



CYCLE & CARRIAGE

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

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



CITROËN

ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
ALLIANZ INSURANCE SINGAPORE PTE LTD 79 ROBINSON ROAD #09-01 SINGAPORE 068897 TEL:67143369 Contact No	Cust No/Name	/Cycle & Carriage.Fulco Motor De
	Reg No/Reg Date	GBL1784C / 30/03/2021
	Date In/Mileage	17/01/2022/ 6319
	Chassis No	VR7EFYHZRMJ542597
	Engine No	10Q4DR0030181
	Make/Model	CITCV/K9 BERLINGO L2 1.5 BLUEHDI 13
	Colour/Trim	WPP / GY

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
F0000051	Credit	31/01/2022/ 08:49	OD	303 / Renemer	25421

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
S MIPNT88088 DIAGNOSTIC/SCANNING				250.00
S MIPNT88088 TO CHECK ALL LIGHTING/WIRING SYSTEM ON LHF ACCIDENT AFFECTED AREAS				100.00
S MIPNT88088 TO REMOVE & RE-INSTALL ROOF LINING, TRIMMING & CARPETS TO FACILITATE REPAIR ON LHF ACCIDENT AFFECTED AREAS				1280.00
S MIPNT88088 TO TRANSFER LHF DOOR COMPONENTS & MECHANISM PARTS				640.00
S MIPNT88088 TO REMOVE & REPLACE DASHBOARD AND OTHER RELATED PARTS				1280.00
S MIPNT88088 TO APPLY SEALANT KIT ON NEW & REPAIR PANELS				300.00
S MIPNT88088 TO REPLACE LH HEADLAMP, FRONT BUMPER, LH FENDER, LHF DOOR, ETC -TO CUT & WELD LH A PILLAR POST -TO REPAIR INR FRAME AND SIDE SILL STRAIGHTEN, REFORM, ALIGN ON LHF ACCIDENT AFFECTED AREAS				5120.00
S MIPNT98088 SPRAY PAINTING ON LHF ACCIDENT AFFECTED AREAS (FRONT BUMER, LHF FENDER, LHF DOOR, LH A PILLAR, SIDE SILL & INR FRAME)				4400.00
S MIPNT88088 TO REPLACE CROSSMEMBER AND OTHER SUSPENSION PARTS				1920.00
S MIPNT88088 TO CONDUCT COMPUTERIZED WHEEL ALIGNMENT				180.00
S MIPNT88088 WHEEL BALANCING (TO REPLACE 1 PC TYRE & RIM)				50.00
M SUNDRY 205/60 R16 TYRE				142.00
M SUNDRY COMPANY STICKER				50.00
M C9816824180 LH HEADLIGHT ASSEMBL	1.00	622.00	0.00	622.00
M C1632656780 UPR FRONT BUMPER	1.00	580.00	0.00	580.00
M C9816765680 LWR FRONT BUMPER	1.00	613.00	0.00	613.00

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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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	
F0000051	Credit	31/01/2022/ 08:49	OD	303 / Renemer	25421	
Description of Goods / Services						
			Qty	Unit Price	Disc%	Amount
M C9830100580		FR BUMPER INR FRAME	1.00	285.00	0.00	285.00
M C9821847480		LH FRONT BUMPER BRAC	1.00	105.00	0.00	105.00
M C1632655880		SET BUMPER LAT REINF	1.00	147.00	0.00	147.00
M C9830512680		FRONT PANEL CROSSMEM	1.00	201.00	0.00	201.00
M C9830522280		LH BRACKET CROSSMEMB	1.00	105.00	0.00	105.00
M C9827055880		LHF UNIT FACING SUPP	1.00	201.00	0.00	201.00
M C9817397480		LH COOL AIR ANTI-REC	1.00	106.00	0.00	106.00
M C9816482780		LHF FENDER WING	1.00	434.00	0.00	434.00
M C9817764880		LHF FENDER SUPPORT A	1.00	189.00	0.00	189.00
M C98176914XT		LH DRIP MOULDING	1.00	87.00	0.00	87.00
M C6325G3		LH SIDE FLASH-UNIT	1.00	27.00	0.00	27.00
M C9821868680		LHF FENDER REAR SEAL	1.00	217.00	0.00	217.00
M C9817398580		LH WHEEL HOUSING MUD	1.00	170.00	0.00	170.00
M C9816437980		LH PASS COMP FR STRE	1.00	185.00	0.00	185.00
M C9820423380		LH FRONT DOOR	1.00	1462.00	0.00	1462.00
M C98176963XT		LH DOOR PROTECTOR	1.00	336.00	0.00	336.00
M C9820661380		LH FR DOOR W/STRIP O	1.00	79.00	0.00	79.00
M C9817683280		LH RR DOOR W/STRIP	1.00	93.00	0.00	93.00
M C9825723980		LH FR INR DOOR W/STR	1.00	124.00	0.00	124.00
M C1606475180		LH UPR HINGE DOOR	1.00	124.00	0.00	124.00
M C9035AZ		LH LWR HINGE DOOR	1.00	124.00	0.00	124.00
M C9816977280		DOOR ARRESTER	1.00	111.00	0.00	111.00
M C98167912ZD		LH DOOR TRIM LINING	1.00	495.00	0.00	495.00
M C98167928ZD		LH DOOR TRIM CHEATER	1.00	39.00	0.00	39.00
M C9819576080		LH INR SEALING DOOR	1.00	50.00	0.00	50.00
M C9827671580		LH SIDE PASSENGER CO	1.00	2233.00	0.00	2233.00
M C9817300980		WINDOW WASHER RESERV	1.00	232.00	0.00	232.00
M C9816645880		WASHER PIPE SCREENWA	1.00	57.00	0.00	57.00
M C9804681780		FUSE BOX SUPPORT	1.00	58.00	0.00	58.00
M C98153116VT		STEEL WHEEL	1.00	195.00	0.00	195.00
M C98083420XT		WHEEL CAP	1.00	56.00	0.00	56.00
M C9833306080		LHF SHOCK ABSORBER	1.00	225.00	0.00	225.00
M C9678782580		ROD PROTECTOR SHOCK	1.00	13.00	0.00	13.00

Confirm & accepted by

Authorized signatory and company stamp

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
F0000051	Credit	31/01/2022/ 08:49	0D	303 / Renemer	25421

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M C9800479780	1.00	106.00	0.00	106.00
M C1647857180	1.00	715.00	0.00	715.00
M C9815014680	1.00	489.00	0.00	489.00
M C9831088880	1.00	53.00	0.00	53.00
M C9833984280	1.00	508.00	0.00	508.00
M C9831547080	1.00	78.00	0.00	78.00
M C1675954280	1.00	2422.00	0.00	2422.00
M C9677071880	1.00	1122.00	0.00	1122.00
M C163627582D	1.00	318.00	0.00	318.00
M C16362759ZD	1.00	109.00	0.00	109.00
M C98184542ZD	1.00	133.00	0.00	133.00
M C98253423ZD	1.00	153.00	0.00	153.00
M C16841900ZD	1.00	3686.00	0.00	3686.00
M C98165533ZD	1.00	62.00	0.00	62.00
M C98194382ZD	1.00	16.00	0.00	16.00
M C9821348980	1.00	95.00	0.00	95.00
M C98183807ZD	1.00	229.00	0.00	229.00
M C98253881ZD	1.00	140.00	0.00	140.00
M C98253899VH	1.00	449.00	0.00	449.00
Z NOTES				
ACCIDENT ON 17/01/2022 ALONG UPPER THOMSON ROAD				
OWNER CLAIMING OWN POLICY				
EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSURANCE COMPANY				

Confirm & accepted by Authorized signatory and company stamp	Parts	21,263.00
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	15,520.00
	Others(Lub,etc)	0.00
	Sundry	192.00
	Total(w/o GST)	36,975.00

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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	21/01/2022 18:08 (SGT)
Date of Accident	17/01/2022 18:40 (SGT)
Exact Location of Accident	Near 185D Upper Thomson Rd, Singapore 574334
Additional Location Information	Upper Thomson Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1784C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Fulco Leasing Pte Ltd
Company Reg No	201021308G
Email Address	johnson.poon@fulcoleasing.com.sg
Mobile Phone No	(Phone) +65-98387928
Alternative Phone No	(Office) +65-67436266

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
Variant	VAN 1.5 BLUEHDI EAT8 L2
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	-
Cover Note Number	AIS/AG/2021/SBR2328Z

DRIVER

Date Of Birth	20/11/1977
Occupation	Indoor
Date Of Driving Pass	28/06/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83217095
Alt. Phone Number	-
Email Address	shine.ni.info@gmail.com
Address	43 Bright Hill Drive #14-14
Address complement	Singapore
Postcode	573894
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Leasee
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Oh Myoung Suk
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan and Police Report No.T/20220117/2111.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD Card is with Traffic Police.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Oh Myoung Suk
Gender	Female
Phone No	(Phone) +65-91736370
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL1784C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.
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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.

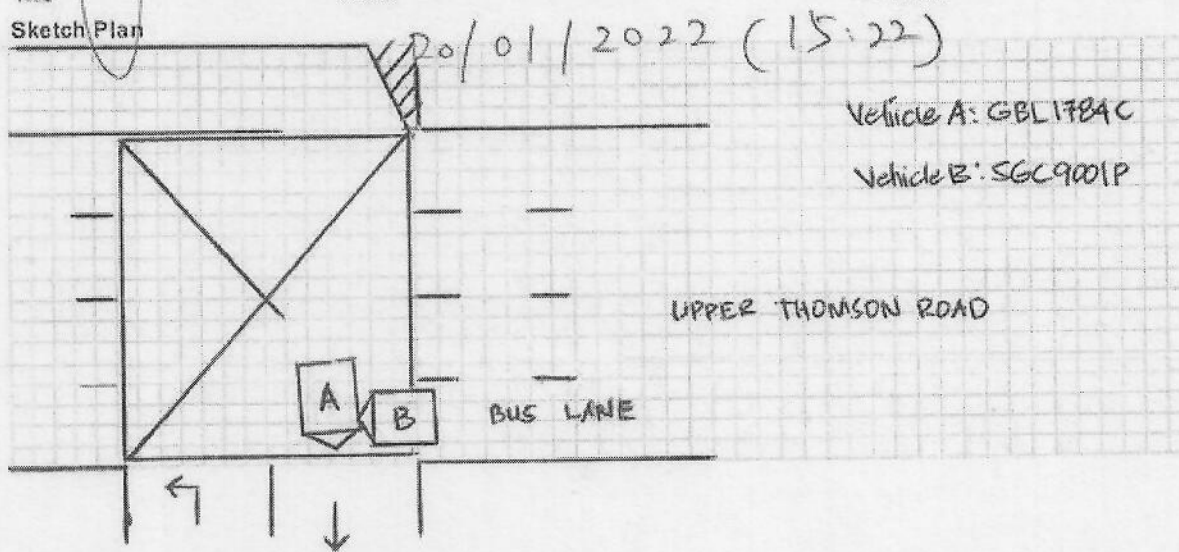
(collectively the "Purposes")

(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.

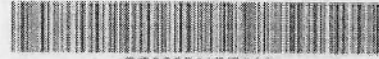




Policyholder's Signature / Date & Time _____
 Driver's Signature (if driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel _____





**SINGAPORE
POLICE FORCE**



T20220117/2111

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20220117/2111

REPORT OF A TRAFFIC ACCIDENT

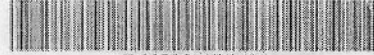
Date/Time Report Made: 17/01/2022 20:59		Vide Report No.: E/20220117/0104		Station Diary No.: 134	
Informant's Particulars					
Name of Informant: KWAK HYUN YOUNG			Address: APT BLK 23 JALAN RAJA UDANG #10-11 THE ARTE SINGAPORE 329216		
ID Type / ID No.: FIN NO / G5359350Q			Contact No.: Home/Office: Mobile: 83217095		
Nationality: KOREAN, SOUTH			Email:		
Sex: Male	Age: 44	Date of Birth: 20/11/1977	Type of Informant: Driver		
Race: Korean		Language: English		Institution / School Name:	
Occupation: MANAGER		Driving Licence Information: Class: 2B,3C		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2022 18:40	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL1784C	Van	CITROEN	BERLINGO VAN 1.5 BLUEHDI EAT8 L2	White	Slightly Damaged	1
SGC9001P	Car	JAGUAR	XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC	Green	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220117/2111

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20220117/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWAK HYUN YOUNG	ID No.	G5359350Q
Related Vehicle	GBL1784C (Van)	Contact No.	83217095
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 24/07/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	OH MYOUNGSUK	ID No.	G5313083T
Related Vehicle	GBL1784C (Van)	Contact No.	91736370
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/01/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my vehicle GBL1784C along Upper Thomson Road, heading towards Lorrie Road direction. The road was dry and the traffic was heavy at the point of time. At the time when I made my right turn towards Hai Lum Sua temple, I had ensured that it was safe and the traffic was halted due to the traffic signal being red. As I was making the turn, suddenly, another vehicle SGC9001P who was travelling along the bus lane collided onto the left of my vehicle, at the left passenger door area.

My wife who was seated at the left passenger seat at the time of accident, was seen bleeding on her left side of her head and she further informed that she felt pain and discomfort as such, ambulance was activated to scene. My wife was subsequently conveyed to Tan Tock Seng Hospital by the paramedics at scene and police came to scene. My in-car camera SD card had been handed over to the police officer at scene and was advised to lodge the police report. I believe that there was no attempt by the driver of SGC9001P to stop the vehicle as there was no braking marks seen on the road.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20220117/2111

3 of 3


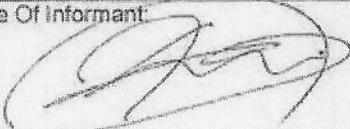


Report No. T/20220117/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report E / Sgt 2 PUA JIAN YAN, JEREMIAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2022 20:59
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: SN 061
Authentication Stamp NP169	  SINGAPORE POLICE FORCE SIGNATURE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SS12 221 L0003 Vehicle Registration No: GBL 1784C
 Name (as shown in NRIC): Fulco Leasing Pte Ltd NRIC/FIN/Passport No: 2010213086
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 22 Ubi Road 4 Fulco Building Singapore (408617)
 Contact (Tel): 67436266 Mobile No.: 98307928
 Email Address: johnson.poon@fulcoleasing.com.sg
 Date of Accident: 17/01/2022 Time of Accident: 18:40
 Place of Accident: Upper Thomson Road
 Insurance Company: Allianz

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend to Own Damage Claim (OD).

 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20220117/0104.

I, SSS 7100278 Nuraid
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One SanDisk Ultra 32GB Micro SD Card.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Kwok Hyun Young, G-5359350Q, H/P: 83217095
(Name, NRIC or Passport No. / Rank and No.)

at 26 Sin Ming Lane #03-125 S(573971)
(Address / Police Station / NPC / NPP)

on 17/1/2022 at 1935h
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Kwok Hyun Young, G-5359350Q
(Name, NRIC or Passport No. / Rank and No.)

Received by:

SSS 7100278 Nuraid
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: GBL 1784C
IO Alex - 6547 6083

- ① Lodge NP168 (accident report) + call insurance.
- ② Call IO after wife discharge

Allianz Insurance Singapore Pte. Ltd.



COVER NOTE

In consideration of the Insured having agreed to pay the agreed Premium in respect of the Motor Vehicle described in the Schedule below, the **Insurance is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party** (whichever is applicable) Policy applicable thereto for and shall be valid for a period of THIRTY (30) days from date of issue. The Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Cover Note Number	AIS/AG/2021/ SBR2328Z
Insured	Fulco Leasing Pte Ltd
Usage	Leasing
Make & Model	Citroen Berlingo
Attachment	
Engine Capacity/Tonnage	0.8 ton
Engine Number	10Q4DR0030181
Chassis Number	VR7EFYHZRMJ542597
Registration Number	GBL1784C
Estimated Value	Market Value at Time of Loss
Coverage	Comprehensive - Any Workshop
Deductible	\$1,800 (Sect I), \$100 (Windscreen)
Period of Insurance	1-Jan-22 to 31-Dec-22
Hire Purchase	Nil
Issued By	Agency Distribution on 30-Dec-21

We hereby certify that this Cover Note is issued in accordance with the provisions of
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (Chapter 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD THANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Signed for and On Behalf of
Allianz Insurance Singapore Pte Ltd

Authorised Signatory