



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	KCV12557/ISMANI BIN KASIMI
	Reg No/Reg Date	SMR574L / 17/12/201
	Date In/Mileage	/ 33076
	Chassis No	GF7W0600199
	Engine No	4J11AA2736
	Make/Model	MIT/19MY OUTLANDER 2.0 MODERN(995)
	Colour/Trim	U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	11/02/2021/ 11:26	BLE	261 / Edwin Caina	62875			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000								1800.00
RENEW FRT BUMPER								
REPAIR / ALIGNRHF FENDER								
E PNT98000								700.00
RESPRAY FRT BUMPER & RHF FENDER								
M SUNDRY								30.00
RENEW RHF SPORT RIM & TRANSFER TYRE								
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								
A WHEELALIGNMENTBP								120.00
To Conduct Computerize Full Wheel Alignment								
M SUNDRY								80.00
APPLY ANTI CORROSION ON AFFECTED AREAS								
M SUNDRY								20.00
Sundries								
M	FACE,FR BUMPER				1.00	851.00	23.00	655.27
M	EXTENSION,FR BUMPER				1.00	509.00	23.00	391.93
M	CLIP				10.00	3.00	23.00	23.10
M	GARNISH,FR BUMPER,RH				1.00	48.00	23.00	36.96
M	BRACKET,FR BUMPER SIDE,RH				1.00	18.00	23.00	13.86
M	COVER,FR BUMPER				1.00	359.00	23.00	276.43
M	GARNISH,FR BUMPER SIDE				1.00	48.00	23.00	36.96
M	GARNISH,FR BUMPER SIDE				1.00	220.00	23.00	169.40
M	GARNISH,FR BUMPER SIDE				1.00	112.00	23.00	86.24
M	REINFORCEMENT,FR BUMPER				1.00	490.00	23.00	377.30
M	BAR,FR BUMPER GUARD				1.00	130.00	23.00	100.10
M	HEADLAMP ASSY,RH				1.00	1938.00	23.00	1492.26
M	LAMP ASSY,FOG,FR RH				1.00	348.00	23.00	267.96
M	SHIELD,FR WHEELHOUSE,RH				1.00	164.00	23.00	126.28
M	MOULDING,FR BUMPER,RH				1.00	116.00	23.00	89.32

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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KAX00008	Credit	11/02/2021/ 11:26	BLE	261 / Edwin Caina	62875			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	MOULDING,FR WHEEL ARCH,RH				1.00	160.00	23.00	123.20
M	TANK,WINDSHIELD WASHER				1.00	86.00	23.00	66.22
M	WHEEL,DISC RHF				1.00	974.00	23.00	749.98

Estimate

SURVEYOR NAME : _____

SURVEYOR SIGNATURE : _____

DATE : _____

REMARKS : _____

Confirm & accepted by

	Nett	7,982.77
7% GST on	7982.77	558.79
Total Payable		8,541.56

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	10/02/2021 15:08 (SGT)
Date of Accident	09/02/2021 16:31 (SGT)
Exact Location of Accident	169 Upper Paya Lebar Rd, Singapore 534860
Additional Location Information	TURNING LEFT TO MAIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR574L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISMANI BIN KASIMI
NRIC No	SXXXX849B
Email Address	ismani.kasimi@gmail.com
Mobile Phone No	(Phone) +65-96177756
Alternative Phone No	(Home) +65-96177756

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900259856-01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SUBHI BIN ISMANI
NRIC No	SXXXX494B
Date Of Birth	18/08/1986
Occupation	Indoor

Date Of Driving Pass	12/03/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98268885
Alt. Phone Number	-
Email Address	mdsubhi@gmail.com
Address	Blk 714 Bedok Reservoir Road #02-3018 Singapore
Address complement	-
Postcode	470714
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 - Change/cross lane
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 THE 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	SMQ8118Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENG YUAN XIN
NRIC No	SXXXX081J
Contact Number	(Phone) +65-82188118
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.
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3. Information provided must be as truthful and accurate as possible. Any willful 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;

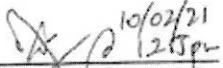
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

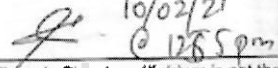
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

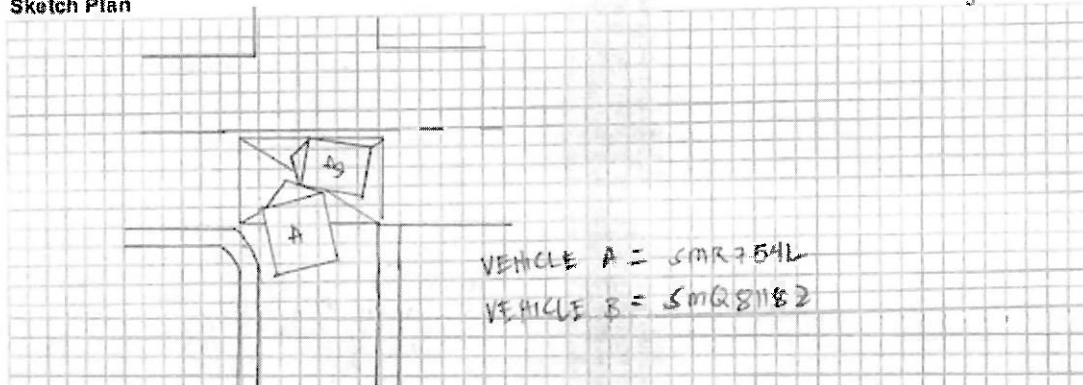
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
 10/02/21 12:55pm

Driver's Signature (if driver is not the policyholder) / Date & Time
 10/02/21 @ 12:55pm

Witnessed by Reporting Centre Personnel


**Sketch Plan**


Describe Circumstances of the Accident


turn left


On the 09/02/2021 at 1630 hours, I was driving straight to merge ~~into~~ onto the main road. I did not realize there was a car coming from the right as I was looking at the main road. By the time I started to look right a black mercedes was already hit ~~it~~ already hit me in the front.

Declaration

(We declare the foregoing particulars are true in every respect.

 10/02/21 @ 1250pm
Policyholder's Signature / Date & Time

 10/02/21 @ 1250pm
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel