



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

Ubi Customer Service Centre

330 Ubi Road 3, Singapore 408650 Tel: (65) 64739722

MITSUBISHI
MOTORS

ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

| Invoice Name & Address | Owner Name & Vehicle Info |
|-----------------------------|--|
| Mr Paul Chew Nam Seng | Cust No/Name /Mr Paul Chew Nam Seng |
| 156 PASIR RIS STREET 13 | Reg No/Reg Date SJY7379L / 10/03/2020 |
| #07-37 | Date In/Mileage 19/08/2024/ 63232 |
| SINGAPORE 510156 | Chassis No GF7W0700353 |
| Contact No Mobile: 94501278 | Engine No 4J11CC5723 |
| | Make/Model MIT/20MY OUTLANDER 2.0 CVT MODERN (|
| | Colour/Trim U01 TITANIUM GREY M/ BK BLACK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No |
|---|-------|-------------------|------------|---------------------------|--------------|
| CTP00040 | Cash | 19/08/2024/ 19:06 | REN | 979 / Renemer Ramirez Bag | 26201 |
| Description of Goods / Services | | Qty | Unit Price | Disc% | Amount |
| Z TEXT | | | | | |
| ACCIDENT ON 17/08/2024 ALONG EXIT OF TPE TO UPPER CHANGI RD NORTH | | | | | |
| OWNER CLAIMING THIRD PARTY | | | | | |
| REQUIRED REPLACEMENT VEHICLE | | | | | |
| TP#: SKP9844H TP INS: CHINA TAIPING | | | | | |
| A 10028901 | | | | | ✓ 280.00 |
| TO CARRY OUT DIAGNOSTIC CHECK ON MUT AND CLEAR TROUBLE CODE | | | | | |
| A 90000001 | | | | | 80 ✓ 100.00 |
| TO CHECK WIRING AND ELECTRICAL SYSTEM | | | | | |
| E PNT88000 | | | | | / 320.00 |
| TO REMOVE & REPLACE TAILGATE GLASS, DAMS, FASTENER & STOPPERS | | | | | |
| E PNT88000 | | | | | 640.00 |
| TO REMOVE & RE-INSTALL FLOOR BOARDS, TRIMS & CARPETS TO FACILITATE REPAIR ON REAR ACCIDENT AFFECTED AREAS | | | | | |
| E PNT88000 | | | | | 320 640.00 |
| TO TRANSFER TAILGATE COMPONENTS & MECHANISM | | | | | |
| E PNT88000 | | | | | 4480.00 |
| TO REPLACE LOGO, EMBLEM, T/GATE GARNISH, T/GATE PNL, LATCH, STRIKER, W/STRIP, T/GATE TRIM, TAIL LAMPS, PLATE LAMPS, REAR BUMPER, CLIPS, SIDE BRACKETS, EXTENSION & CLIPS, REFLECTOR LAMPS, BUZZER, ANTENNA, REINFORCEMENTS, REAR END TRIM, CARGO LID & BOX, ETC | | | | | |
| -TO CUT & WELD REAR END PANEL -TO REPAIR REAR FLOOR PANEL | | | | | |
| STRAIGHTEN, REFORM, ALIGN ON REAR ACCIDENT AFFECTED AREAS | | | | | |
| E PNT98000 | | | | | 1100 2750.00 |
| SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS (TAILGATE PANEL, REAR BUMPER, REAR END PANEL, REAR FLOOR) | | | | | |
| E PNT88000 | | | | | 80 100.00 |
| TO CHECK, TEST & REFIT REVERSE SENSORS | | | | | |
| E PNT88000 | | | | | ? 220.00 |
| TO SUPPLY ONE SET REVERSE SENSOR | | | | | |
| M SUNDRY | | | | | ✓ 100.00 |
| TO APPLY GLASS SEALANT ON NEW TAILGATE GLASS | | | | | |
| M SUNDRY | | | | | 80 300.00 |

Confirm & accepted by

Authorized signatory and company stamp

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| Description of Goods / Services | | Qty | Unit Price | Disc% | Amount |
| TO APPLY BODY SEALANT ON NEW PANELS | | | | | 80 300.00 |
| M SUNDRY | | | | | 100 X 50.00 |
| TO APPLY ANTI-CORROSION ON AFFECTED AREAS | | | | | |
| M SUNDRY | | | | | |
| TO SUPPLY REAR LICENSE PLATE WITH FRAME | | | | | |
| M SUNDRY | | | | | h/c / 50.00 |
| TO SUPPLY MIVEC EMBLEM | | | | | |
| M SUNDRY | | | | | h/c / 50.00 |
| TO SUPPLY C&C BADGE | | | | | |
| M SUNDRY | | | | | h/c 20 50.00 |
| SUNDRIES | | | | | |
| M GLASS, TAILGATE WINDOW X | | 1.00 | 707.00 | 00.00 | 707.00 |
| M DAM, TAILGATE, UPR / h/c | | 1.00 | 13.00 | 00.00 | 13.00 |
| M DAM, TAILGATE SIDE / h/c | | 2.00 | 34.00 | 00.00 | 68.00 |
| M DAM, TAILGATE, LWR / h/c | | 1.00 | 25.00 | 00.00 | 25.00 |
| M FASTENER, WINDSHIELD / h/c | | 4.00 | 8.00 | 00.00 | 32.00 |
| M STOPPER, WINDSHIELD GLASS / h/c | | 2.00 | 4.00 | 00.00 | 8.00 |
| M MARK, THREE-DIA / h/c | | 1.00 | 64.00 | 00.00 | 64.00 |
| M MARK, OUTLANDER / h/c | | 1.00 | 120.00 | 00.00 | 120.00 |
| M GARNISH, TAILGATE X | | 1.00 | 521.00 | 00.00 | 521.00 |
| M PANEL ASSY, TAILGATE / h/c | | 1.00 | 1043.00 | 00.00 | 1043.00 |
| M LATCH, TAILGATE X | | 1.00 | 233.00 | 00.00 | 233.00 |
| M STRIKER, TAILGATE LATCH X | | 1.00 | 21.00 | 00.00 | 21.00 |
| M W/STRIP, TAILGATE OPENING X | | 1.00 | 224.00 | 00.00 | 224.00 |
| M TRIM, TAILGATE X | | 1.00 | 345.00 | 00.00 | 345.00 |
| M OTR LAMP ASSY, COMB, RR LH X | | 1.00 | 639.00 | 00.00 | 639.00 |
| M OTR LAMP ASSY, COMB, RR RH X | | 1.00 | 639.00 | 00.00 | 639.00 |
| M INR LAMP ASSY, TAIL, LH X | | 1.00 | 637.00 | 00.00 | 637.00 |
| M INR LAMP ASSY, TAIL, RH X | | 1.00 | 462.00 | 00.00 | 462.00 |
| M LAMP ASSY, LICENSE PLATE X | | 2.00 | 36.00 | 00.00 | 72.00 |
| M FACE, RR BUMPER / h/c | | 1.00 | 872.00 | 00.00 | 872.00 |
| M CLIP, ENG ROOM COVER / h/c | | 5.00 | 2.00 | 00.00 | 10.00 |
| M CLIP, FR BUMPER / h/c | | 5.00 | 4.00 | 00.00 | 20.00 |

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| M BRKT,R/BMPR FACE SIDE,LH | ✓ | 1.00 | 20.00 | 00.00 | 20.00 |
| M BRKT,R/BMPR FACE SIDE,RH | ✓ | 1.00 | 20.00 | 00.00 | 20.00 |
| M EXTENSION,RR BUMPER (silv) | ✓ | 1.00 | 376.00 | 00.00 | 376.00 |
| M CLIP,EXTENSION,RR BUMPER | ✓ | 11.00 | 26.00 | 00.00 | 286.00 |
| M REFLECTOR,TAIL LAMP,LH | ✓ | 1.00 | 105.00 | 00.00 | 105.00 |
| M REFLECTOR,TAIL LAMP,RH | ✓ | 1.00 | 105.00 | 00.00 | 105.00 |
| M BUZZER,KEYLESS OPERATIO,RR | ✓ | 1.00 | 96.00 | 00.00 | 96.00 |
| M ANT,KEYLESS OPERATION,RR | ✓ | 1.00 | 101.00 | 00.00 | 101.00 |
| M REINFORCEMENT,RR BUMPER,LH | ✓ | 1.00 | 99.00 | 00.00 | 99.00 |
| M REINFORCEMENT,RR BUMPER,RH | ✓ | 1.00 | 99.00 | 00.00 | 99.00 |
| M PANEL,RR END | ✓ | 1.00 | 342.00 | 00.00 | 342.00 |
| M TRIM,RR END | ✓ | 1.00 | 118.00 | 00.00 | 118.00 |
| M LID,CARGO FLOOR BOX | ✓ | 1.00 | 309.00 | 00.00 | 309.00 |
| M BOX,CARGO FLOOR | ✓ | 1.00 | 215.00 | 00.00 | 215.00 |

Stew (LKK)

22/8/24, 10.00am

u h

P/P

4 dys

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Confirm & accepted by

Nett 19,496.00
 9% GST on 19496.00 1754.64
 Total Payable 21,250.64

Authorized signatory and company stamp

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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 Actual 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 First Submission | 19/08/2024 18:29 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 17/08/2024 18:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Exit of TPE to Upper Changi Road North |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJY7379L |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | PAUL CHEW NAM SENG |
| NRIC No | SXXXX879A |
| Email Address | pcmtnc@gmail.com |
| Mobile Phone No | (Phone) +65-94501278 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Outlander |
| 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 | 1998 |
| Vehicle Fuel | Petrol |
| First Registration Date | 10/03/2020 |
| Chassis no | GF7W0700353 |
| Effective Date/Time of Ownership | 10/03/2020 00:00 (SGT) |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 2070035979-03 |

DRIVER

| | |
|--|--|
| Driver | PAUL CHEW NAM SENG |
| Birth | SXXXX879A |
| Birth Date | 29/09/1969 |
| Pass Date | Indoor |
| License Pass Class | 27/08/1987 |
| License Validity | 3 |
| Driving experience | Valid |
| Gender | 37 YEARS |
| Mobile Number | Male |
| Alt. Phone Number | (Phone) +65-94501278 |
| Email Address | - |
| Address | pcmtnc@gmail.com |
| Address complement | BLK 156 PASIR RIS STREET 13 #07-37 SINGAPORE |
| Postcode | - |
| Is the driver the policyholder? | 510156 |
| If No, Relationship of the Driver with the Insured | Yes |
| Does Driver Own Other Vehicles? | - |
| Vehicle Registration Number of Other Vehicle Owned by Driver | No |
| 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? | Yes |
| 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

REFER TO THE ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKP9844H |
| Vehicle Manufacturer | BMW |

Plant
Colour
Category
of Driver
Port No/FIN
Fact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
White
Private car
GAO JUN
MXXXX894U
-
-
-
-
-
-

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 Driver.
- 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.**
 6. 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.
 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
(Name as in NRIC/ID card)

Sketch Plan


| | |
|---|---|
|  | <p>VEHICLE A = SJ77379L</p> <p>VEHICLE B = SKP9844H</p> |
|---|---|

Describe Circumstance of the Accident

My vehicle SJY7375L stop at the traffic light.
When the traffic light turn green and I was about
to move, the car SKP9P44H hit into the
back of my vehicle.
There is no injury at the time or due to the
accident.

Declaration


I/We declare the foregoing particulars are true in every respect.

 19/11/2024

Policyholder's Signature / Date & Time

11.21 am.

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


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