



CYCLE & 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	KCV11044/KARUPPIAH VELU
	Reg No/Reg Date	SMK6309J*DC17/ 17/04/201
	Date In/Mileage	/ 0
	Chassis No	MMBSTA13AKH001161
	Engine No	3A92UHN8829
	Make/Model	MIT/19MY ATTRAGE 1.2 CVT
	Colour/Trim	P01 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	12/01/2021/ 15:44	QUK	282 / Kevin Leong	61742
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E PNT88000 REPLACE REAR BUMPER, BOOT, END PANEL & AFFECTED AREA REPAIR ON REAR RH FENDER					2250.00
E PNT98000 PAINT WORK ON REAR BUMPER, BOOT, REAR RH FENDER, END PANEL & BODY KIT					1750.00
E PNT88000 REMOVE & INSTALL REAR PARKING ASSIST					120.00
E PNT88000 TO REMOVE & INSTALL REAR BOOT COMPARTMENT FOR FACILITATE REPAIR					120.00
M SUNDRY TO APPLY BODY SEALANT					40.00
M SUNDRY PERFORM RUST PREVENTION					40.00
A 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYSTEM					30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST					120.00
M SUNDRY TO SUPPLY C & C EMBLEM					50.00
M SUNDRY SUNDRIES					50.00
M LAMP ASSY,COMB,RR RH		1.00	335.00	23.00	257.95
M FACE,RR BUMPER		1.00	748.00	23.00	575.96
M BRACKET,RR BUMPER,RH		1.00	28.00	23.00	21.56
M PANEL,RR END		1.00	425.00	23.00	327.25
M WEATHERSTRIP,TRUNK LID		1.00	157.00	23.00	120.89
M PANEL,TRUNK LID		1.00	791.00	23.00	609.07
M HINGE,TRUNK LID,RH		1.00	203.00	23.00	156.31
M HINGE,TRUNK LID,LH		1.00	203.00	23.00	156.31
M LATCH,TRUNK LID		1.00	218.00	23.00	167.86
M MARK,THREE-DIA		1.00	69.00	23.00	53.13
M MARK,ATTRAGE		1.00	21.00	23.00	16.17

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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Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M	TRIM,RR END	1.00	66.00	23.00	50.82
M	UNPAINTED BODYKITS	1.00	1643.00	20.00	1314.40

Estimate

Confirm & accepted by

	Nett	8,397.68
7% GST on	8397.68	587.84
Total Payable		8,985.52

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	11/01/2021 18:35 (SGT)
Date of Accident	11/01/2021 07:20 (SGT)
Exact Location of Accident	Jln Boon Lay - Bef Boon Lay Way, Singapore
Additional Location Information	JLN BOON LAY TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6309J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARUPPIAH VELU
NRIC No	SXXXX577D
Email Address	VELKRM@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93834565
Alternative Phone No	+65-93834565

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10376530R00
Cover Note Number	-

DRIVER

Name of Driver	KARUPPIAH VELU
NRIC No	SXXXX577D
Date Of Birth	05/05/1970
Occupation	Outdoor

Date Of Driving Pass	20/06/2009
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93834565
Alt. Phone Number	+65-93834565
Email Address	VELKRM@YAHOO.COM.SG
Address	BLK 268B BOON LAY DRIVE #02-568
Address complement	-
Postcode	642268
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	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)	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR7553B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93834565
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 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

On or about 9 March 2016, I was travelling along Marymount Road in my lane. Suddenly I felt an impact on my right hand side. I realised that this vehicle B, SUV 2585H without signal cut into my lane and hit on to my car.

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

