



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684567 Fax: 65651240

**ESTIMATE**

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
MR TCMONG MEDICARE PTE.LTD.	Cust No/Name	/MR TCMONG MEDICARE PTE.LTD.
3 ANG MO KIO ST 62	Reg No/Reg Date	SLN2582H / 27/04/201
#01-25	Date In/Mileage	/ 0
SINGAPORE 569139	Chassis No	KNACC81CVH5062280
Contact No Mobile: 93842516	Engine No	G4LEHS186117
	Make/Model	KIA/NIRO 1.6 A
	Colour/Trim	C3U DEEP CERULEAN B/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No				
CSM00081	Cash	30/04/2018/ 09:14	QUD	247 / DonBong	27662				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount	
E PNT88000	RENEW ACCIDENT DAMAGED PARTS ON FRONT BUMPER FACE, RH FRONT FENDER, RH SIDE MIRROR, REPAIR RH FRONT DOOR,								2200.00
E PNT88000	REMOVE AND INSTALL PARKING ASSIST								100.00
E PNT98000	PAINT WORK SPRAY FRONT BUMPER FACE, RH FRONT FENDER, RH MIRROR, RH FRONT DOOR AND AFFECTED PORTION								2100.00
M SUNDRY	APPLY BODY SEALANT ON AFFECTED PORTION								160.00
A 54900099	CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM								50.00
M SUNDRY	PERFORM RUST PREVENTION								120.00
A 10028901	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST								200.00
A 20000001	RENEW AFFECTED RH FRONT UNDERCARRIAGE								825.00
A WHEELALIGNMENTBP	To Conduct Computerize Full Wheel Alignment								120.00
A 54900099	REMOVE AND RECONNECT HIGH TENSION FOR HYBRID VEHICLE TO FACILITATE REPAIR WORK								550.00
M SUNDRY	RENEW RH FRONT WHEEL INCLUDING BALANCING								40.00
M SUNDRY	SUNDRIES								50.00
M INSULATOR-FENDER RH					1.00	46.00	00.00	46.00	
M PANEL-FENDER,RH					1.00	362.00	00.00	362.00	
M GUARD ASSY-FRONT WHEEL,RH					1.00	126.00	00.00	126.00	
M GARNISH ASSY-FNDR SIDE,RH					1.00	123.00	00.00	123.00	
M BRACKET-FR BUMPER SIDE,LH					1.00	12.00	00.00	12.00	

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.



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CSM00081	Cash	30/04/2018/ 09:14	QUD	247 / DonBong	27662

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M BRACKET-FR BUMPER SIDE,RH	1.00	12.00	00.00	12.00
M PIECE-FRT BUMPER GUARD LWR,RH	1.00	16.00	00.00	16.00
P COVER-FR BUMPER UPR	1.00	637.00	00.00	637.00
M LOGO ASSY-KIA SUB	1.00	51.00	00.00	51.00
M STRIP ASSY-FR BUMPER UPR	1.00	28.00	00.00	28.00
M DUCT ASSY-AIR CURTAIN,RH	1.00	32.00	00.00	32.00
M COVER ASSY-FR BUMPER LWR	1.00	346.00	00.00	346.00
M RETAINER-BUMPER SIDE MTG	4.00	1.00	00.00	4.00
M LAMP ASSY-FRONT FOG & DRL,RH	1.00	638.00	00.00	638.00
M WIRING HARNESS-FR BUMPER	1.00	134.00	00.00	134.00
M GRILLE-FRONT BUMPER	1.00	232.00	00.00	232.00
M LAMP ASSY-HEAD,RH	1.00	904.00	00.00	904.00
M STRUT ASSY-FR,RH	1.00	277.00	00.00	277.00
M HUB ASSY-FR WHEEL	1.00	436.00	00.00	436.00
M KNUCKLE-FRONT AXLE,RH	1.00	350.00	00.00	350.00
M ARM COMPLETE-FR LWR,RH	1.00	286.00	00.00	286.00
M CAP ASSY-WHEEL HUB	1.00	216.00	00.00	216.00
M WHEEL ASSY-ALUMINIUM	1.00	605.00	00.00	605.00
M MIRROR ASSY-OUTSIDE RR VIEW,RH	1.00	753.00	00.00	753.00

SURVEYOR NAME : _____

SURVEYOR SIGNATURE : _____

DATE : _____

REMARKS : _____

Confirm & accepted by

	Nett	13,141.00
7% GST on	13141.00	919.87
Total Payable		14,060.87

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 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 ability.
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 Report	28/04/2018 11:38
Date Of Accident	27/04/2018 15:30
Exact Location Of Accident	ALONG AYE TOWARDS MCE AFTER ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2582H
Insured/Policyholder	
Name Of Registered Owner	TCMONG MEDICARE PTE LTD
Co Reg No	201612457N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93842516
Vehicle Particulars	
Manufacturer	KIA
Model	NIRO-1.6 HYBRID GDI DCT SUNROOF (A)
Exact Purpose for which vehicle was being used at time of accident	REFER ATTACHMENT
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100184384
Cover Note Number	
Driver	
Name of Driver	ONG CHEE MING
NRIC No	S7236964E
Date Of Birth	23/09/1972
Occupation	INDOOR
Date Of Driving Pass	10/09/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93842516
Fax Number	
Contact Number	
EMail Address	ONGCHEEMEING@GMAIL.COM

Address 9 PASIR PANJANG CLOSE
 Postcode 118967
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - OWNER OF THE COMPANY
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident.
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. YES
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : MIRIAM WUN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

Details of Witness 1

Name MIRIAM WUN
 Phone Number 84820784
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP1830Z
 Vehicle Make/Model/Colour HYUNDAI/TUCSON/ BROWN
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHOY CHEE LEONG
 NRIC/Passport Number S7018380C
 Contact Number 96524682
 Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

DENT IN FRONT LEFT OF CAR

No. Of Passenger (Including Driver)

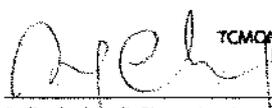
SKETCH PLAN

IMPORTANT NOTICE

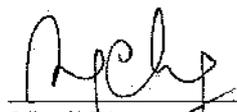
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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 lodgment 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:

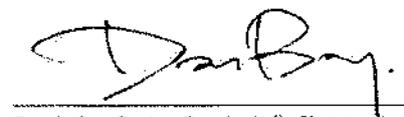
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


TCMONG MEDICARE PTE LTD

Policyholder's Signature
Date & Time:
28.04.2018

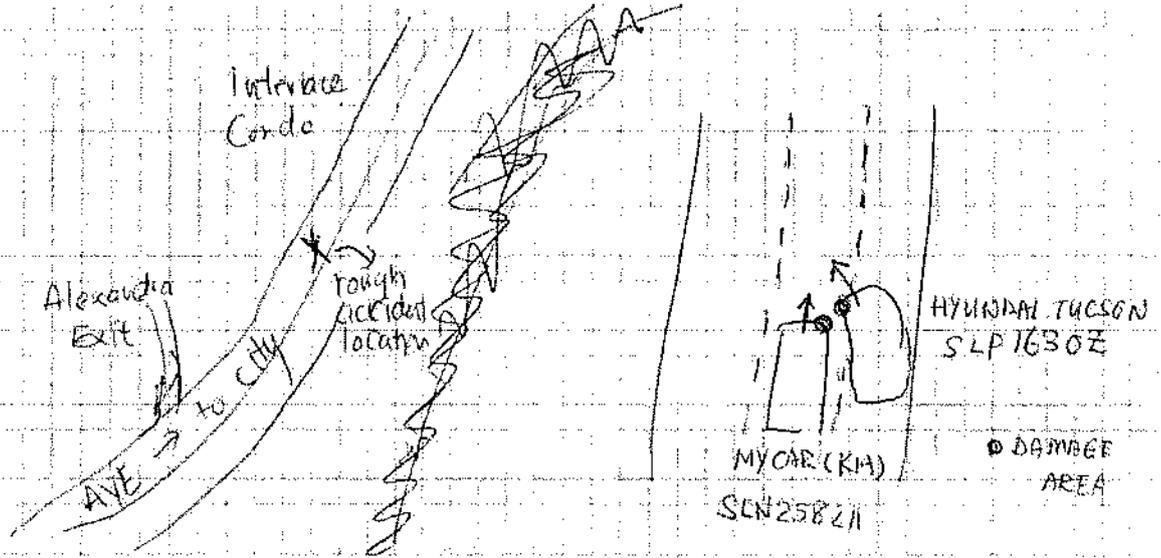

TCMONG MEDICARE PTE LTD

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving ~~on~~ along AVE towards MCE on the 2nd lane to the right. Everything was normal until around the Alexandria exit where a car on the rightmost lane swerved abruptly into my lane. The front left of his car collided with the front right of my car. No other property or humans were injured or damaged. The driver (Chey Chee Leong NRIC S7018380C) later claimed that he was braking to avoid a front collision but swerved into my lane. As the incident happened too fast, I could not react in time. He also admit fault and mentioned I can claim from his insurance. The date was 27.04.2018 and the time was around 3.30pm. Location was around the Alexandria exit, and the weather was ~~was~~ after raining and the road was wet. I was also travelling within speed limit.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

28.04.2018

TCMONG MEDICARE PTE LTD

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

[Signature]

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7236964E

Name: ONG CHEE MING (WENG JIMING)

Issue Date: 23 Sep 1972

Valid Date: 08 Jan 2003

100112228G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7236964E

NAME: ONG CHEE MING (WENG JIMING)

翁 纪 明

RACE: CHINESE

DATE OF BIRTH: 23-08-1972

SEX: M

COUNTRY OF BIRTH: SINGAPORE




FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Sep 1992

NP-423A

Carolyn Chong
91098380 (BNIS)

License No: S7236964E



1818276

Barcode

License No: S7236964E

Signature

Issue Date: 23-03-1994

9 PABIR-PANJANG GLOSE
SINGAPORE 0511



FOR C&C USE ONLY