

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMD 8449L

at Workshop m/s

CYCLE & CARRIAGE

of

PANDAN GARDEN

Insured:

CTI

Policy No.

Claims No.

Sum Insured:

Excess:

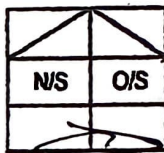
(Client's Record)

Make of Veh:

(Policy Condition)

2nd

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

84K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMD 8449L

Yr Regn: 2018 / SEP

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MITSUBISHI ECLIPSE CROSS 1.5 c.c 1499

Colour: RED

AC: Insured / Std / NI / NA

Sp. Reading: 109158

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMAXTHK1WJ2003224

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

235/55R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

27/09/24

D.O.I.

16/10/24

Survey held at

PANDAN G

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIM 9-53K

Date/Time, File Pass to?



Prell. Report

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

S + RS \$

Photos

Others

Report Format :

Lump Sum / I.B.I: (\$

TOTAL



CLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 64739722



ESTIMATE

o Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
Mr Lee Woi Cye Louis	Cust No/Name	KCV20188/Mr Lee Woi Cye Louis
Block 9 Geylang East Avenue 1	Reg No/Reg Date	SMD8449L / 07/09/2018
#15-15	Date In/Mileage	/ 0
Singapore 389783	Chassis No	JMAXTGK1WJZ003224
Contact No Mobile: 86857272	Engine No	4B40DT1743
	Make/Model	MIT/ECLIPSE CROSS 1.5 T/C SPORTS (
	Colour/Trim	P26 ORIENT RED / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00147	Cash	16/10/2024/ 14:29	TLL	1210/ Lim Teng Keat	50965		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
Z TEXT							
TP CLAIM CTI							
DOA 27/09/2024							
SUR							
OO REPAIR DAYS							
E PNT88000							2560 3200.00
TO REPLACE REAR BUMPER, TAIL GATE, REAR END PANEL							
REPAIR ACCIDENT AFFECTED AREA							
E PNT98000							1650 2200.00
PAINT WORK ON REAR BUMPER, TAIL GATE, REAR END PANEL							
M SUNDRY							100 160.00
ANTI-RUST PROOFING							
M SUNDRY							100 160.00
APPLY BODY SEALANT ON AFFECTED AREA							
E PNT88000							120 280.00
TO REMOVE & REFIT REAR PARKING SENSOR SYSTEM							
A 54900099							120 150.00
TO CHECK WIRING & CHASSIS ELECTRICAL SYSTEM							
A 10028901							380.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM							
E PNT88000							760.00
TO REMOVE & REFIT BOTH UPPER AND LOWER REAR WINDSCREEN							
M SUNDRY							240.00
APPLY WINDSCREEN SEALANT							
E PNT88000							80.00
TO PERFORM WATER LEAK TEST AFTER INSTALL REAR WINDSCREEN							
M SUNDRY							20 80.00
SUNDRIES							
FACE,RR BUMPER de				1.00	667.00	00.00	667.00
EXTENSION,RR BUMPER de				1.00	161.00	00.00	161.00
COVER,RR BUMPER,LH				1.00	170.00	00.00	170.00
COVER,RR BUMPER,RH ?				1.00	170.00	00.00	170.00
REINFORCEMENT,RR BUMPER ?				1.00	525.00	00.00	525.00

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, which will be advised to you. Please be informed that a



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

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#15-15	Date In/Mileage	/ 0
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Contact No Mobile: 86857272	Engine No	4B40DT1743
	Make/Model	MIT/ECLIPSE CROSS 1.5 T/C SPORTS (
	Colour/Trim	P26 ORIENT RED / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00147	Cash	16/10/2024/ 14:29	TLL	1210/ Lim Teng Keat	50965
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M BRKT,R/BMPR FACE SIDE,LH		1.00	26.00	00.00	26.00
M BRKT,R/BMPR FACE SIDE,RH		1.00	26.00	00.00	26.00
M STOPPER,WINDSHIELD GLASS		2.00	4.00	00.00	8.00
M SPACER,QTR WINDOW		4.00	8.00	00.00	32.00
M FASTENER,WINDSHIELD		8.00	8.00	00.00	64.00
M SPACER,TAILGATE		2.00	9.00	00.00	18.00
M SPACER,TAILGATE		2.00	9.00	00.00	18.00
M DAM,TAILGATE,LWR		1.00	14.00	00.00	14.00
M PIN,TAILGATE WINDOW		1.00	6.00	00.00	6.00
M CLIP,TAILGATE		2.00	4.00	00.00	8.00
M W/STRIP,TAILGATE OPENING		1.00	205.00	00.00	205.00
M PANEL,RR END		1.00	503.00	00.00	503.00

Estimate

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:

SURVEYOR NAME:

SURVEYOR SIGNATURE:

DATE

REMARKS:

Rasul - Hp 90010068

16/10/24

6 days

Res & paint

Confirm & accepted by

Nett 10,311.00
9% GST on 10311.00 927.99
Total Payable 11,238.99

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	27/09/2024 18:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/09/2024 14:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI AFTER EXIT 16A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8449L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WOI CYE
-	S8476050A
Email Address	WOICYE22@GMAIL.COM
Mobile Phone No	(Phone) +65-86857272
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1499
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP314221

DRIVER

Name of Driver	LEE WOI CYE
Date Of Birth	S8476050A
Occupation	22/02/1984
Driving Pass Date	Indoor
Driving License Pass Class	17/03/2009
Driving License Validity	3
Driving experience	Valid
Gender	15 YEARS AND 6 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-86857272
Email Address	-
Address	WOICYE22@GMAIL.COM
Address complement	9 GEYLANG EAST AVENUE 1 #15-15
Postcode	-
Is the driver the policyholder?	389783
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 ATTACH

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	SLF2276J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGQ6388U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

Describe Circumstance of the Accident

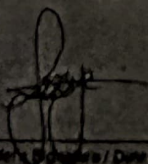
On the above mentioned date & time, I, Vehicle A was travelling along PIE towards Changi after exit 6A in my own lane 1.

I, Vehicle A slowly braked due to traffic in front of me, but suddenly Vehicle B from behind collided onto my Vehicle A rear portion.

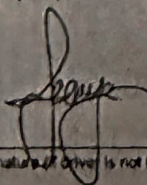
Once I stepped out, only realised I got into Chain Collision with Vehicle B & Vehicle C.

Declaration

(We 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
(Name as in NRIC/ND card)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim 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.
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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.

[Signature]

Policyholder's Signature / Date & Time

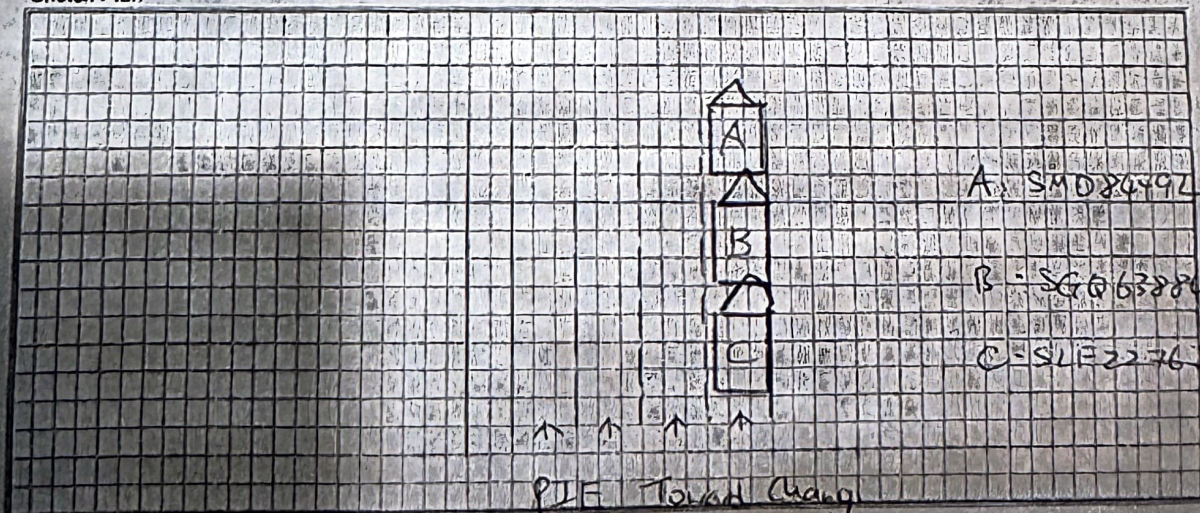
[Signature]

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



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

Sketch Plan



After Exit 16A

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	050A
Vehicle Details	
Vehicle No.:	SMD8449L
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Oct 2024
Vehicle Make:	MITSUBISHI
Vehicle Model:	ECLIPSE CROSS 1.5 CVT
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	4B40DT1743
Chassis No.:	JMAXTGK1WJZ003224
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$24,845.00
Original Registration Date:	07 Sep 2018
First Registration Date:	07 Sep 2018
Transfer Count:	1
Actual ARF Paid:	\$26,783.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Sep 2028
PARF Rebate Amount:	\$17,408.00
Intended COE Rebate Details	
COE Expiry Date:	06 Sep 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,900.00
COE Rebate Amount:	\$13,179.00
Total Rebate Amount:	\$30,587.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 17 Oct 2024

OK



Mitsubishi Eclipse Cross 1.5A

\$84,888 Instalment \$1,443/mth

DIRECT OWNER

Apply for 2.48% loan

Shortlist

Get Warranty

NEW CAR DISCOUNTS & OFFERS
BEST DEAL DAILY!

VIEW ALL PROMO

Overview Financial Photo Research

Depreciation	\$18,290 / year
Reg. Date	11-Sep-2018 (3yrs 10mths 24days COE left)
Manufactured	2018
Mileage	52,000 km (8.5k / year)
Transmission	Auto
Engine Cap	1,499 cc
Road Tax	\$684 / year
Power	120.0 kW (160 bhp) View specs of the Mitsubishi Eclipse Cross (2018-2023)
Curb Weight	1,490 kg
COE	\$34,381
OMV	\$25,062
ARF	\$27,087
Dereg Value	\$31,020 as of today