



CYCLE & CARRIAGE

CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



Movement that inspires

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 | /Ms Stephanie Lim Chwee Ang |
| | Reg No/Reg Date | SMN3831X*KC17P / 05/08/2019 |
| | Date In/Mileage | 18/11/2021/ 23864 |
| | Chassis No | KNAF3416MK5045895 |
| | Engine No | G4FGKH738821 |
| | Make/Model | KIA/CER1.6AEXG333 |
| | Colour/Trim | 4SS / WK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No |
|---------------------------------|---|-------------------|------------|---------------|---------|
| F0000036 | Credit | 18/11/2021/ 17:52 | DS | 303 / Renemer | 22251 |
| Description of Goods / Services | | Qty | Unit Price | Disc% | Amount |
| S ZPCOAT15-M | Nano Graphene Premium Coating (15% Off) - Cat B Veh. Comes with 3 yrs Warranty covers against product bonding failure, blistering, bubbling, cracking, delaminating or peeling during the course of warranty duration from the date of application. T&Cs apply. | | | | 427.38 |
| P WAMBG3018 | B2 BODYGUARD GRAPHEN | 1.00 | | | |
| P WAMBG8034 | B2 BODYGUARD MICROFI | 1.00 | | | |
| M WAMBG1002 | B2 BG NANO MIRACLE S | 1.00 | | | |
| S MIPNT88088 | DIAGNOSTIC/SCANNING | | | | 250.00 |
| S MIPNT88088 | TO CHECK ALL LIGHTING/WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS | | | | 100.00 |
| S MIPNT88088 | TO REPLACE RH HEADLAMP, LOGO, UPR & LWR FRONT BUMPER, CLIPS, BRACKETS, T/SIGNAL LAMP & COVER, ETC -TO REPAIR RH FENDER STRAIGHTEN, REFORM, ALIGN ON FRONT ACCIDENT AFFECTED AREAS | | | | 1920.00 |
| S MIPNT98088 | SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS | | | | 1650.00 |
| M KS 92102 M6 120 | RH LAMP ASSY-HEAD | 1.00 | 1219.00 | 0.00 | 1219.00 |
| M KS 86318 3R 500 | ORNAMENT - KIA NO. 1 | 1.00 | 32.00 | 0.00 | 32.00 |
| M KS 86511 M6 000 | UPR COVER - FRONT BU | 1.00 | 633.00 | 0.00 | 633.00 |
| M KS 86530 M6 000 | LWR GRILLE - FRONT B | 1.00 | 262.00 | 0.00 | 262.00 |
| M KS 0G032 50 037A | FASTERNER- BUMPER | 10.00 | 2.00 | 0.00 | 20.00 |
| M KS 86552 M6 000 | RH BRACKET-FR BUMPER | 1.00 | 22.00 | 0.00 | 22.00 |
| M KS 86551 M6 000 | LH BRACKET-FR BUMPER | 1.00 | 22.00 | 0.00 | 22.00 |
| M KS 86596 M6 000 | RH MOULDING-FRONT BU | 1.00 | 36.00 | 0.00 | 36.00 |
| M KS 92304 M6 000 | RH LAMP ASSY - SIDE | 1.00 | 143.00 | 0.00 | 143.00 |
| M KS 86542 M6 000 | RH AIR DUCT-FR BUMPE | 1.00 | 15.00 | 0.00 | 15.00 |
| M KS 86520 M6 000 | ABSORBER-FRONT BUMPE | 1.00 | 84.00 | 0.00 | 84.00 |
| Z NOTES | ACCIDENT ON 17/11/2021 ALONG BLK 443 SING MING AVENUE CARPARK OWNER CLAIMING THIRD PARTY | | | | |

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.



CYCLE & CARRIAGE

CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



Movement that inspires

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 | /Ms Stephanie Lim Chwee Ang |
| | Reg No/Reg Date | SMN3831X*KC1/ 05/08/2019 |
| | Date In/Mileage | 18/11/2021/ 23864 |
| | Chassis No | KNAF3416MK5045895 |
| | Engine No | G4FGKH738821 |
| | Make/Model | KIA/CER1.6AEXG333 |
| | Colour/Trim | 4SS / WK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No |
|------------|--------|-------------------|-----|---------------|--------|
| F0000036 | Credit | 18/11/2021/ 17:52 | DS | 303 / Renemer | 22251 |

| Description of Goods / Services | Qty | Unit Price | Disc% | Amount |
|--|-----|------------|-------|--------|
| REQUIRED REPLACEMENT CAR TP#: CB7059P TP INS: I.I.I | | | | |
| Estimate | | | | |

Confirm & accepted by

| | |
|-----------------|----------|
| Parts | 2,488.00 |
| Labour | 0.00 |
| Standard Menu | 427.38 |
| Specialist Job | 3,920.00 |
| Others(Lub,etc) | 0.00 |
| Sundry | 0.00 |
| Total(w/o GST) | 6,835.38 |

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.

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 | 18/11/2021 14:41 (SGT) |
| Date of Accident | 17/11/2021 14:30 (SGT) |
| Exact Location of Accident | 443 Sin Ming Ave, Singapore 570443 |
| Additional Location Information | BLK 443 SIN MING AVE CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMN3831X |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | STEPHANIE LIM CHWEE ANG |
| NRIC No | SXXXX022J |
| Email Address | STEPHANIE.LIM@SC.COM |
| Mobile Phone No | (Phone) +65-96312203 |
| Alternative Phone No | +65-96312203 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Cerato |
| 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 | 1591 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1900142029-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------------|
| Name of Driver | STEPHANIE LIM CHWEE ANG |
| NRIC No | SXXXX022J |

| | |
|--|-----------------------------|
| Date Of Birth | 26/02/1962 |
| Occupation | Indoor |
| Date Of Driving Pass | 31/05/1985 |
| Driving experience | 36 YEARS AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96312203 |
| Alt. Phone Number | +65-96312203 |
| Email Address | STEPHANIE.LIM@SC.COM |
| Address | 443 SIN MING AVENUE #08-443 |
| Address complement | - |
| Postcode | 570443 |
| 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 | 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 vehicle 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)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | CB7059P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |
| Name of Driver | - |
| 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

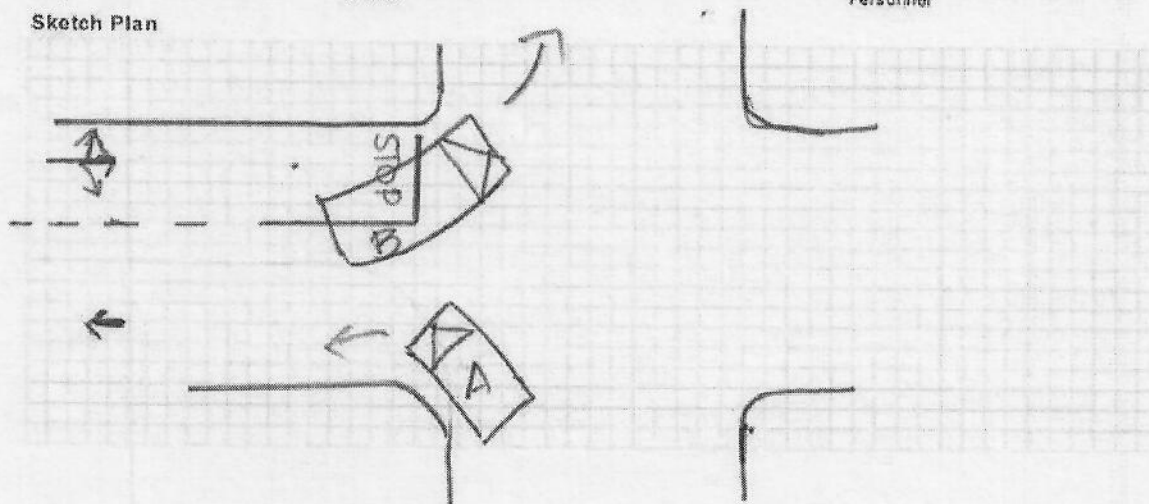
IMPORTANT NOTICE

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 willful 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.

Neiphanie
Policyholder's Signature / Date & Time

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

E. Jm
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 17 Nov, between 2:10 - 2:20 pm, I was driving back to my place @ B1K 443 Sin Ming Ave carpark. Suddenly a mini-bus drove passed my car hitting the right side of my car.

The other vehicle just sped off so I couldn't see the vehicle no and also no chance to obtain the driver's details.

Declaration

We declare the foregoing particulars are true in every respect.

18/11/21 @ 12:50 am
Stephanie
 Policyholder's Signature / Date & Time

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

tfn
 Witnessed by Reporting Centre Personnel

> Back to OneMotoring



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

Print Date/Time : 18 Nov 2021 / 16:33:01

Receipt Date/Time : 18 Nov 2021 / 16:33:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211118-002919

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|--|--|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - CB7059P As at 17 Nov 2021/14:30:00 Insurance Co: INDIA INT'L INS PTE LTD | | | | |
| 1 | Insurance Enquiry - CB7059P Enquiry Fee 20211118163018496289 | 7.00 | 0.49 | 7.49 |
| Sub-Total | | 7.00 | 0.49 | 7.49 |
| Total Before Rounding | | 7.00 | 0.49 | 7.49 |
| Rounding Difference | | | | 0.04 |
| Total Amount Payable | | | | 7.45 |
| Paid By | | | | |
| 462845XXXXXX3120 | | 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.