

ASS. REC. BY: StewREF: CS/SMR 21007374 113

ASSIGNMENT

SLQ 5107L

Yr Regn: 13/7/17

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

SLQ 5107L

at Workshop m/s

CYCLE & CARRIAGE

of

Insured:

SHB 621C

Policy No.

Claims No.

TAX/06/21/2066

Sum Insured:

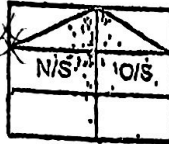
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mitsubishi Attrage

C.C. 1193

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

54124

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MINI R STA 1.3 444 096040

Gen. Cond: Good / Fair / Poor / Bught

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/55R15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

L/Bal:

4

mm

L/Bal:

4

mm

D.O.A.

11/7/21

D.O.I.

21/7/21

Survey held at

Cycle & Carriage

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

FALL

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-45K

Confirmed final fig P/P \$4962.00, 4 repair days.

(RED \$2190; 31%)

Date/Time, File, Retn to?



: Prel. Report

30/7 TYPIST



: Final Report

Date/Time, File, Retn to?

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Provision

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Vessel end (\$

Special Form:

TP

Total Sum / L.P. / P:

\$4962



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



Co Reg No : 1977014696

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
Ms Norwiah Binte Muhamad BLK 464 UPPER SERANGOON RD #04-1217 SINGAPORE 530464 Contact No Mobile: 90675897	Cust No/Name /Ms Norwiah Binte Muhamad Reg No/Reg Date SLQ5107L / 13/07/201 Date In/Mileage / 0 Chassis No MMBSTA13AHH006040 Engine No 3A92UGB2389 Make/Model MIT/17MY ATTRAGE 1.2 CVT Colour/Trim T06 MED BLUE MICA / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CTP00040	Cash	02/07/2021/ 13:32	TLE	261 / Edwin Caina	12652
Description of Goods / Services					
	Qty	Unit Price	Disc%	Amount	
E PNT88000 RENEW FRT BUMPER & LHF FENDER 2 X 649				1280	2560.00
E PNT98000 RESPRAY FRT BUMPER & LHF FENDER 2 X 550				1100	1650.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM					80.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST					280.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS					80.00
M SUNDRY SUPPLY BODY PNL SEALANT					80.00
M SUNDRY SUPPLY FRT NUMBER PLATE WITH CASING				50	80.00
M SUNDRY RE-SEAL WEEKEND PLATE					120.00
M SUNDRY Sundries				20	50.00
M FACE,FR BUMPER / CR4	1.00	706.00	00.00		706.00
M GARNISH,FR BUMPER,LH X	1.00	127.00	00.00		127.00
M BRACKET,FR BUMPER,LH / BR	1.00	13.00	00.00		13.00
M CLIP,FR BUMPER / nec	12.00	4.00	00.00		48.00
M FENDER,FR LH / BR	1.00	500.00	00.00		500.00
M SHIELD,FR WHEELHOUSE,LH	1.00	98.00	00.00		98.00
M HEADLAMP ASSY,LH / BR	1.00	663.00	00.00		663.00
M EMBLEM ECO / nec	1.00	17.00	00.00		17.00

SURVEYOR NAME: Steve CLKK 21/7/21, 11:30am

SURVEYOR SIGNATURE: Wil PL

DATE: PIP, My Bel sy

Confirm & accepted by

REMARKS: 4 djs

LK Auto Consultants hence notify the repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Part prices are subject to confirmation
- To repair

7% GST on	Nett 7152.00	7,152.00
		500.64
	Total Payable	7,652.64

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.

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 02/07/2021 13:03 (SGT)
Date of Accident 01/07/2021 09:00 (SGT)
Exact Location of Accident 464 Upper Serangoon Rd, Singapore 530464
Additional Location Information CARPARK-BLK 464 UPPER SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ5107L
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner NORWIAH BINTE MUHAMAD
NRIC No SXXXX310D
Email Address N MUHAMAD121@GMAIL.COM
Mobile Phone No (Phone) +65-90675897
Alternative Phone No +65-90675897

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 1193

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700024793-04
Cover Note Number -

DRIVER

Name of Driver NORWIAH BINTE MUHAMAD
NRIC No SXXXX310D

Date Of Birth	10/03/1964
Occupation	Outdoor
Date Of Driving Pass	24/05/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90675897
Alt. Phone Number	+65-90675897
Email Address	NMUHAMAD121@GMAIL.COM
Address	BLK 464 UPPER SERANGOON ROAD #04-1217
Address complement	-
Postcode	530464
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHB621C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-98568986
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name - NEIGHBOUR
Phone -
Email -

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 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")

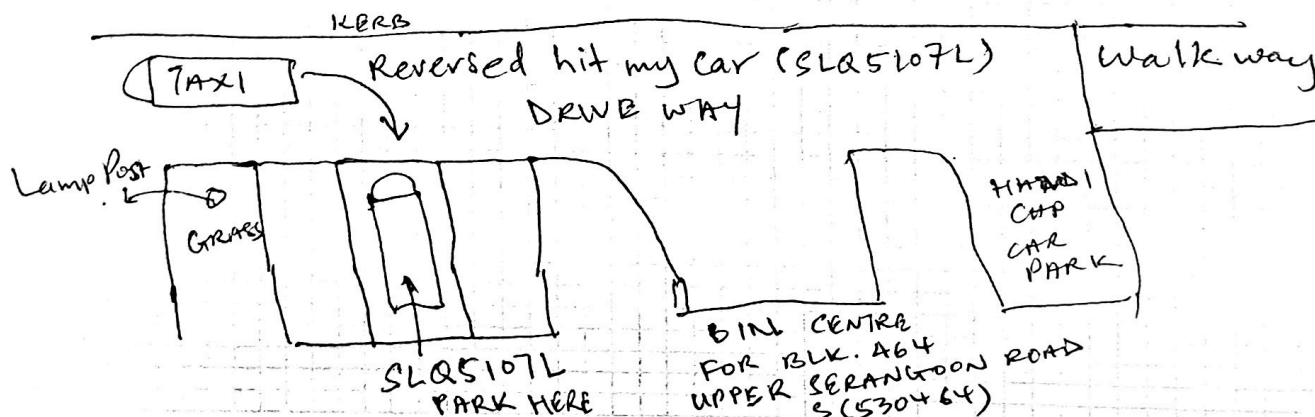
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 1/7/2021
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

The Accident happen early in the morning at HDB Car park Blk. 464, Upper Serangoon Road, S (530464). My car was parked when the Taxi reversed and hit my stationary car. I wasn't there when it happened, but my neighbour were at the void deck having funeral ceremony saw and witnessed.


Anyway, the Taxi Driver did left his Mobile number at my car's wiper.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 01/07/2021

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


Witnessed by Reporting Centre
Personnel