Our ref:
Your ref:

Date:

1 2 OCT 2022

To:

Longae Insurance BHD

Attn: Motor Claims Department

Singapore

Re: Accident Involving Motor Vehicle Nos. SMZ 3898R & YN 15236

At/Along July Bunga Rampai On 29/07/22 @ 09:15

I am the owner of vehicle no. <u>SM73898R</u> that was involved in an accident with your insured vehicle no. <u>JN15736</u> of the above accident.

Direct Settlement

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs
2. Loss of Use / Rental (14 days @ \$ 170 per day)
3. LTA/GIA Search Fee
4. GIA Report Fee
5. Others

Total: \$ [9,537-3]

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of CYCLE & CARRIAGE INDUSTRIES PTE LTD at Telephone No: 67714377 (Mr Alan Quek) / 67714304 (Ms Amanda Ang).

I hereby give full authority to CYCLE & CARRIAGE INDUSTRIES PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378

Cc: Mr Alan Quek/ Ms Amanda Ang

E-mail: <u>alan.quek@cyclecarriage.com.sg</u>/<u>amanda.ang@cyclecarriage.com.sg</u>

Fax No. 67795383

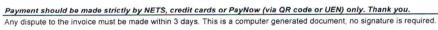


TAX INVOICE

Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

Invoice Name & Address		Owner Name & Vehicle Info
LOUDIO TUOUDANAE DUD	Cust No/Name	/Pengfeng Chen
LONPAC INSURANCE BHD	Reg No/Reg Date	SMZ3898R / 19/04/2021
MOTOR CLAIM DEPARTMENT	Date In/Mileage	01/08/2022/ 42060
300 BEACH ROAD	Chassis No	W1N2539802F9072277
#17-04/07 THE CONCOURSE SINGAPORE 199555	Engine No	26492030356470
	Make/Model	MB/GLC 200
Contact No 62507388	Colour/Trim	021 197 Obsidian Bl/ 041 128 ARTICO Magm

Account No	Terms	Date/Time Prin	ted	CSE	Operator			WIP No	Invoice/Cred	lit Note No
WL001605	Credit	26/09/2022/	23:19	AQ	305 / Alan (uek Ai Lur		58604	28183123	
		Descriptio	n of Good	ls / Services			Qty	Unit Price SS	5	Amount S\$
DRIVE IN:2 DATE IN/DA	9-07-202 TE SURVE	:DMPCSNW0006 2 // TP CAR N Y:01-08-2022	0:YN152	G (LONPAC STEVE	022 INSURANCE)					F.O.C.
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A BPILAB		EAR BOOT LID								180.00
A BPILAB					PANELS PERFORM					120.00
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WL001605	Credit	26/09/2022/ 23:19	AQ	305 / Alan Quek Ai Lun	58604	28183123
		Description of Goods	/ Services	Qty	Unit Price S\$	Amount S\$
X GLAZING	REPAIR KIT			1.00	179.31	179.31
	SEALANT			1.00	858.76	858.76
X SEAM SEA				1.00	116.07	116.07
	AX PROTECT	TON		1.00	116.04	116.04
	UNTING FOR			1.00	46.59	46.59
an important office	PER SIDE B			1.00	165.24	165.24
X PLUG	II EN SIDE D	TOTAL T		2.00	2.70	5.40

Guarantee Your Warranty, Maintain with Cycle & Carriage!

7,697.30	Nett	15,877.30 1111.41
8,080.00	/% GS1 On 150//.50	1111.41
0.00		
100.00	Total Payable	16,988.71
0.00	Paid	0.00
0.00	Total Due	16,988.71
15,877.30		
	8,080.00 0.00 100.00 0.00 0.00	8,080.00 7% GST on 15877.30 0.00 100.00 Total Payable 0.00 Paid 0.00 Total Due

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center 188 Pandan Loop Singapore 128378 Tel: 6777 8388 Fax: 6779 5383 www.mercedes-benz.com.sg



FLEXI-DRIVE ENTERPRISE

SLK9247X

Blk 8 Kaki Bukit Avenue 4 Premier@kaki bukit gate 2 #06-33 lobby C Singapore 415875 Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone: 9667 5455 (24 Hrs)

ALAN.

INVOICE

RA: 09907

V. A. No. Vehicle Regn.	No. 247 X	Model Type	166	Renting Lo		UU) CEC
Reference	C(/ /X	1	Agreed Return Da		5 Hours = 1 Day	0000
\$181.90 Day \$	<u>M</u> .	per	KM In		Time / Date In	97 11339
\$ per Week \$ per Month C	ts	per per Kilometre	KM Out		Time / Date Out	
Hirer's Name			KM Drvn		Total / Time Charg	
Address BIKIOZA #14-79	S. Lobert	Hust	Rental Charges Total 14.	Days Rer	Dollars 1819	Cents) X 14Dm
Sport 751102 110 No. 589721272	un otrra	>1. (1)				,
Reference Contact 91017 058		6058				
Mr Chph Qinzon	Passport / IC No.	to the second se				
<u></u>	NG.		Petrol E Out _	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	In \	1/4 1/2 3/4 F
Driving Licence No. Expiry	Issued	by		etrol will charge per 1/4	in every 1/4, 1/2, 3/4, F	
Additional Driver	Tel. No. (Ho	me)	Sub-Total			
Address	Passport / IC No. /	Country	Others Grand Total		R	2,546.60
Driving Licence No. Expiry	Issued		Prepayment Received \$		4	a, = , 1 · · · · · ·
Method of Payment	CARRIAG	K	By: (Name in Bloc	k Letters)	CASH	CHEQUE
Method of Payment Nuc 70: CYCLE & IND PCE	122 C	17.	Amount Due / Refe	undable		
188 LUNDUNG	MO S					
- RATES QUOTED ARE FOR USE IN - THE HIRER IS SOLELY RESPONS TRAFFIC LAWS AND ANY PARKIN	IBLE FOR BREAC	CH OF	Refund Received \$		by receiver X	1
DURING PERIOD OF HIRE. Hirer's signature signifies acceptance of ag	reement			Y -	FRONT	
			FRONT O • C			
X Hirer's Signature / Company Stamp						
Remarks			REAR	RH	LH	RH
			CAR	-	REAR MPV	

INSURER ENQUIRY Find insurer

Vehicle reg. no.

YN1523G

Date of Accident

29/07/2022

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance ______ Lonpac Insurance Bhd Period of Insurance ______ 31/03/2022 - 30/03/2023 Requested By _____ Courtney Ang Peck Yen (CYCLE...

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735** SC20227T0001 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 29/07/2022 13:58 (SGT) SUBMITTED BY: Courtney Ang Peck Yen VERSION: 1 (29/07/2022 13:58 (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 Actual 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 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

29/07/2022 13:58 (SGT) Date of Submission Reported by Driver Date of Accident 29/07/2022 09:15 (SGT) **Exact Location of Accident** Singapore Additional Location Information JALAN BUNGA RAMPAI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ3898R INSURED/POLICYHOLDER Is company? Name Of Registered Owner CHEN PENGFENG Passport No/FIN SXXXX127Z CPFCREATIVE@GMAIL.COM Email Address Mobile Phone No (Phone) +65-98006058 Alternative Phone No VEHICLE PARTICULARS Manufacturer Mercedes Model Glc200 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1991 INSURANCE COMPANY Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00069952200 DRIVER

CHEN QIUZONG

SXXXX456E

14/07/1967

Indoor

Name of Driver

Date Of Birth

Occupation

NRIC No

Date Of Driving Pass 26/03/1996 Driving experience 26 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91017058 Alt. Phone Number Email Address CPFCREATIVE@GMAIL.COM Address BLK 102A CANBERRA ST #14-79 Address complement Postcode 751102 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Parent 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 Side Swipe 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 1) 'A' VEHICLE PARK STATIONARY OUTSIDE OWNER SHOP. I WAS IN MY SHOP. 2) ALL OF A SUDDEN I HEARD A LOUD BANG, I WENT OUT MY SHOP TO SEE AND SAW 'B' VEHICLE REAR RIGHT COLLIDED MY CAR. 3) 'B' VEHICLE DRIVER TOLD ME WHILE TURNING RIGHT HE COLLIDED MY CAR. HE APOLOGIZE TO ME AND PASS ME HIS COMPANY CONTACT. 4) SPOKEN TO 'B' VEHICLE DRIVER COMPANY IN-CHARGE AND WAS ADVISE TO CLAIM HIS INSURANCE. 5) NO ONE WAS INJURE. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YN1523G

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHUA CHING KEONG
NRIC No	SXXXX002I
Contact Number	(Phone) +65-97611160
Address	-
Address complement	<u>~</u>
Postcode	-
Insurance Company Name	-
Nature Of Damage	*
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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, acknow ledge, 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' 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.

		29/0
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel Algu Wudd
Sketch Plan		- page and a second

B) M15736

Describe Circumstances of the Accident
D'A' rehicle park stationary outside owner shop. I was in my
DAll of a sudden I heard a lond bang, I went out my shop to see and saw B relicle near right Collided my car.
(3) B) rehicle drings told my while turning right he collided my can. He apologize to me and pass me his company contact.
(1) Soken to (B) driver company in-charge and was advise to
(5) No one was injure.

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel Alan Quel



Motor Private Car

MX1E

N

AN0641A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00069952200

Engine No.: 26492030356470 Cha. No.:W1N2539802F907227

Index Mark and Registration

4. Date of Expiry of Insurance

SMZ3898R

Number of Vehicle

2. Name of Policy Holder

CHEN PENGFENG

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

19/04/2022

Named Drivers Ex Sect. I

S\$750.00

(00:00:00)

Additional Ex Other than Named Drivers:

\$\$3,000.00

18/04/2023

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$100.00

Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

LEGEND SJ Issued By: **Authorised Officer**

Authorised Signatory



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 26 Mar 1996 of the driver; and other motor vehicles =< 2500kg

NP 428A

