



CYCLE &amp; CARRIAGE

**CYCLE & CARRIAGE KIA PTE LTD**  
**PANDAN GARDENS CUSTOMER SERVICE CENTRE**  
 209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
WONG LIM LOONG  28 BUKIT BATOK STREET 52 #06-02 SINGAPORE 659248  Contact No Mobile: 92364837	Cust No/Name	LCV08101/WONG LIM LOONG
	Reg No/Reg Date	SMH1801C / 15/01/201
	Date In/Mileage	/ 0
	Chassis No	KNAF3416MK5022102
	Engine No	G4FGJH711863
	Make/Model	KIA/CERATO 1.6 A EX G333
	Colour/Trim	KLK STEEL GREY / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CTP00080	Cash	15/12/2020/ 16:09	QUE	261 / Edwin Caina	25816		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							1200.00
RENEW RR BUMPER							
REPAIR LHR FENDER							
E PNT98000							700.00
RESPRAY RR BUMPER & LHR FENDER							
A 54900099							30.00
CHECK WIRING ELECTRICAL SYSTEM							
A 10028901							120.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST							
USING HI-SCAN PRO TEST							
E PNT88000							60.00
REMOVE & REFIT REVERSE SENSOR							
M SUNDRY							20.00
Sundries							
M COVER-RR BUMPER				1.00	651.00	00.00	651.00
M COVER-RR BUMPER LWR				1.00	241.00	00.00	241.00
M COVER-RR BUMPER FOG LAMP,LH				1.00	19.00	00.00	19.00
M LAMP ASSY-SIDE T/SIGNAL,LH				1.00	181.00	00.00	181.00
M BRACKET ASSY-RR BPR SIDE UPR,L				1.00	25.00	00.00	25.00

Estimate

SURVEYOR NAME : \_\_\_\_\_

SURVEYOR SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

REMARKS : \_\_\_\_\_

\_\_\_\_\_

SURVEYOR NAME : \_\_\_\_\_

SURVEYOR SIGNATURE : \_\_\_\_\_

DATE : \_\_\_\_\_

REMARKS : \_\_\_\_\_

Confirm &amp; accepted by

Nett	3,247.00
7% GST on	227.29
<b>Total Payable</b>	<b>3,474.29</b>

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.

## 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 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 Submission	15/12/2020 16:40 (SGT)
Date of Accident	14/12/2020 13:40 (SGT)
Exact Location of Accident	Bukit Batok Street 52, Singapore
Additional Location Information	BUKIT BATOK ST 52 GUILIN VIEW
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1801C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG LIM LOONG
NRIC No	SXXXX978J
Email Address	limloong@singnet.com.sg
Mobile Phone No	(Phone) +65-92364837
Alternative Phone No	+65-92364837

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800155687
Cover Note Number	-

#### DRIVER

Name of Driver	WONG WOON SHIN
NRIC No	SXXXX679G
Date Of Birth	14/01/1991
Occupation	Indoor

Date Of Driving Pass .....	01/09/2016
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81005367
Alt. Phone Number .....	-
Email Address .....	WOONSHINWONG@GMAIL.COM
Address .....	28 BUKIT BATOK STREET 52 #06-02
Address complement .....	-
Postcode .....	659248
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 material 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

#### 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

COLLISION-INSURED WAS REVERSING HALFWAY OUT OF THE LOT WHEN HE FELT IMPACT ON THE REAR LEFT OF HIS CAR

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLL3081R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HSU SU NENG
Contact Number .....	(Phone) +65-96623177
Address .....	-
Address complement .....	-





Postcode .....	-
Insurance Company Name .....	AIG
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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 reassess 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:

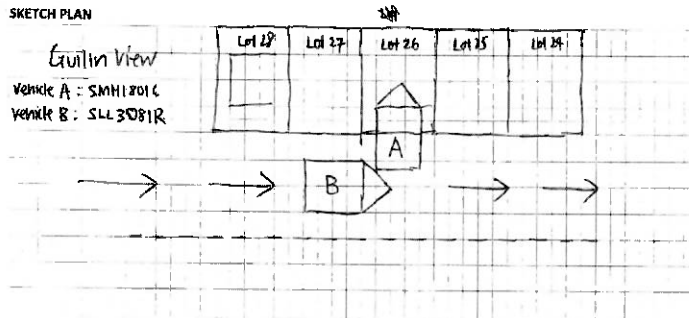
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN #2

SKETCH PLAN

Guilin View  
Vehicle A: SMH1801C  
Vehicle B: SLL3081R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my car (SMH1801C) out of the condominium carpark on 14 December 2020, at around 1340h. As I was around halfway out of the lot, I felt impact on the rear left of the vehicle. There was no warning of any sort. When I alighted, the car that hit me had already reversed. The driver (IC no: 522028386) was not a resident of my condominium. He was doing a delivery service at that time, according to what he said, and had been in a hurry.

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.: