

11/1/20

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ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 199405410K

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Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name LCV12372/GOH TZE YUEN GILBERT Reg No/Reg Date SJD3322L / 11/06/202 Date In/Mileage / 8586 Chassis No KNAF5416ML5069940 Engine No G4FGKH756317 Make/Model KIA/CERATO 1.6 A GT LINE H171 Colour/Trim B4U GRAVITY BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	18/01/2021/ 18:52	BLE	261 / Edwin Caina	27602

Description of Goods / Services		Qty	Unit Price	Disc%	Amount
A	10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
A	WHEELALIGNMENTBP To Conduct Computerize Full Wheel Alignment				120.00
A	33900099 RENEW FRT U/CARRIAGE LH INCLUDING STEERING RACK & PINION				400.00
A	54900099 CHECK WIRING ELECTRICAL SYSTEM				30.00
M	SUNDRY Sundries				50.00
M	GEAR ASSY-STEERING	1.00	770.00	20.00	616.00
M	KNUCKLE-FRONT AXLE, LH	1.00	350.00	20.00	280.00
M	HUB ASSY-FR WHEEL LHF	1.00	436.00	20.00	348.80
M	BAR ASSY-FR STABILIZER	1.00	238.00	20.00	190.40
M	LINK-STABILIZER LHF	1.00	72.00	20.00	57.60
M	STRUT ASSY-FR, LH	1.00	280.00	20.00	224.00
M	BEARING-STRUT	1.00	86.00	20.00	68.80
M	ARM COMPLETE-FR LWR, LH	1.00	286.00	20.00	228.80
M	CROSSMEMBER COMPL	1.00	1156.00	20.00	924.80

SURVEYOR NAME :

SURVEYOR SIGNATURE :

DATE :

REMARKS :

Confirm & accepted by notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplier shall submit a signed letter

Authorized signatory and company stamp

	Nett	3,659.20
7% GST on	3659.20	256.14
	Total Payable	3,915.34

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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CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469G

CYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327M

DIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H

Accident Statement

Accident Details

Are you claiming under your own Ins Policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 3rd Party	<input type="checkbox"/> Reporting Only
Date of Accident	18/01/2021		
Time of Accident (24hr format)	09:00 hr		
Exact Location of Accident	JANN TAN		
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Not In List
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Not In List
Was any foreign vehicle involved in accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
No. of vehicles involved in the accident	0		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was the accident reported to the police?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Own Vehicle Details

Vehicle Registration Number	CTA 3732L		
Vehicle Category	Private Car / Comm Veh / Good Veh / Motorcycle / Others		
Vehicle Manufacturer	Mitsubishi / KIA / Citroen / Maxus / Mercedes / Others		
Vehicle Model	KIA CERATO GT LINE		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	CC <input type="text"/>
Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private Hire	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Private Use
Number of passengers (including driver)	2		
Passenger (Name and Gender)	ACHLEY LIM / FEMALE		

Own Vehicle Policy

Handling Insurer (Insurance Company)	AIG		
Coverage Type	ACT / Comprehensive / Third Party / Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Policy No / Cover Note No			
ID of Registered Owner	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
Name of Registered Owner	S/T/G RESIDENT		
Email Address	GUY TEE YUEW GILBERT		
Mobile No	GILGTY @ GUYA		

Owner / Driver's Signature : _____

Driver Information

Is the Driver the Policy Holder	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, only fill up the highlighted part
Name of Driver	GUM TEE YUEN HUIRERT		
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
ID of Driver	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
Date of Birth	(S) T/G 851418CF		
Driving Pass Date	16/05/1985		
Contact No	97298849	Alt Contact No (If any)	
Home Address	77 AMHERSTVIEW CRESCENT #11-12		
Email Address	GILBERT.YUEN@GMAIL.COM		
Occupation	<input checked="" type="checkbox"/> Indiv	<input type="checkbox"/> Business	
Relationship with Owner			
Does Driver Own other Vehicles?	If yes, please fill up the below part		

Was there any other vehicle or property damaged?

Was there any other vehicle or property damaged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
Vehicle Registration No	CURVE		
Vehicle Manufacturer / Model / Colour			
Vehicle Category	Private Car / Comm Veh / Taxi / Bus / Motorcycle / Others		
Name of Insurance Company			
Name of Driver			
Contact Number			
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Reg No	Name of Driver	Contact No

Injured Persons Details


Was anybody injured in the accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
Any injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was this injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Witness Details

Was there any witnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
(Name, Phone, Email)			

Files

Are accident photos available for attachment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was there any video captured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Owner / Driver's Signature : 

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

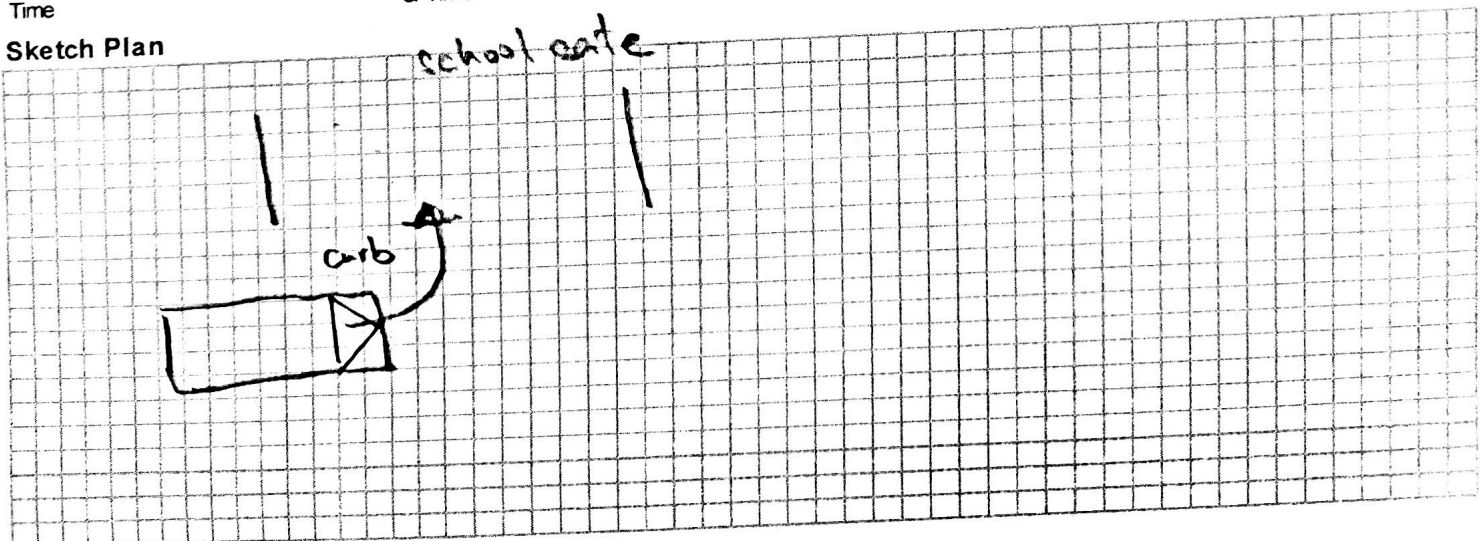
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

I was turning left into a school at Jalga Tanti road. I think I may have drove over a curb.

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