ASS. REC. BY: Steve REF: CS/CT21003666/Evf3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured: GBG 8845R

Policy No. DMCVSNW00116752002

Claims No. SNM21D201593/C02

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SCV 9848K Yr Regn: 28/1/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailer or

Make: Mitsubishi Outlander c.c 1998

Colour: Gy A/C: Insured / Std / Nil / N

Sp.Reading: 47035 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: GF7W0407601

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or B

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
U/Bal.	4 mm	U/Bal.	4 mm
D.O.A.	20/3/21	D.O.I.	17/5/21

Survey held at Cycle & Carriage

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or MRH.

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	MV - 82K
9/6/21	Final fig $6467 confirmed by email (Red 5254,44%)

Date/Time, File,Pass to?

: Prell. Report

: Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Date/Time, File Return to?

9/6/21-Typist

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

: Weekend ($)

Survey Fee:

Transportation: $ + RS $

Phone

Others

TOTAL

Assessor : Merimen

Insp Sum / U.P.I: rs $6467

CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI MOTORS

CTI

ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

Invoice Name & Address	Owner Name & Vehicle Info	
Wong Ngee Hua (yuan Yihua) Blk 661C Jurong West St 64 #14-434 Singapore 643661 **Contact No** Mobile: 98480232	**Cust No/Name**	/Wong Ngee Hua (Yuan Yihua)
	Reg No/Reg Date	SCV9848K / 02/05/201
	Date In/Mileage	/ 0
	Chassis No	GF7W0401601
	Engine No	4J11YA4855
	Make/Model	MIT/OUTLANDER 2.0 2WD CVT SPORTS (9
	Colour/Trim	U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CTP00040	Cash	22/03/2021/ 09:53	TLE	261 / Edwin Caina	64289

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER , BODY KIT & RHF FENDER (80) 1 day + 80 640 REPAIR RHF DOOR				720 2560.00 2200.00
E PNT88000 RESPRAY FRT BUMPER , FRT BUMPER BODY KIT , RHF FENDER & RHF DOOR 3 X 550				30.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM				280.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				180.00
A WHEELALIGNMENTBP To Conduct Computerize Full Wheel Alignment				40 120.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS				20 50.00
M SUNDRY Sundries				
M HEADLAMP ASSY,RH / CUT	1.00	2135.00	00.00	2135.00
M MOULDING,FR BUMPER,RH / CUT	1.00	116.00	00.00	116.00
M MOULDING,FR WHEEL ARCH,RH / CUT	1.00	199.00	00.00	199.00
M GARNISH,FR BUMPER SIDE ? (chrome)	1.00	48.00	00.00	48.00
M GARNISH,FR BUMPER SIDE X	1.00	220.00	00.00	220.00
M GARNISH,FR BUMPER SIDE X	1.00	112.00	00.00	112.00
M BRACKET,FR BUMPER SIDE,RH ?	1.00	18.00	00.00	18.00
M GARNISH,FR BUMPER,RH / CUT (fog lmp)	1.00	75.00	00.00	75.00
M FACE,FR BUMPER / 00	1.00	1172.00	00.00	1172.00
M BODY KIT, OUTLANDER X R	1.00	1554.00	00.00	1554.00
M FENDER,FR RH X R	1.00	622.00	00.00	622.00

SURVEYOR NAME : Steve (LKK)

SURVEYOR SIGNATURE : 17/5/21, 12.30pm

DATE : WH AL

REMARKS : P/P, Rq Bel Skj

4 days

	Nett	**11,691.00**
7% GST on	**11691.00**	**818.37**
	Total Payable	**12,509.37**

Confirm & accepted by

Authorized signatory and company stamp

LKK Auto Consultants hence 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 cover is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary estimate is subject to insurer's approval

Acknowledged by Repairer

Signature:

Date:

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.

3K0007 / STA Inspection Pte Ltd[619523]
DATE & TIME: 20/03/2021 16:31 (SGT)
TTED BY: Richard Vincent Woodford
SION: 1 (20/03/2021 16:31 (SGT))

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	20/03/2021 16:31 (SGT)
Date of Accident	20/03/2021 13:15 (SGT)
Exact Location of Accident	Clementi Rd & Clementi Ave 1, Singapore
Additional Location Information	ALONG CLEMENTI ROAD (FROM AYE TOWARDS MCE - EXIT TO CLEMENTI ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV9848K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG NGEE HUA
NRIC No	SXXXX550G
Email Address	jeffreywong9848@gmail.com
Mobile Phone No	(Phone) +65-98480232
Alternative Phone No	+65-98480232

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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116849350
Cover Note Number	-

DRIVER

No	SXXXX550G
Of Birth	15/03/1972
cation	Indoor
e Of Driving Pass	03/12/1990
ving experience	30 YEARS AND 3 MONTHS
ender	Male
Mobile Number	(Phone) +65-98480232
Alt. Phone Number	+65-98480232
Email Address	jeffreywong9848@gmail.com
Address	BLK 661C JURONG WEST STREET 64
Address complement	#14-434
Postcode	643661
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 - 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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KELLY TAN
Gender	Female

PASSENGER 2

Name	CHERILYN WONG
Gender	Female

PASSENGER 3

Name	RENE WONG
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 TO ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

here any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

ehicle Registration Number	GBG8845R
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM KIN YONG
NRIC No	SXXXX824F
Contact Number	(Phone) +65-98756797
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT LEFT HAND SIDE
No. Of Passenger (Including Driver)	-

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 the 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.

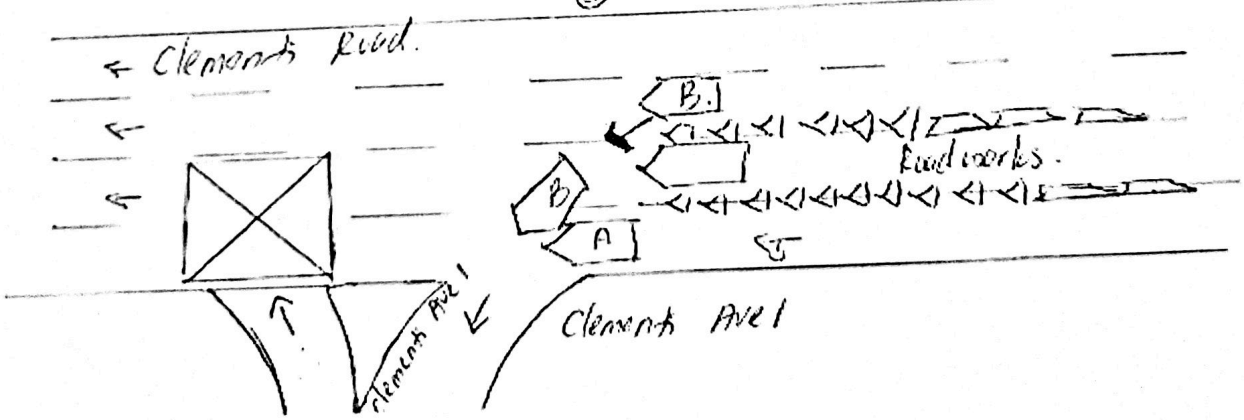
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SCV 9848K
(B) GBG 8845 R.



PLAN #2

My Vehicle (No. SCV9547K) was travelling along AYE (towards MCE) and exiting Clementi Road.
I was travelling straight along Clementi Road while a van (GPA 8875E) swerved from my right and hit on my vehicle.
There was a road work just before the turn to Clementi Road (Clementi Ave 1)
No injury at the time of accident.

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