



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD

Ubi Customer Service Centre

330 Ubi Road 3, Singapore 408650 Tel: (65) 68661666



Movement that inspires

ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
PARAMDEEP SINGH	Cust No/Name /PARAMDEEP SINGH
12 Shunfu Road	Reg No/Reg Date SMT9778X / 27/07/2020
#01-45	Date In/Mileage 09/09/2024/ 0
Singapore 575747	Chassis No KNAPH81BML5650845
Contact No Mobile: 94516750	Engine No D4HBLH241627
	Make/Model KIA/SORENTO 2.2 A SR D EGD
	Colour/Trim B4U GRAVITY BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CTP00080	Cash	09/09/2024/ 17:54	REN	979 / Renemer Ramirez Bag	34733		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
Z TEXT							
ACCIDENT ON 08/09/2024 ALONG PIE BEFORE THOMSON ROAD EXIT							
OWNER CLAIMING THIRD PARTY							
REQUIRED REPLACEMENT VEHICLE							
TP#: SNF4425J TP INS: INDIA INT'L INSURANCE							
A 10028901							280.00
TO CARRY OUT DIAGNOSTIC CHECK ON KDS AND CLEAR TROUBLE CODE							
A 90000001							100.00
TO CHECK WIRING AND ELECTRICAL SYSTEM							
E PNT88000							640.00
TO REMOVE & RE-INSTALL FLOOR BOARDS, CARPETS, TRIMS TO FACILITATE REPAIR ON REAR ACCIDENT AFFECTED AREAS							
E PNT88000							2560.00
TO REPLACE LOGO, EMBLEM, UPR & LWR REAR BUMPER, CLIPS, SIDE BRACKETS, SKID PLATE, CAP HOOK, LH & RH REFLECTOR LAMP & COVER, SENSORS, WIRING HARNESS, ANTENNA, BEAM, LH UNDER COVER, ETC							
-TO REPAIR TAILGATE PANEL & REAR END PANEL							
STRAIGHTEN, REFORM, ALIGN ON REAR ACCIDENT AFFECTED AREAS							
E PNT98000							2200.00
SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS (TAILGATE PANEL, UPPER REAR BUMPER & REAR END PANEL)							
E PNT88000							100.00
TO CHECK, TEST & REFIT REVERSE SENSORS							
E PNT88000							640.00
TO REMOVE & REPLACE EXHAUST MUFFLER							
M SUNDRY							50.00
SUNDRIES							
M LOGO ASSY-KIA SUB				1.00	60.00	00.00	60.00
M EMBLEM-SORENTO				1.00	28.00	00.00	28.00
M EMBLEM-ECO DYNAMICS				1.00	37.00	00.00	37.00
M COVER-RR BUMPER, UPR				1.00	686.00	00.00	686.00
M COVER-RR BUMPER LWR				1.00	677.00	00.00	677.00
M CLIP-BUMPER				10.00	1.00	00.00	10.00

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.

ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
PARAMDEEP SINGH 12 Shunfu Road #01-45 Singapore 575747 Contact No Mobile: 94516750	Cust No/Name /PARAMDEEP SINGH Reg No/Reg Date SMT9778X / 27/07/2020 Date In/Mileage 09/09/2024/ 0 Chassis No KNAPH81BML5650845 Engine No D4HBLH241627 Make/Model KIA/SORENTO 2.2 A SR D EGD Colour/Trim B4U GRAVITY BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CTP00080	Cash	09/09/2024/ 17:54	REN	979 / Renemer Ramirez Bag	34733
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M BRACKET ASSY-RR BUMPER SIDE,LH		1.00	22.00	00.00	22.00
M BRACKET ASSY-RR BUMPER SIDE,RH		1.00	22.00	00.00	22.00
M SKID PLATE-RR BUMPER		1.00	103.00	00.00	103.00
M CAP-RR HOOK	X	1.00	5.00	00.00	5.00
M COVER-BLANKING RR FOG,LH	X	1.00	44.00	00.00	44.00
M COVER-BLANKING RR FOG,RH	X	1.00	44.00	00.00	44.00
M LAMP ASSY-REAR FOG & R/REFL,LH	X	1.00	134.00	00.00	134.00
M LAMP ASSY-REAR FOG & R/REFL,RH	X	1.00	134.00	00.00	134.00
M ULTRASONIC SENSOR-S.P.A.S	X	4.00	187.00	00.00	748.00
M WIRING HARNESS-R.P.A.S	X	1.00	357.00	00.00	357.00
M ANTENNA ASSY-SMARTKEY		1.00	33.00	00.00	33.00
M RAIL ASSY-REAR BUMPER		1.00	392.00	00.00	392.00
M COVER ASSY-RR BPR UNDER LH	X	1.00	30.00	00.00	30.00
M MUFFLER ASSY-REAR	X	1.00	1177.00	00.00	1177.00

Steve CLKK)
17/9/24, 19:15 am
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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	11,313.00
9% GST on	11313.00
Total Payable	12,331.17

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	09/09/2024 11:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/09/2024 11:59 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE BEFORE THOMSON ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT9778X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PARAMDEEP SINGH
NRIC No	SXXXX949I
Email Address	SINGHPARAMDEEP@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94516750
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Sorento
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	2199
Vehicle Fuel	-
First Registration Date	-
Chassis no	KNAPH81BML5650845
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070111665-03

DRIVER

Name of Driver	PARAMDEEP SINGH
NRIC No	SXXXX949I
Date Of Birth	14/06/1988
Occupation	Indoor
Driving Pass Date	01/11/2010
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94516750
Alt. Phone Number	-
Email Address	SINGHPARAMDEEP@HOTMAIL.COM
Address	12 SHUNFU ROAD #01-45
Address complement	-
Postcode	575747
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	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)	4
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	-

PASSENGER 1

Name	VEERJOTH SINGH
Gender	Male

PASSENGER 2

Name	MANMAHI KAUR
Gender	Female

PASSENGER 3

Name	ROHAENI
Gender	Female

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF4425J
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	JOSEPH ERIC PHILIP
Contact Number	(Phone) +65-97515997
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.
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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 be 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 firm, 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 claim and any necessary investigations relating to the claim;

(ii) investigating the accident and/or my claim;

(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 and packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

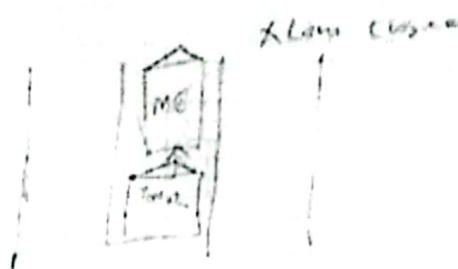
(c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firm), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

While driving on the highway, I was in the left lane and was about to change to the right lane. As I was about to change lanes, the car hit me from behind.

Declaration

I/we declare the foregoing particulars are true in every respect

[Signature] 09/10/2024

Policyholder's Signature / Date & Time

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

[Signature]

Witnessed by Reporting Centre Personnel