

ASS. REC. BY: Asrul

REF:

CS/CT120007612/Rig P3

SSSF

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SL2 2654Xat Workshop m/s Cycle & Carriageof 209, Pioneer GardenInsured: CTIPolicy No. DMCVSN18358119011Claims No. SNM20D202509C02

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: 83K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SL2 2654X Yr Regn: 2018 / APR

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

Truck / Trailer or

Make: MITSUBISHI OUTLANDER 2.0 c.c 1998Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 036194 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GF7W0401656Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orMod: Nil / SRim / STD A/Rim orTyre Size: F: 225/55R18

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 26/07/2020 D.O.I. 17/08/2020Survey held at Cycle CPG

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

FRONT N/S

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

Date / Time	Action / Instruction
18/08/20@11.11am	revised to Cecilia Low via Merimen.
10/09/20@3.53pm	Rasul finalised with Lauro final fig \$6874. 5 days (Red \$5473. 44%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 10/09 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: MER-TPLump Sum / L.B.F. (\$ 6874)



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



Co Reg No : 197701469G

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
Chng Wei Long (zhuang Weiliang) Blk 293B Compassvale Crescent #07-61 Singapore 542293 Contact No Mobile: 97777967	Cust No/Name KCV08414/Chng Wei Long (Zhuang Weiliang) Reg No/Reg Date SLZ2654X / 27/04/201 Date In/Mileage / 0 Chassis No GF7W0401656 Engine No 4J11YB7230 Make/Model MIT/OUTLANDER 2.0 2WD CVT ELEGANCE Colour/Trim D01 COSMIC BLUE / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00041	Cash	20/07/2020/ 18:14	QUE	261 / Edwin Caina	55083			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER & BONNET REPAIR FRT SUPPORT PNL & LHF FENDER								1100 2750.00
E PNT98000 RESPRAY FRT BUMPER , BONNET , LHF FENDER & FRT SUPPORT PNL								840 2100.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM								30 50.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST								200.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS								80 120.00
M SUNDRY Sundries								20 50.00
M HOOD <i>bi</i>					1.00	975.00	00.00	975.00
M CLIP, HOOD INSULATOR <i>nee</i>					7.00	3.00	00.00	21.00
M HINGE, HOOD, LH ?					1.00	68.00	00.00	68.00
M TAPE, TAILGATE X					4.00	4.00	00.00	16.00
M HEADLAMP ASSY, LH <i>bro</i>					1.00	2125.00	00.00	2125.00
M FACE, FR BUMPER <i>tom</i>					1.00	1060.00	00.00	1060.00
M BRACKET, FR BUMPER SIDE, LH ?					1.00	18.00	00.00	18.00
M GARNISH, FR BUMPER, LH <i>tra</i>					1.00	75.00	00.00	75.00
M GARNISH, FR BUMPER SIDE LH CHROME TOP ?					1.00	48.00	00.00	48.00
M GARNISH, FR BUMPER SIDE LH CHROME CTR ?					1.00	220.00	00.00	220.00
M GARNISH, FR BUMPER SIDE LH CHROME LWR ?					1.00	112.00	00.00	112.00
M COVER, FR BUMPER ?					1.00	280.00	00.00	280.00
M REINFORCEMENT, FR BUMPER ?					1.00	503.00	00.00	503.00
M BAR, FR BUMPER GUARD ?					1.00	130.00	00.00	130.00
M REINFORCEMENT, FR BUMPER ?					1.00	134.00	00.00	134.00
M REINF, FR BUMPER SIDE, LH ?					1.00	60.00	00.00	60.00
M GRILLE ASSY, RADIATOR					1.00	569.00	00.00	569.00
M MOULDING, FR BUMPER, LH <i>water</i> ?					1.00	116.00	00.00	116.00
M MOULDING, FR WHEEL ARCH, LH ?					1.00	199.00	00.00	199.00

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.

Page 1 of 2

Bal. or Market Value:

TOYO/YOKO or.

**CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE**

AGE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



97701469G

ESTIMATE

GST Reg No : MR-8500111-X

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00041	Cash	20/07/2020/ 18:14	QUE	261 / Edwin Caina	55083		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
M	LAMP ASSY,FOG,FR LH			1.00	348.00	00.00	348.00

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: RASUL - Hp 90010068

SURVEYOR SIGNATURE: [Signature]

DATE: 17/08/2020 @ 1710

REMARKS: _____

5 days
Resy before paint

Confirm & accepted by

	Nett	12,347.00
7% GST on	12347.00	864.29
	Total Payable	13,211.29

Authorized signatory and company stamp

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SINGAPORE ACCIDENT STATEMENT

NOTICE

correctly the details of the accident to speed up the claims process.

must be completed by the Policyholder and/or the Authorised Driver.

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to deny policy liability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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	20/07/2020 17:58
Date Of Accident	20/07/2020 14:05
Exact Location Of Accident	11 DEFU LANE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2654X
Insured/Policyholder	
Name Of Registered Owner	CHNG WEI LONG
Passport No/FIN	SXXXX555F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96667967
Alternative Phone No	OFFICE-96667967

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800044369-02
Cover Note Number	

Driver

Name of Driver	CHNG HENG CHONG
NRIC No	SXXXX589B
Date Of Birth	02/04/1952
Occupation	INDOOR
Date Of Driving Pass	22/11/1974
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96667967
Fax Number	
Contact Number	
Email Address	NOEMAIL

Employee of the Insured's Company NO
Relationship of the Driver with the Insured PARENT
Registration Number of Driver's Own -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle)
involved in the accident 2
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. NO
Number of Passengers (Including Driver) 0

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 ATTACHMENTS.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number YP9676K
Vehicle Make/Model/Colour LORRY
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LOKE YEOW PIAK
NRIC/Passport Number SXXXX767Z
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

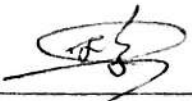
NT NOTICE

- 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 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.

Policyholder's Signature
Date & Time:

X 

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



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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY AND LORRY IN FRONT OF MY VEHICLE
REVERSE AND ACCIDENTALLY HIT MY VEHICLE.


DECLARATION

I/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:



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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	555F

Vehicle No.:	SLZ2654X
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Aug 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	OUTLANDER 2.0 CVT
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	4J11YB7230
Chassis No.:	GF7W0401656
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$19,359.00
Original Registration Date:	27 Apr 2018
First Registration Date:	27 Apr 2018
Transfer Count:	0
Actual ARF Paid:	\$19,359.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Apr 2028
PARF Rebate Amount:	\$14,519.00

COE Expiry Date:	26 Apr 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,605.00
COE Rebate Amount:	\$28,924.00
Total Rebate Amount:	\$43,443.00

The information contained herein is correct as at 17 Aug 2020

OK

Blue

Merimen e-Claims

Used 2018 Mitsubishi Outlander

rt.com/used_cars/info.php?ID=911513&DL=1164

► Mitsubishi Outlander 2.0A

Overview

Financial

Accessories

Similar

Research

Photos

Map



富業汽車貿易
FU YIAP MOTOR TRADING



Price \$89,800

Depreciation ⓘ \$9,640 /yr
View models with similar depre

Reg Date 04-Dec-2018
(8yrs 3mths 16days COE left)

Mileage 19,900 km (11.7k /yr)

Manufactured ⓘ 2018

Road Tax ⓘ \$1,210 /yr

Transmission Auto

Dereg Value ⓘ \$40,689 as of today (change)

OMV ⓘ \$19,605

COE ⓘ \$31,302

ARF ⓘ \$19,605

Engine Cap 1,998 cc

Power 110.0 kW (147 bhp)

Curb Weight 1,480 kg

No. of Owners 2

Type of Vehicle SUV

Features

2.0L Mivec Engine, 6 Speed CVT Gearbox, Paddle Shifters, Cruise Control, Auto Headlights/Wipers, ABS, SRS, Airbags. View specs of the Mitsubishi Outlander (2015)