



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

Co Reg No : 197701469G

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	KCV09145/ONG TECK YEN
	Reg No/Reg Date	SME5885A / 27/08/201
	Date In/Mileage	/ 0
	Chassis No	GF7W0402229
	Engine No	4J11YT1364
	Make/Model	MIT/OUTLANDER 2.0 2WD CVT ELEGANCE
	Colour/Trim	W01 WHITE PEARL / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	22/12/2020/ 12:39	QUE	261 / Edwin Caina	61064		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							1350.00
RENEW RR BUMPER							
E PNT98000							700.00
RESPRAY RR BUMPER & RHR 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							30.00
Sundries							
M FACE,RR BUMPER				1.00	807.00	23.00	621.39
M BRKT,R/BMPR FACE SIDE,RH				1.00	12.00	23.00	9.24
M REINFORCEMENT,RR BUMPER,RH				1.00	79.00	23.00	60.83
M EXTENSION,RR BUMPER				1.00	232.00	23.00	178.64
M CLIP,ENG ROOM COVER				8.00	2.00	23.00	12.32
M REFLECTOR,TAIL LAMP,RH				1.00	100.00	23.00	77.00
Estimate							
SURVEYOR NAME : _____							
SURVEYOR SIGNATURE : _____							
DATE : _____							
REMARKS : _____							

Confirm & accepted by

Net 3,249.42
 7% GST on 3249.42 227.46
Total Payable 3,476.88

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	22/12/2020 15:17 (SGT)
Date of Accident	22/12/2020 09:00 (SGT)
Exact Location of Accident	38 Irrawaddy Rd, Singapore 329563
Additional Location Information	MOUNT E NOVENA DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5885A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG TECK YEN
NRIC No	SXXXX133A
Email Address	ONGTECKYEN@GMAIL.COM
Mobile Phone No	(Phone) +65-93365357
Alternative Phone No	+65-93365357

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1800101222
Cover Note Number	-

DRIVER

Name of Driver	ONG TECK YEN
NRIC No	SXXXX133A
Date Of Birth	12/06/1980
Occupation	Indoor

Date Of Driving Pass	14/01/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93365357
Alt. Phone Number	+65-93365357
Email Address	ONGTECKYEN@GMAIL.COM
Address	BLK 899B WOODLANDS DRIVE 50 #03-280
Address complement	-
Postcode	731899
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)	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

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	SLD9486J
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CLAIRE
Contact Number	(Phone) +65-98762728
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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: 11.4.6

22/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

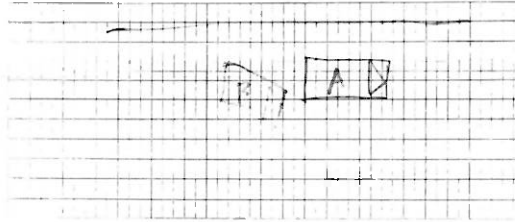
Name:

NRIC/PRN No.:



SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~20/11/20~~
 My car in parking mode at Mount-E Novena hospital
 drop off point, while I carry my son Alight and sitting
 on the wheel chair, the mentioned car proceeded and
 hit my right side rear bumper.

DECLARATION

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

<p><i>[Signature]</i> Policyholder's Signature Date & Time: 11:46 20/11/20</p>	<p><i>[Signature]</i> Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p><i>[Signature]</i> Reporting Centre Personnel's Signature Name: INAC/PM No.:</p>
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