



CYCLE &amp; CARRIAGE

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

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI  
MOTORS

Co Reg No : 197701469G

**ESTIMATE**

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name	/LIM EILYN
	Reg No/Reg Date	SMS3376S / 21/02/202
	Date In/Mileage	/ 0
	Chassis No	MMBXTA03ALH000277
	Engine No	3A92UJB8609
	Make/Model	MIT/20MY SPACE STAR 1.2 CVT 2WD
	Colour/Trim	P01 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	21/12/2020/ 16:56	QUE	261 / Edwin Caina	61018		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							2250.00
RENEW FRT BUMPER & BONNET							
REPAIR LHF FENDER & FRT SUPPORT PNL							
E PNT98000							1400.00
RESPRAY FRT BUMPER , BONNET . LHF FENDER & FRT SUPPORT PNL							
A 54900099							30.00
CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM							
A 10028901							120.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST							
USING HI-SCAN PRO TEST							
M SUNDRY							80.00
APPLY ANTI CORROSION ON AFFECTED AREAS							
M SUNDRY							50.00
SUPPLY FRT NUMBER PLATE WITH CASING							
M SUNDRY							30.00
Sundries							
M	FACE,FR BUMPER			1.00	747.00	23.00	575.19
M	CLIP,FR BUMPER			5.00	4.00	23.00	15.40
M	BRACKET,FR BUMPER SIDE,LH			1.00	7.00	23.00	5.39
M	GRILLE ASSY,RADIATOR			1.00	404.00	23.00	311.08
M	MARK,THREE-DIA			1.00	69.00	23.00	53.13
M	GARNISH,FR BUMPER SIDE,LH			1.00	173.00	23.00	133.21
M	GARNISH,FR BUMPER,CTR			1.00	190.00	23.00	146.30
M	GARNISH,FR BUMPER,LH			1.00	53.00	23.00	40.81
M	HOOD			1.00	615.00	23.00	473.55
M	CLIP,HOOD INSULATOR			8.00	3.00	23.00	18.48
M	HEADLAMP ASSY,LH			1.00	1832.00	23.00	1410.64
M	BODY KIT, SPACE STAR, A66			1.00	1776.00	20.00	1420.80
M	REINFORCEMENT,FR BUMPER			1.00	432.00	23.00	332.64

Estimate

SURVEYOR NAME :

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

Confirm &amp; accepted by

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

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

7% GST on      **Nett**      **8,896.62**  
**8896.62**      **622.76**

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

**Total Payable**      **9,519.38**

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	21/12/2020 10:49 (SGT)
Date of Accident	03/10/2020 09:00 (SGT)
Exact Location of Accident	Punggol E, Singapore
Additional Location Information	PUNGGOL EAST TOWARDS PUNGGOL CENTRAL
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS3376S
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM EILYN
NRIC No	SXXXX377D
Email Address	lim_eilyn01@hotmail.com
Mobile Phone No	(Phone) +65-91059856
Alternative Phone No	+65-91059856

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	SPACE STAR
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?	Yes
Vehicle Category	Private car

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	LIM EILYN
NRIC No	SXXXX377D
Date Of Birth	01/01/1989
Occupation	Indoor

Date Of Driving Pass .....	02/05/2019
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91059856
Alt. Phone Number .....	+65-91059856
Email Address .....	lim_eilyn01@hotmail.com
Address .....	64 UPPER SERANGOON VIEW
Address complement .....	#06-06 SINGAPORE
Postcode .....	533886
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MAY
Gender .....	Female

#### PASSENGER 2

Name .....	ALEXANDER
Gender .....	Male

#### 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

#### 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 1

Vehicle Registration Number .....	SDW755L
Vehicle Manufacturer .....	Subaru
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour	White
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)	-


## SKETCH PLAN

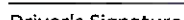
### IMPORTANT NOTICE

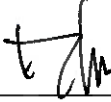
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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 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.:

## A hand-drawn diagram on a grid background. It features a large triangle with a horizontal top edge and a vertical right edge. Inside the triangle, there are two squares stacked vertically. The top square is positioned near the top-left corner, and the bottom square is positioned near the bottom-left corner. Both squares have their sides parallel to the triangle's edges. The top square contains a small 'x' mark in its upper-left corner. The bottom square contains a small 'x' mark in its upper-left corner. The triangle's left edge is a straight line, while its right edge is slightly curved.

The The one vehicle stopped suddenly while waiting for opposite road to clear.  
My car was able to stop on time when front vehicle stopped suddenly.

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

Date &amp; Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8984377D**  
Name: **LIM EILYN**

Birth Date: 01 Jan 1989  
Issue Date: 02 May 2019

002929551F

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8984377D**

**LIM EILYN**

Chinese

CHINESE

Date of birth: 01-01-1989

Country/Place of Birth: MALAYSIA

Sex: F

9477752

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

Class	Vehicle Class Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	02 May 2019

NP 428A

Licence No: S8984377D

FOR C&C USE ONLY

Barcode

NRIC No. **S8984377D**

Nationality: **MALAYSIAN**

Date of issue: **09-03-2018**

**84 UPPER SERANGOON VIEW #06-08**  
**SINGAPORE 533886**

NRIC No: **S8984377D** Date: **30/09/2019**



**LESEN MEMANDU**  
**DRIVING LICENCE**



**MALAYSIA**

**LIM EILYN**



Warganegara / Nationality No. Pengenalan / Identity No.

**MALAYSIA**

**890101015402**

Kelas / Class

**D**

Tempoh / Validity

**25/08/2014 - 01/01/2020**

Alamat / Address

**NO 2 JALAN JOHAR 7**

**TAMAN DESA CEMERLANG**

**81800 ULU TIRAM**

**JOHOR**



**LESEN MEMANDU**  
**DRIVING LICENCE**



**MALAYSIA**

**LIM EILYN**



Warganegara / Nationality No. Pengenalan / Identity No.

**MALAYSIA**

**890101015402**

Kelas / Class

**D**

Tempoh / Validity

**04/12/2019 - 01/01/2025**

Alamat / Address

**NO 2**

**JALAN JOHAR 7 TAMAN DESA CEMERLANG**

**81800 ULU TIRAM**

**JOHOR**

