the Taxi Driver did left his Mobile number at my car's wiper.

Declaration

We declare the foregoing particulars are true in every respect.



01/07/2021

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel