



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Co Reg No : 199405410K

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name	/LAM LEE LEE
	Reg No/Reg Date	SLM3885H / 29/03/201
	Date In/Mileage	/ 0
	Chassis No	KNAFX411MH5696965
	Engine No	G4FGGH667924
	Make/Model	KIA/CERATO K3 1.6 A EX
	Colour/Trim	MST METAL STREAM / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
LAX00000	Credit	04/01/2021/ 10:17	QUE	261 / Edwin Caina	26617		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							2000.00
RENEW RR BUMPER , BOOTLID & RR END PNL							
REPAIR RR FLR PNL , LHR FENDER & RHR FENDER							
E PNT98000							2100.00
RESPRAY RR BUMPER , BOOTLID , RR END PNL , RR FLR PNL , LHR FENDER & RHR FENDER							
E PNT88000							120.00
REMOVE & REFIT BOOTLID COMPONENT							
E PNT88000							120.00
REMOVE & REFIT RR FLR BOARD,TRIM & CARPET							
A 54900099							0.60
CHECK WIRING ELECTRICAL SYSTEM							
A 10028901							120.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST							
USING HI-SCAN PRO TEST							
M SUNDRY							50.00
SUPPLY RR NUMBER PLATE WITH CASING							
E PNT88000							60.00
REMOVE & REFIT REVERSE SENSOR							
M SUNDRY							220.00
SUPPLY REVERSE SENSOR							
M SUNDRY							80.00
APPLY ANTI CORROSION ON AFFECTED AREAS							
M SUNDRY							80.00
SUPPLY BODY PNL SEALANT							
M SUNDRY							40.00
SUPPLY C&C BADGE							
M SUNDRY							20.00
Sundries							
M	COVER-RR BUMPER			1.00	688.00	20.00	550.40
M	COVER-RR BUMPER,CTR			1.00	315.00	20.00	252.00
M	BEAM-RR BUMPER			1.00	318.00	20.00	254.40
M	STAY-RR BUMPER LH			1.00	120.00	20.00	96.00

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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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
LAX00000	Credit	04/01/2021/ 10:17	QUE	261 / Edwin Caina	26617		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
M	STAY-RR BUMPER RH			1.00	120.00	20.00	96.00
M	BRACKET-RR BUMPER SIDE MTG,LH			1.00	29.00	20.00	23.20
M	BRACKET-RR BUMPER SIDE MTG,RH			1.00	29.00	20.00	23.20
M	GUARD-BUMPER REAR,RH			1.00	17.00	20.00	13.60
M	PANEL ASSY-TRUNK LID			1.00	1570.00	20.00	1256.00
M	HINGE ASSY-TRUNK LID,LH			1.00	68.00	20.00	54.40
M	HINGE ASSY-TRUNK LID,RH			1.00	68.00	20.00	54.40
M	W/STRIP-TRUNK LID OPNG			1.00	100.00	20.00	80.00
M	LATCH ASSY-TRUNK LID			1.00	112.00	20.00	89.60
M	STRIKER ASSY-TRUNK LID			1.00	18.00	20.00	14.40
M	LOGO ASSY-KIA SUB			1.00	37.00	20.00	29.60
M	EMBLEM-CERATO			1.00	35.00	20.00	28.00
M	EMBLEM K3			1.00	15.00	20.00	12.00
M	PANEL ASSY-BACK			1.00	324.00	20.00	259.20
M	TRIM-TRANSVERSE RR			1.00	58.00	20.00	46.40
M	LAMP ASSY-REAR COMB INSIDE,LH			1.00	710.00	20.00	568.00
M	LAMP ASSY-REAR COMB INSIDE,RH			1.00	710.00	20.00	568.00
M	LAMP ASSY-REAR COMBINATION,LH			1.00	788.00	20.00	630.40
M	LAMP ASSY-REAR COMBINATION,RH			1.00	788.00	20.00	630.40
Estimate							
SURVEYOR NAME : _____							
SURVEYOR SIGNATURE : _____							
DATE : _____							
REMARKS : _____							

Confirm & accepted by

	Nett	10,640.20
7% GST on	10640.20	744.81
Total Payable		11,385.01

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 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	02/01/2021 12:19 (SGT)
Date of Accident	01/01/2021 20:11 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	JURONG TOWN HALL ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3885H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM LEE LEE
NRIC No	SXXXX118I
Email Address	YEEMENGFONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91839086
Alternative Phone No	(Home) +65-91839086

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10345404R00
Cover Note Number	-

DRIVER

Name of Driver	KENNETH YEE DE YI
NRIC No	SXXXX301Z
Date Of Birth	01/09/1992
Occupation	Indoor

Date Of Driving Pass	22/07/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81634287
Alt. Phone Number	-
Email Address	KENNETHYEEDEYI@GMAIL.COM
Address	BLK 447 JURONG WEST ST 42 #03-274
Address complement	-
Postcode	640447
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	Raining
Road Surface	Wet

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?	Yes

PASSENGER 1

Name	LAM LEE LEE
Gender	Female

PASSENGER 2

Name	SHANICE ONG XIAO HUI
Gender	Female

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 ATTACHMENTS

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	GBJ9640S
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AMIN ROHUL
Passport No/FIN	GXXXX549R
Contact Number	(Phone) +65-90580086
Address	EDDIE (BOSS)
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

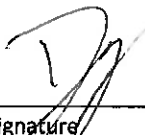
IMPORTANT NOTICE

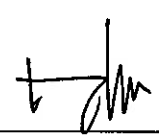
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

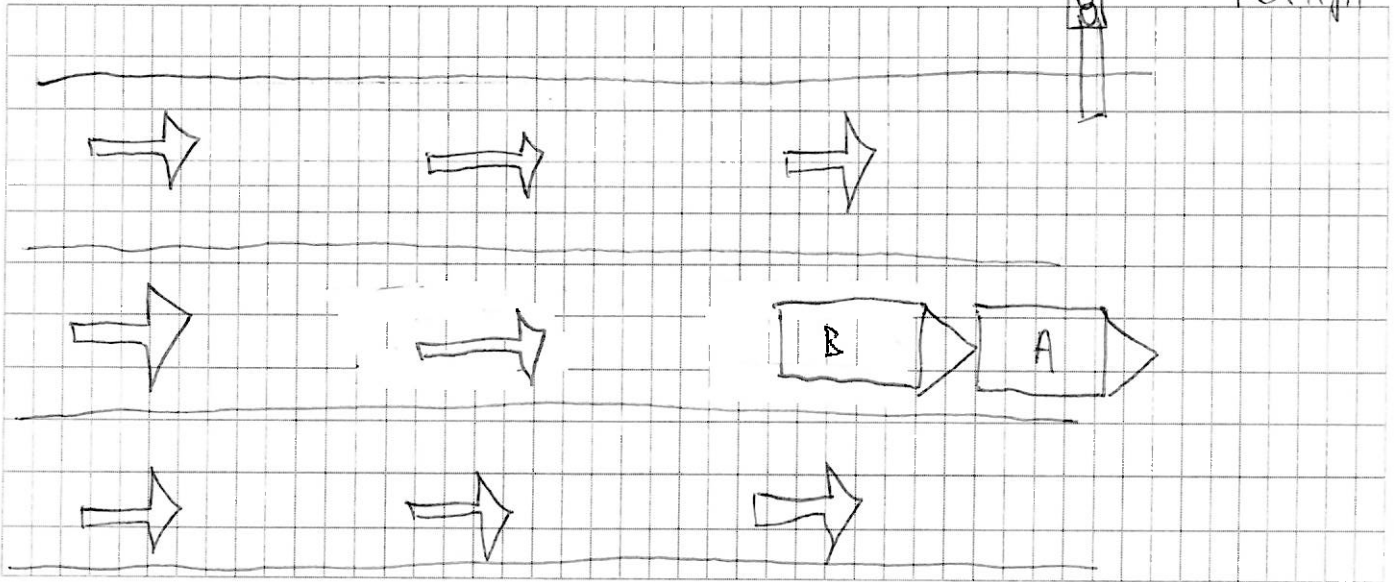
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving in the middle lane and upon amber light I applied brake to stop and in a split second when I stop the ^{lorry} ~~car~~ knock me from the back.

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.: