



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 #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name	KCV03951/Chew Chuan Mui
	Reg No/Reg Date	SKU3670E / 22/07/201
	Date In/Mileage	/ 60393
	Chassis No	JMYSRCY1AFU005125
	Engine No	4A92CA0564
	Make/Model	MIT/LANCER EX 1.6 GLS 4A/T (F05)
	Colour/Trim	U01 / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	14/01/2021/ 08:41	BLE	261 / Edwin Caina	61811

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER , BONNET & RHF FENDER REPAIR HEADLAMP SUPPORT PNL , RHF DOOR & LHF FENDER				2250.00
E PNT98000 RESPRAY FRT BUMPER , BONNET , RHF FENDER , RHF DOOR , LHF FENDER & HL SUPPORT PNL				2100.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM				30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS				80.00
M SUNDRY Sundries				20.00
M HOOD	1.00	913.00	23.00	703.01
M HINGE,HOOD,LH	1.00	64.00	23.00	49.28
M HINGE,HOOD,RH	1.00	64.00	23.00	49.28
M CLIP,HOOD INSULATOR	8.00	3.00	23.00	18.48
M WEATHERSTRIP,HOOD	1.00	18.00	23.00	13.86
M WEATHERSTRIP,HOOD,FR	1.00	31.00	23.00	23.87
M LATCH,HOOD	1.00	58.00	23.00	44.66
M FENDER,FR RH	1.00	688.00	23.00	529.76
M BRACKET,FR FENDER,RH	1.00	16.00	23.00	12.32
M SHIELD,FR FENDER,FR RH	1.00	122.00	23.00	93.94
M HEADLAMP ASSY,RH	1.00	846.00	23.00	651.42
M FACE,FR BUMPER	1.00	1040.00	23.00	800.80
M GARNISH,FR BUMPER,RH	1.00	39.00	23.00	30.03
M GRILLE,FR BUMPER	1.00	96.00	23.00	73.92
M BRACKET,FR BUMPER SIDE,RH	1.00	17.00	23.00	13.09

Estimate

SURVEYOR NAME : _____

SURVEYOR SIGNATURE : _____

Confirm & accepted by

DATE : _____

REMARKS : _____

	Nett	7,707.72
	7% GST on	7707.72
	Total Payable	8,247.26

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	13/01/2021 14:09 (SGT)
Date of Accident	12/01/2021 15:25 (SGT)
Exact Location of Accident	#01-193 Jurong West Central 1, Block 690, Singapore 640690
Additional Location Information	JURONG WEST CENTRAL 1 MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3670E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEW CHUAN MUI
NRIC No	SXXXX774C
Email Address	chuanmui@yahoo.com.sg
Mobile Phone No	(Phone) +65-97858361
Alternative Phone No	+65-97858361

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100421707
Cover Note Number	-

DRIVER

Name of Driver	ONG CHIN TUAN
NRIC No	SXXXX669Z
Date Of Birth	19/05/1953
Occupation	Indoor

Date Of Driving Pass	02/05/1972
Driving experience	48 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97311077
Alt. Phone Number	-
Email Address	CTUANON@YAHOO.COM
Address	BLK 431 ANG MO KIO AVENUE 10 #11-1463
Address complement	-
Postcode	560431
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Property
Weather Conditions	CLOUDY
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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

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 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.
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")

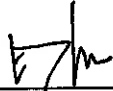
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

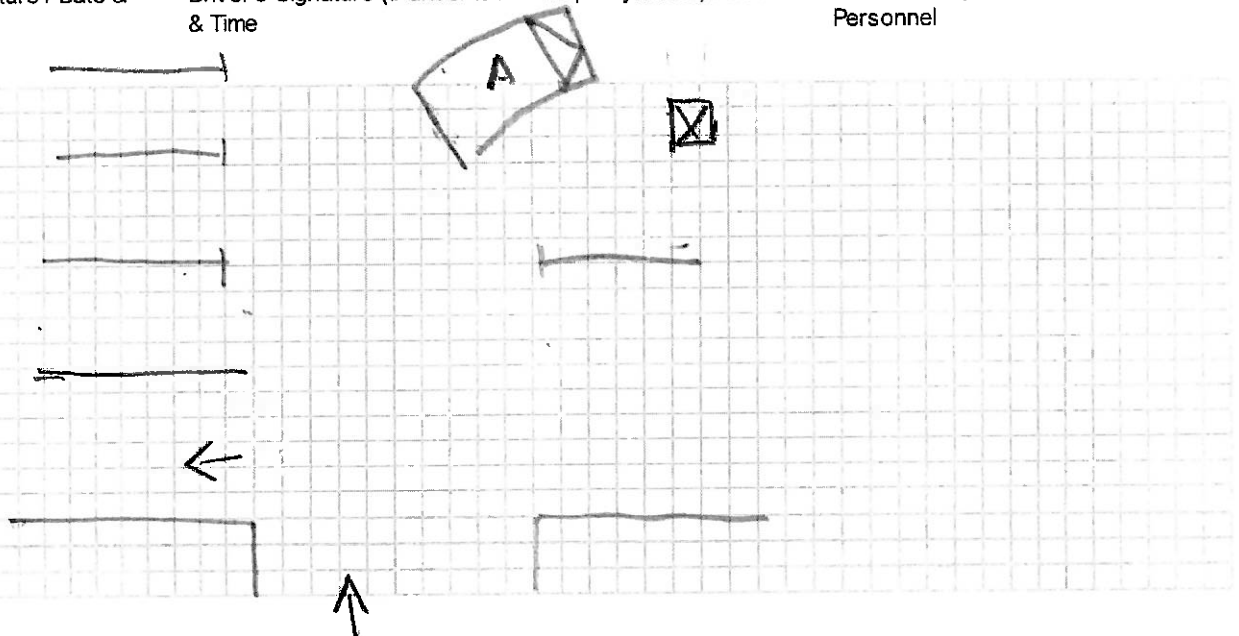


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

As I enter the gantry to the multi-storey carpark,
pass the left turn to the level 2, so I make a
turn and bump to the pillar.


Declaration

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



Witnessed by Reporting Centre
Personnel

UNDERTAKING

I, ONG CHIN TUAN (NRIC No. _____) hereby
confirm that the Singapore Accident Statement lodged by me on 13/01/2021
at 13:00 hours pertaining to the accident involving motor car Reg. No.
SKU 3670E in which I was the driver are true and accurate to the best of my
knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is
a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or
there is evidence emerges that there is a breach of policy terms and conditions, I
irrevocably undertake to absolve my insurer from all liability under the contract of
insurance and I undertake to re-pay any sums paid by my insurers pursuant to the
contract of insurance upon receipt of written demand by my insurers.

Signature :

Name of Insured / Driver :

ONG CHIN TUAN

Nric No. :

Date :

13/01/21

Signature :

Name of Policyholder :

CHEW CHUAN MUI

Nric No. :

Date :

13/01/21



AIG Asia Pacific Insurance Pte. Ltd
 AIG Building
 78 Shenton Way
 #07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : ONG CHIN TUAN
 VEHICLE NUMBER : SKU 3670E
 DATE/ TIME OF ACCIDENT : 12 / 01 / 21
 PLACE OF ACCIDENT : JURONG WEST CENTRAL 1 (MSCP)
 THIRD PARTY VEHICLE (IF ANY) : #

 WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

FROM SING MING TO JURONG WEST CENTRAL 1 (MSCP)

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

SELF ACCIDENT

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

[Signature]

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE