

ASS. REC. BY:

Tangph

REF:

C9/109241/0159/Tup3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$245K

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

Date: _____ Person Contacted: Vikash

Vehicle: IN / OUT

Veh No:

SNJ10205

Yr Regn: 2022/12

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

Truck / Trailer or

Make:

Toyota Alphard

c.c. 2493

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

63/45

T/Radio: Insured / Std / NI / NA

Eng/No:

AYH500150305

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/R / STD A/Rim or

Tyre Size:

F:

225/60R17

R:

~ ^

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

06/02/25

Survey held at

18C Pandan Garden

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

The U/C / Chassis frame / Body Structure after collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Re-survey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Format: _____

Lump Sum / I.B.I. /



Diplomat Parts Pte. Ltd.

Company Reg No. 196400304H
GST Reg No. MR-8500111-X

ESTIMATE

Invoice Name & Address		Owner Name & Vehicle Info	
Cycle & Carriage Leasing Pte. Ltd.		Reg No/Reg Date	SNJ1020S / 22/12/2022
239 Alexandra Road		Date In/Mileage	/ 0
Singapore 159930		Chassis No	AYH300150305
		Engine No	2AR2829420
Contact No		Make/Model	TOYOTA ALPHARD HYBRID 7-SEATER 2.5 SR-C

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
RC000162		06/11/2024/ 13:44		1015/ Vikneswaran Naidu A	34437		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
M	SUNDRY						bt 3113.60
	REAR TAILGATE DOOR						? 1979.30
M	SUNDRY						X 550.00
	REAR TAILGATE GLASS = plus for						de 961.50
M	SUNDRY						? 157.10
	TAILGATE GARNISH						? 515.40
M	SUNDRY						X ref 100.20
	REAR BUMPER						ref 94.10
M	SUNDRY						X 1642.20
	REAR BUMPER BRACKET						X 1642.20
M	SUNDRY						440 1200.00
	WEATHERSTRIP, BACK TAILGATE						460 1050.00
M	SUNDRY						150 280.00
	TOYOTA EMBLEM						50 150.00
M	SUNDRY						120 350.00
	ALPHARD EMBLEM						80 120.00
M	SUNDRY						? 50.00
	REAR INNER RHS TAILAMP						
M	SUNDRY						
	REAR INNER LHSTAILAMP						
E	PNT88000						
	RENEW REAR TAILGATE, BUMPER AND DAMAGED PARTS S 220						
E	PNT98000						
	SPRAY RR BUMPER, TAILGATE 200						
A	10028901						
	TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM						
A	10028901						
	CHECK WIRING AND ELECTRICAL						
E	PNT88000						
	RENEW REAR GLASS						
M	SUNDRY						
	SEALING WINDSCREEN						
E	PNT88000						

Estimate

Estimate

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.

DPS Auto Services

209 Pandan Gardens, Singapore 609339 Tel: (65) 64792792



Diplomat Parts Pte. Ltd.

Company Reg No. 196400304H
GST Reg No. MR-8500111-X

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Contact No		Make/Model	TOYOTA ALPHARD HYBRID 7-SEATER 2.5 SR-C

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
RC000162		06/11/2024/ 13:44		1015/ Vikneswaran Naidu A	34437			
Description of Goods / Services				Qty	Unit Price	Disc%	Amount	
	WATER LEAK TEST						?	280.00
M	SUNDRY							
	SUPPLY SOLAR FILM TINT						40	80.00
M	SUNDRY							
	ANTI RUST PROOFING						X	50.00
M	SUNDRY							
	SUPPLY BODY PNL SEALANT							
M	SUNDRY						?	80.00
	SUNDRIES						.	

Estimate

Tanfluh 97495749
wp' 6/2/25 420pm
p/p Resurvey before paint
tanfluh e/khanto.com
5.4 days.

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:

Authorized signatory and company stamp

Nett 14,445.60

Total Payable 14,445.60

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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	05/11/2024 10:25 (SGT)
Reported by	Actual Driver
Date of Accident	04/11/2024 08:30 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	ALONG WOODLANDS AVE 3 TOWARDS BKE-PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ1020S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CYCLE & CARRIAGE LEASING PTE LTD
Company Reg No	2XXXXXX307R
Email Address	OPERATIONS.LEASING@CYCLECARRIAGE.COM.SG
Mobile Phone No	(Phone) +65-91185739
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCF24B00000800

DRIVER



Name of Driver	YUNOS BIN ABU BAKAR
NRIC No	SXXXX241J
Date Of Birth	11/10/1964
Occupation	Outdoor
Driving Pass Date	01/10/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90170917
Alt. Phone Number	-
Email Address	OPERATIONS.LEASING@CYCLECARRIAGE.COM.SG
Address	BLK 569B CHAMPIONS WAY #07-366
Address complement	-
Postcode	732569
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	JENNY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
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 SMG6110K
Vehicle Manufacturer Toyota
Vehicle Model C-hr
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YUNOS BIN ABU BAKAR
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained PAIN ON NECK AREA
Injured person in which vehicle? SNJ1020S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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.
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. 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/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.

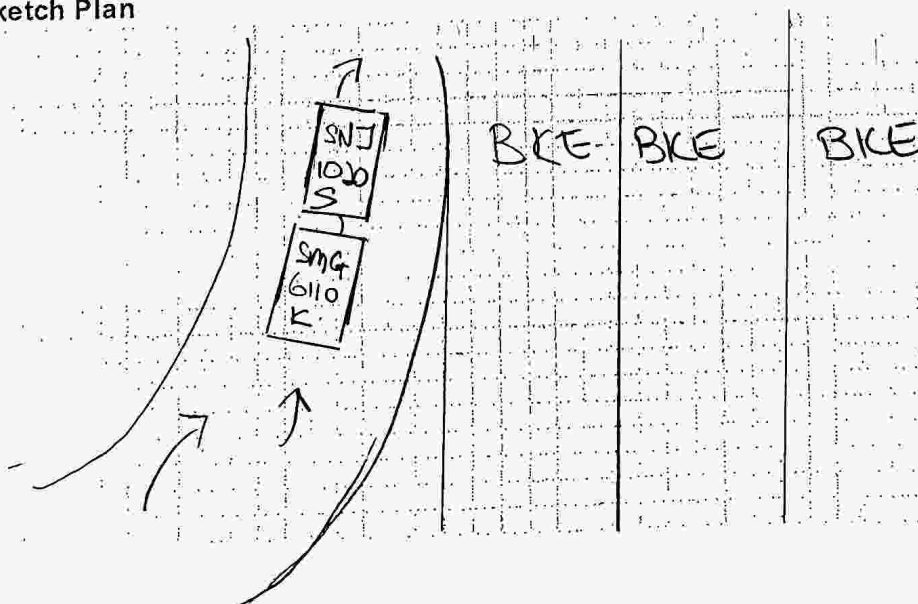


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police Report.

Declaration

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

[Signature]



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel