

CYCLE & CARRIAGE FRANCE PTE. LIMITED

Ubi Customer Service Centre

330 Ubi Road 3, Singapore 408650 Tel: (65) 64792792



QUOTATION

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

		O NI.	0) /- - - -		eg No. MR-8500111->
Invoice Name & Address	Owner Name & Vehicle Info				
MS FIRST CAPITAL INSURANCE LIMITED	Cust No/Name	FN000004/NET			LTD.
	Reg No/Reg Date	GBH5079A	/ 02/07/203	18	
	Date In/Mileage	23/03/2023/	68858		
6 RAFFLES QUAY #21-00	Chassis/Package	VF77FBHYMHJ7	71266		
SINGAPORE 048580	Engine No	10JBHW301964	3		
Contact No 65073848	Make/Model	CITCV/BERLIN	IGO L2 1.6 I	BLUEHDI ET	ГG
	Colour/Trim	WPP BLANC BA			
		W. P. DEFINO DA		K BEMON	
Account No Terms Date/Time Printed CSE	Operator		WIP No	Invoice/Cr	redit Note No
FX00001 Credit 24/03/2023/ 16:11 REN	979 / Renemer Ram	nirez Bag	10944	C)
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E PNT88000					3040.0
STRAIGHTEN, REFORM, ALIGN ON FRONT ACCIDENT AFFECTED AS PNT98000 SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS (FRONT BUMPER, LHF & RHF FENDER) 1 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON DIAGNOSTIC TOOLS & 54900099 TO CHECK WIRING & ELECTRICAL SYSTEM 1 SUNDRY TO APPLY ANTI-CORROSION ON AFFECTED AREAS 1 SUNDRY SUNDRIES					2200.0 380.0 100.0 50.0
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTI POLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSU M LH HEADLIGHT ASSY		1.00	696.00	0.00	696.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTI POLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSU M LH HEADLIGHT ASSY M RH HEADLIGHT ASSY		1.00	663.00	0.00	663.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTI POLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSU M LH HEADLIGHT ASSY M RH HEADLIGHT ASSY M LH FRONT FENDER		1.00	663.00 1172.00	0.00	663. 1172.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTI POLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSU M LH HEADLIGHT ASSY M RH HEADLIGHT ASSY M LH FRONT FENDER M RH FRONT FENDER		1.00 1.00 1.00	663.00 1172.00 1172.00	0.00 0.00 0.00	663. 1172. 1172.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTI POLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSU M LH HEADLIGHT ASSY M RH HEADLIGHT ASSY M LH FRONT FENDER M RH FRONT FENDER M FRONT BUMPER		1.00	663.00 1172.00	0.00 0.00 0.00	663. 1172. 1172. 1281.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTIPOLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSUMAN IN THE REPORT OF THE INSUMAN IN THE REPORT OF THE INSUMAN IN THE REPORT FENDER M RH HEADLIGHT ASSY M LH FRONT FENDER M RH FRONT FENDER M FRONT BUMPER M FRONT BUMPER M FRONT BUMPER BRACKET SUPPORT M UPR STONE GUARD GRILLE		1.00 1.00 1.00 1.00 1.00 1.00	663.00 1172.00 1172.00 1281.00 88.00 366.00	0.00 0.00 0.00 0.00 0.00 0.00	663. 1172. 1172. 1281. 88. 366.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTIPOLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSUMENT OF THE INSUME		1.00 1.00 1.00 1.00 1.00 1.00	663.00 1172.00 1172.00 1281.00 88.00 366.00 519.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	663. 1172. 1172. 1281. 88. 366. 519.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTIPOLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSUMENT OF THE INSUME		1.00 1.00 1.00 1.00 1.00 1.00 1.00	663.00 1172.00 1172.00 1281.00 88.00 366.00 519.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	663. 1172. 1172. 1281. 88. 366. 519.
Z TEXT ACCIDENT ON 10/03/2023 ALONG BISHAN ROAD TOWARDS CTIPOLICY NO.: D-22099881MFCV/10 OWNER CLAIMING OWN POLICY (MS FIRST CAPITAL) EXCESS AND AUTHORIZATION WILL BE ADVISE BY THE INSUMAN LH HEADLIGHT ASSY M RH HEADLIGHT ASSY M LH FRONT FENDER M RH FRONT FENDER M FRONT BUMPER M FRONT BUMPER M FRONT BUMPER M UPR STONE GUARD GRILLE M LWR STONE GUARD GRILLE		1.00 1.00 1.00 1.00 1.00 1.00	663.00 1172.00 1172.00 1281.00 88.00 366.00 519.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	663.

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.



CYCLE & CARRIAGE FRANCE PTE. LIMITED

Ubi Customer Service Centre

330 Ubi Road 3, Singapore 408650 Tel: (65) 64792792



UOTAT	ION						Company Reg No. 200609327N GST Reg No. MR-8500111-X
	Inv	roice Name & Address			Owner N	ame & Vehicle Info)
			TED	Cust No/Name Reg No/Reg Date Date In/Mileage Chassis/Package Engine No Make/Model Colour/Trim	GBH5079A 23/03/2023/ VF77FBHYMHJ 10JBHW30196 CITCV/BERLI	771266	EHDI ETG
Account No	Terms	Date/Time Printed	CSE	Operator		WIP No Ir	nvoice/Credit Note No
FX00001	Credit	24/03/2023/ 16:11	REN	979 / Renemer	Ramirez Bag	10944	0
		Description of Good	s / Services		Qty	Unit Price Di	sc% Amount
		Guarantee Your Warı	ranty, Mai	intain with Cycle &	Carriage!		
	ist Job tics Job Others	0	.00 .00 .00 .00		8 % GST o	Nett 1 12782.00 Total Payable Paid Total Due	12,782.00 1022.56 13,804.56 0.00 13,804.56

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.

SS31233D0001-01 / SPECIALISTS MOTOR PTE LTD ENTRY DATE & TIME: 13/03/2023 13:17 (SGT) SUBMITTED BY: Tham HL VERSION: 2 (24/03/2023 15:21 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- . 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

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

13/03/2023 13:17 (SGT) **Actual Driver** 10/03/2023 17:11 (SGT) Near Bishan, Singapore **BISHAN ROAD TOWARDS CTE** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH5079A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

NETLINK MANAGEMENT PTE LTD 201704784C seebin@netlinknbn.com (Phone) +65-67182783

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Citroen Berlingo

Exact purpose for which vehicle was being used at time of

Private use

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission CC

Yes Commercial vehicle

Manual 1560

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number MS First Capital Insurance Ltd D22099881MFCV/10

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

BIDAURE JOSEPH CASTRO G6442632Q 03/10/1974 Outdoor

Date Of Driving Pass 12/08/2010 Driving experience 12 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-98337469 Alt. Phone Number **Email Address** jaybidz 74@yahoo.com Address 105A JOO CHIAT ROAD Address complement Postcode 427398 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee 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 - Head to Rear 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? No Number of Passengers (Including Driver) 1 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 I WAS DRIVING MY COMPANY SERVICE VAN CITROEN BERLINGO WITH PLATE NUMBER GBH 5079 A LAST 10TH OF MARCH 2023 AT AROUND 5.10PM ALONG BRADDELL ROAD AFTER BISHAN FLY-OVER, GOING TO CTE, WHEN I ACCIDENTALLY HIT THE TOYOTA ESTIMA WITH PLATE NUMBER SKP 940 Y. IT WAS ON OVER-ESTIMATED FRONT DISTANCE AND DELAYED RESPONSE TO HIT THE BREAK PEDAL THAT CAUSES THE CRASH. AFTER THE ACCIDENT I, I GO DOWN AND CHECK MY VAN AS WELL AS THE OWNER OF THE CAR AND ASK ABOUT INJURIES, LUCKILY WE ARE BOTH SAFE AS THE BUMP WAS NOT STRONG CAUSE IT WAS GOING TO SLOWDOWN. WE EXCHANGE PARTICULARS BY OUR ID'S AND PHONE NUMBERS. ATTACHMENT(S)

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

Yes No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Oriver
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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
- 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)

Funderstand, 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 ther kawyers/law tirms), which may be sited outside of Singapore, for one or more of the above Purposes.

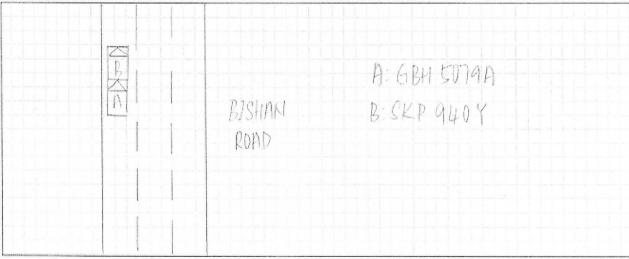
Policyholder's Signature (Date & Time

13/3/27, 12 06 Actual Driver's Signature (if driver is not the

policyholder i / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident
I was driving my company service van Citroen Berlingo with plate number GBH5079A last
10th of March 2023 at around 5.10pm along Braddell rd after Bishan fly-over, going to CTE, when I accidentally
hit the Toyota Estima with plate number SKP940Y. It was an over-estimated front distance and delayed
response to hit the break pedal that causes the crash.
After the accident i, i go down and check my van as well as the owner of the car and ask about injuries.
Luckily we are both safe as the bump was not strong cause it was going to slowdown. We exchange
particulars by our id"s and phone numbers.

Declaration

If We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time (Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022



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

	ADDENDUM		
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:		
	Original Report No: SS3 733 00001 Vehicle Reg	istration No:	6BH 5079A
	Name (as shown in NRIC): Biddure Joseph (astro NRIC/FIN/F		
	(*Vehicle Driver/Policyholder) (*) Please delete as appropriate		
	Address: 105A Joo Chiat Road		Singapore (4279/8)
	Contact (Tel): Mobile No.:	983374	64
	Email Address: JAYbidZ - TY Q YAMOD COM		
	Date of Accident: 10/03/2023 Time of Acc	ident:	72/1
	Place of Accident: Bishan Road Towards CTE		
	Insurance Company: MS First Capital Insurance Life	•	
(B)) ADDITIONAL INFORMATION /AMENDMENTS:		
	I have made a report on the above-mentioned accident and would like make the following amendments:	e to include add	litional information or
	Reporting Only change to DD claim.		
		W.	
		ng Centre Perso as in NRIC/ID o	onnel's Signature (ard):

Date:



MS Pinst Capital Insurance Umited to Reg. No. 1950001050 CST Sec No. M2-0001070-9 6 Raffles Quey #21-00 Singapore 048530 Teb (65) 6222 2311 Fax: (65) 6222 3547

Claims & Pinter Underweiche Dept. 36 Robinson Road #3.6-01 City House Singapore 068077 let: (65) 6507-3848-Fax: (65) 6507-3849 - Neww.msflestcapital.com.eg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

Type of Policy.

Type of Cover.

Comprehensive

Vehicle Norf Chassis No

GBH5079A / VF77FBHYMHJ771266

* NETLINK MANAGEMENT PTE LTD DOLL TO UTE VI

Recipd Of Insurance Insured Estimolog Value

Market Value At Time Of Loss

ADDITIONAL SCIPLOGGO SECTION HIS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 27 YEARS OLD AND/OR WHO HAS HELD A SINGAPORE DRIVING LICENCE FOR LESS 27 YEARS OLD ANDIOR WHO HAS HELD A SINGAPORE DRIVING LICENCE FOR LESS THAN 2 YEARS. ADDITIONAL EXCESS OF SGD1 600.00 EACH CLAIM OR A SERIES OF CLAIMS ARISING DUT OF A SINGLE ACCIDENT FROM THE USE OF THE EQUIPMENT FOR THIRD PARTY WORKING RISKS.

SG0100.00 WINDSCREEN

ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver' ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive!

Any person who is driving on the insured's order or with their 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.

Limitations as to use:

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
 (3) Use for social, domestic or pleasure purposes.

The Policy does not cover-

- (1) Use for hire or reward or for recing, pacemaking, reliability trial or speed-testing.

 (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Trird-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.

IAWE 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)

> MS First Capital Insurance Limited (Approved Insurers)

> > 1212

STELLAL/B0029/MZ300C

Issued at Singapore on 09.09.2022

Authorised Signature