

ASS. REC. BY: Steve

REF: CS/A1421012628/ETP3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. 1900104004
 Claims No. 3868242188SG
 Sum Insured: _____ Excess: 0
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S
X	X

Bel. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ 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: SMM6952R Yr Regn: 10/7/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or 1193
 Make: Mitsubishi Attrage c.c. 1191
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 27307 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MMBSTA13AKH000729
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rlm / STD A/Rlm 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. <u>4</u>	mm	R/Bal. <u>4</u>	mm
L/Bal. <u>4</u>	mm	L/Bal. <u>4</u>	mm
D.O.A. <u>11/12/21</u>		D.O.I. <u>11/12/21</u>	

 Survey held at Cycle & Carriage
 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
	<u>MK-65K</u>
	red: 14325.42; 16days
	red: 5940.58; 29%

Date/Time, File Pass to? : Prel. Report
 : Final Report

Days Of Repair: 16
 Resurvey No. of Trip: _____

1) _____ Date/Time, File Return to?
 2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 \$ + RS. \$ _____
 Photos _____
 Others _____
 TOTAL _____



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for TING MIN WEE, BERNARD (CHEN MINGWEI, BERNARD) and vehicle specifications like SMM6952R, 10/07/201, MMBSTA13AKH000729.

Main items table with columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No, Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes handwritten notes like '6.5 days + 80', '2925', '2190', and 'Estimate' watermark.

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.



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ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for TING MIN WEE, BERNARD (CHEN MINGWEI, BERNARD) and vehicle specifications like SMM6952R, MIT/19MY ATTRAGE 1.2 CVT.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Values include CSM00041, Cash, 13/12/2021/ 18:44, BLC, 442 / CocoLu, 18662.

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various car parts like PANEL, TRUNK LID, HINGE, TRUNK LID, etc.

Estimate

Handwritten notes: Steve (LKK) 14/12/21, 10.00, OO-MAL, EXCISE, PIP, M BL F, 12 dys

Summary table with columns: Confirm & accepted by, Repaired of the following, 7% GST on, Total Payable. Totals: Net 16,692.00, GST 1168.44, Total Payable 17,860.44.

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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	13/12/2021 17:56 (SGT)
Date of Accident	11/12/2021 11:17 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	KPE TUNNEL NEAR PAYA LEBAR AIRBASE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6952R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TING MIN WEE, BERNARD (CHEN MINGWEI, BERNARD)
NRIC No	SXXXX049E
Email Address	BERNARD.TING@GMAIL.COM
Mobile Phone No	(Phone) +65-94570460
Alternative Phone No	+65-94570460

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?	Yes
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	1900104004-01
Cover Note Number	-

DRIVER

Name of Driver	TING MIN WEE, BERNARD (CHEN MINGWEI, BERNARD)
NRIC No	SXXXX049E

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

Describe Circumstances of the Accident

I was driving along KPE area enroute to
Nicholl Highway when the car in front of me
braked quite suddenly. I managed to brake to
avoid hitting the car in front. It was a harder-than-
usual brake but not an emergency/screaming brake.
After 2 or about 2 seconds, the car behind hit ~~me~~
my car's rear portion. We subsequently
exchanged contact and took some photos and left
the scene.

Declaration

We declare the foregoing particulars are true in every respect.

1645
13/12/2021


Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel