



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

Co Reg No : 1977014696

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
Ms Norwiah Binte Muhamad	Cust No/Name /Ms Norwiah Binte Muhamad
BLK 464 UPPER SERANGOON RD	Reg No/Reg Date SLQ5107L / 13/07/201
#04-1217	Date In/Mileage / 0
SINGAPORE 530464	Chassis No MMBSTA13AHH006040
Contact No Mobile: 90675897	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								2560.00
RENEW FRT BUMPER & LHF FENDER								
E PNT98000								1650.00
RESPRAY FRT BUMPER & LHF FENDER								
A 54900099								80.00
CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM								
A 10028901								280.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST								
USING HI-SCAN PRO TEST								
M SUNDRY								80.00
APPLY ANTI CORROSION ON AFFECTED AREAS								
M SUNDRY								80.00
SUPPLY BODY PNL SEALANT								
M SUNDRY								80.00
SUPPLY FRT NUMBER PLATE WITH CASING								
M SUNDRY								120.00
RE-SEAL WEEKEND PLATE								
M SUNDRY								50.00
Sundries								
M	FACE,FR BUMPER				1.00	706.00	00.00	706.00
M	GARNISH,FR BUMPER,LH				1.00	127.00	00.00	127.00
M	BRACKET,FR BUMPER,LH				1.00	13.00	00.00	13.00
M	CLIP,FR BUMPER				12.00	4.00	00.00	48.00
M	FENDER,FR LH				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				1.00	663.00	00.00	663.00
M	EMBLEM ECO				1.00	17.00	00.00	17.00
SURVEYOR NAME : _____								
SURVEYOR SIGNATURE : _____								
DATE : _____								

Confirm & accepted by: REMARKS: _____

7% GST on **Nett** 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	NMUHAMAD121@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 1

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 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

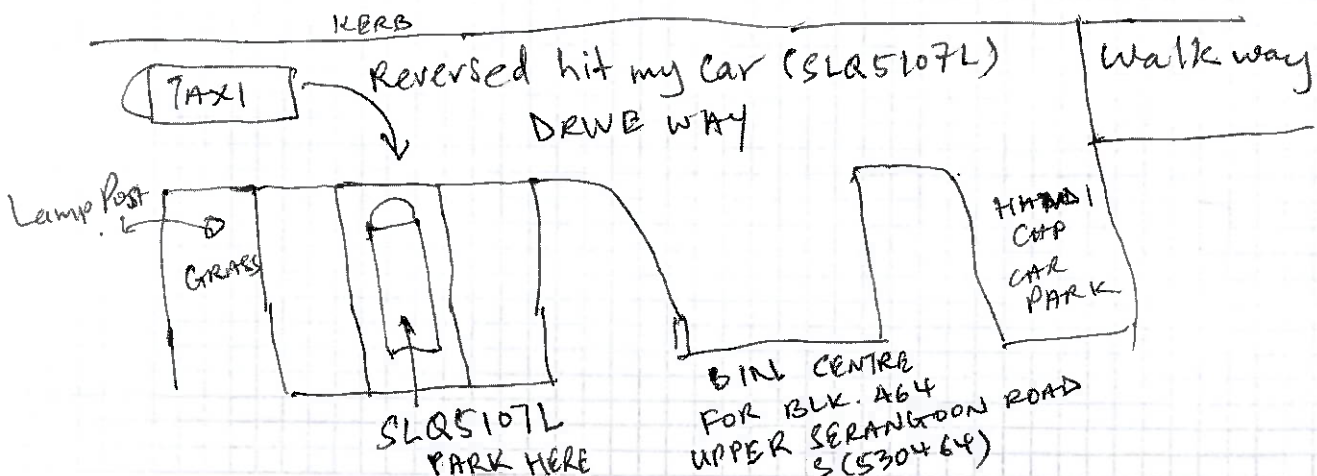
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 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.



01/07/2021

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel