

ASS. REC. BY: **ADRIAN**REF: **CS/CTI21007150/Auc****ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: **SMM 3371L**at Workshop m/s **CYCLE & CARRIAGE**

of _____

Insured: **SKF 5976P**Policy No. **DMPCSNA00012042101**Claims No. **SNM21D203593C02**

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **8** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **Smm 3371L** Yr Regn: **2019, June**Type: ☒ M.Car / ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Mit Attrage** C.C. **1193**Colour: **Red** A/C: Insured / Std / NI / NASp. Reading: **30796** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **MMBSTA13AKH 001531**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim orTyre Size: F: **185/55R15**R: **185/55R15**☒ BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **06** mmR/Bal. **06** mmL/Bal. **06** mmL/Bal. **06** mm

D.O.A. _____

D.O.I. **30/06/21**Survey held at **Cycle and Carriage (Ubi)**Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP China
1/7/2021 @ 2.04pm	Revise to CTI via Merimen.
	Confirmed final fig P/P \$10669, 8 days. (RED \$4714; 31%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐ : Preli. Report1) **13/8 TYPIST**☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **8**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

____ \$ + PS. ____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: **TP**Total Fee: **\$10669**

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	28/06/2021 14:08 (SGT)
Date of Accident	25/06/2021 17:01 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3371L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHEN KIAT
NRIC No	SXXXX769A
Email Address	kohck67@gmail.com
Mobile Phone No	(Phone) +65-85186504
Alternative Phone No	(Home) +65-85186504

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900106320
Cover Note Number	-

DRIVER

Name of Driver	KOH CHEN KIAT
NRIC No	SXXXX769A

Date Of Birth	28/11/1990
Occupation	Indoor
Date Of Driving Pass	23/06/2016
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-85186504
Alt. Phone Number	(Home) +65-85186504
Email Address	kohck67@gmail.com
Address	Apt Blk 361 Tampines Street 34 #08-409 Singapore
Address complement	-
Postcode	520361
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	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 vehicle 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	SKF5976P
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ABBI THIO
NRIC No	TXXXX973Z
Contact Number	(Phone) +65-83820505
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 wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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.



[Handwritten signature]

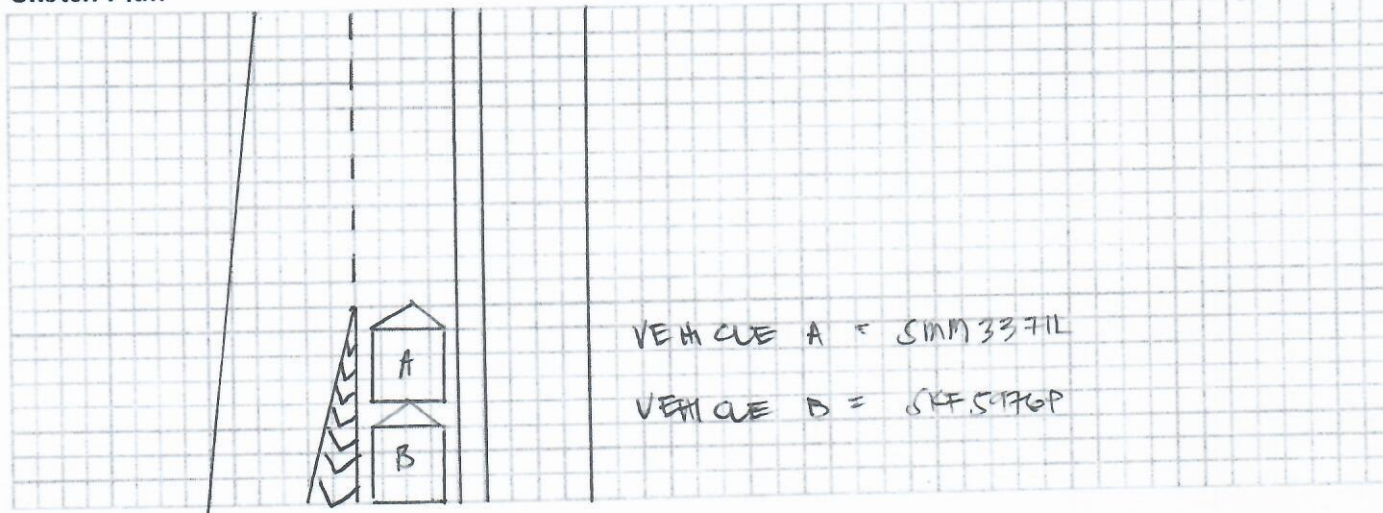
[Handwritten signature] 28/06/2021 1200

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



While I ~~was~~ was travelling along Broddell Road, I saw the car in front of me stop therefore I apply my brake to stop my car. Suddenly, I felt an impact from my back and the accident happen. There was no injury at the point of the accident.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel





CYCLE & CARRIAGE

CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857

**ESTIMATE**

Invoice Name & Address	Owner Name & Vehicle Info														
CHINA TAIPING INSURANCE (SINGAPORE) 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Claims Dept. Contact No 63896111	<table> <tr><td>Cust No/Name</td><td>KCV11554/Mr Koh Chen Kiat</td></tr> <tr><td>Reg No/Reg Date</td><td>SMM3371L / 26/06/2019</td></tr> <tr><td>Date In/Mileage</td><td>28/06/2021/ 30671</td></tr> <tr><td>Chassis No</td><td>MMBSTA13AKH001531</td></tr> <tr><td>Engine No</td><td>3A92UHS1225</td></tr> <tr><td>Make/Model</td><td>MIT/19MY ATTRAGE 1.2 CVT</td></tr> <tr><td>Colour/Trim</td><td>P57 / BK</td></tr> </table>	Cust No/Name	KCV11554/Mr Koh Chen Kiat	Reg No/Reg Date	SMM3371L / 26/06/2019	Date In/Mileage	28/06/2021/ 30671	Chassis No	MMBSTA13AKH001531	Engine No	3A92UHS1225	Make/Model	MIT/19MY ATTRAGE 1.2 CVT	Colour/Trim	P57 / BK
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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
F0000018	Credit	28/06/2021/ 14:21	CAS	218 / Mars Ler	14282			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
S	MIPNT88088	DIAGNOSTIC/SCANNING						✓ 250.00
S	MIPNT88088	TO CHECK ALL LIGHTING/WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS						20 100.00
S	MIPNT88088	TO REMOVE & RE-INSTALL ALL CARPETS/TRIMMING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS						? 4 640.00
S	MIPNT88088	TO TRANSFER REAR BOOT COMPONENTS & MECHANISM PARTS						x 640.00
S	MIPNT88088	TO APPLY SEALANT KIT ON NEW & REPAIR PANELS						x 200.00
S	MIPNT88088	TO REPLACE REAR BOOT, EMBLEM, LOGO, REAR BUMPER, CLIPS, BRACKETS, ETC -TO CUT & WELD REAR END PANEL -TO REPAIR LHR FENDER STRAIGHTEN, REFORM, ALIGN ON REAR ACCIDENT AFFECTED AREAS						960 4480.00
S	MIPNT98088	SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS						1650 1460 2750.00
S	MIPNT88088	TO REPLACE & RESPRAY BODY KIT (TO APPLY SEALANT KIT)						600 800.00
S	MIPNT88088	TO INSTALL REVERSE SENSOR SET						? 280.00
M	SUNDRY	MIVEC EMBLEM						✓ 50.00
M	SUNDRY	C & C LOGO						✓ 50.00
S	MIPNT88088	TO APPLY ZERTONA PAINT PROTECTION						✓ 550.00
M	JJ5920A234	PANEL, TRUNK LID	Repair		1.00	795.00	0.00	x 795.00
M	JJ5927A042	LATCH, TRUNK LID	3 new nec		1.00	218.00	0.00	+ 218.00
M	JJ5927A044	STRIKER, TRUNK LID LA			1.00	20.00	0.00	+ 20.00
M	JJ7415A389	MARK, THREE-DIA	Nec		1.00	70.00	0.00	✓ 70.00

Confirm & accepted by

Adrian Lj
P/P 30/06/21.
O.S. Png

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.



CYCLE & CARRIAGE

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
F0000018	Credit	28/06/2021/ 14:21	CAS	218 / Mars Ler	14282
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M JJ7415A438	MARK, ATTRAGE <i>new</i>	1.00	21.00	0.00	✓ 21.00
M JJ6410C750	FACE, RR BUMPER <i>Deformed</i>	1.00	751.00	0.00	✓ 751.00
M JJMR200300	CLIP, BUMPER <i>new</i>	10.00	4.00	0.00	✓ 40.00
M JJ6410C433	LH BRACKET, RR BUMPE <i>Part</i>	1.00	28.00	0.00	✓ 28.00
M JJ6410C434	RH BRACKET, RR BUMPE <i>Part</i>	1.00	28.00	0.00	✓ 28.00
M JJ5370B565	LH RR MUD GUARD ?	1.00	36.00	0.00	? 36.00
M JJ5370B566	RH RR MUD GUARD <i>new</i>	1.00	36.00	0.00	✓ 36.00
M JJ8637B115	ANTENNA, KEYLESS OPE ?	1.00	96.00	0.00	? 96.00
M JJ8637A176	BUZZER, KEYLESS OPER ?	1.00	91.00	0.00	? 91.00
M JJMZ330600-P19	ATTRAGE BODY KIT <i>Del</i>	1.00	1643.00	0.00	✓ 1643.00
M JJ5281A631	PANEL, RR END <i>new</i>	1.00	427.00	0.00	✓ 427.00
M JJ7835A023	DUCT, RR VENTILATOR ?	1.00	30.00	0.00	✓ 30.00
M JJ7835A032	COVER, RR VENTILATOR <i>new</i>	1.00	40.00	0.00	✓ 40.00
M JJ5921A017	WEATHERSTRIP, TRUNK <i>new</i>	1.00	157.00	0.00	✓ 157.00
M JJ7240A172XA	TRIM, RR END <i>new</i>	1.00	66.00	0.00	✓ 66.00

Confirm & accepted by

Parts	4,593.00
Labour	0.00
Standard Menu	0.00
Specialist Job	10,690.00
Others(Lub,etc)	0.00
Sundry	100.00
Total(w/o GST)	15,383.00

Authorized signatory and company stamp

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