

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. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLK 9394 D Yr Regn: 7/2/17
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mitsubishi ASX c.c. 1998
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 108678 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: JMPXTGA2WF2C71876
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/55R18
 R: 11

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
<u>XXX</u>	

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 13/3/22 D.O.I. 15/3/22
 Survey held at Cycle & Carriage
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

Bal. or Market Value: _____
 IDAG Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No 3/2/2022
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>MR GKR</u>
	advising our Principal a cost of repair of \$9161.00 (P/P before GST) - with 8 days of repair
	red: 5087;35%
	14248

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Form: _____
 Lump Sum / L.B.F. (\$): _____

Days Of Repair: 8
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. SI	
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

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 Ms Eu Jun Ru Natalie and vehicle KCV05913/Ms Eu Jun Ru Natalie.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Values include KCV05913, CRDVCH, 16/02/2022/ 10:27, 442 / CocoLu, 20746.

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like RENEW REAR BUMPER, REMOVE & INSTALL PARKING SENSOR, etc.

Estimate

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

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

Invoice Name & Address	Owner Name & Vehicle Info	
Ms Eu Jun Ru Natalie	Cust No/Name	KCV05913/Ms Eu Jun Ru Natalie
Blk 760 Jurong West St 74	Reg No/Reg Date	SLK93940*DC17/ 07/02/201
#04-08	Date In/Mileage	/ 0
Singapore 640760	Chassis No	JMFXTGA2WFZC12826
Contact No	Engine No	4B11RG7952
	Make/Model	MIT/ASX 2.0 CVT 2WD (N04)
	Colour/Trim	D00 / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Qty	Unit Price	Disc%	Amount
KCV05913	CRDVCH	16/02/2022/ 10:27		442 / CocoLu	20746				
Description of Goods / Services									
M	LATCH, TAILGATE					1.00	385.00	00.00	385.00
M	DAM, TAILGATE, LWR					1.00	27.00	00.00	27.00
P	SPACER, TAILGATE					2.00	3.00	00.00	6.00
P	FASTENER, WINDSHIELD					4.00	6.00	00.00	24.00
M	MARK, ASX					1.00	56.00	00.00	56.00
M	MARK, THREE-DIA					1.00	70.00	00.00	70.00
M	ANT, KEYLESS OPERATION, RR					1.00	96.00	00.00	96.00
M	BUZZER, KEYLESS OPERATIO, RR					1.00	91.00	00.00	91.00
M	MUFFLER, EXHAUST MAIN					1.00	637.00	00.00	637.00
M	PROT, UNDER RR FLOOR HEAT					1.00	93.00	00.00	93.00
M	PIPE, EXHAUST, CTR					1.00	1263.00	00.00	1263.00
M	HANGER, EXHAUST MUFFLER					1.00	24.00	00.00	24.00

Estimate

Steve (LKK)
15/3/22, 11.00am

M AL
PIP
by R H
5 djs

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 survey is on a "without prejudice" basis
- No illegal modifications are allowed
- Supplementary items may be required, and is subject to final approval from the Insurance Company

Acknowledged by Repairer
Signature:
Date:

Confirm & accepted by

	Nett	12,192.00
7% GST on	12192.00	853.44
Total Payable		13,045.44

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 14/02/2022 10:41 (SGT)
Date of Accident 13/02/2022 14:24 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE BEFORE BUONA VISTA FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK9394D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EU JUN RU NATALIE
NRIC No S8705386E
Email Address SAILORNATALIE@HOTMAIL.COM
Mobile Phone No (Phone) +65-83330290
Alternative Phone No (Office) +65-83330290

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Asx
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MTPV01001999
Cover Note Number -

DRIVER

Name of Driver EU JUN RU NATALIE
NRIC No S8705386E

IC No
 Contact Number
 Address
 Postcode

Date Of Birth 08/02/1987
 Occupation Indoor
 Date Of Driving Pass 19/02/2008
 Driving experience 14 YEARS
 Gender Female
 Mobile Number (Phone) +65-83330290
 Alt. Phone Number (Office) +65-83330290
 Email Address SAILORNATALIE@HOTMAIL.COM
 Address BLK 166A YUNG KUANG ROAD
 Address complement #11-14
 Postcode 611166
 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 CLOUDY
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name ONG LINTING
 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.

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 SNC7195T
 Vehicle Manufacturer Mitsubishi
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

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

NG SONG WEN MARCUS
S9426195C
(Phone) +65-84180662

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. .
. .
. .
. .
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. .

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 Authorized 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.

Policyholder's Signature / Date & Time

Sketch Plan



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

Witnessed by Reporting Centre Personnel

WA : 01093900
WB : SNC 7195T



Describe Circumstances of the Accident

- ① Tree PUNTING AT LANE 1.
- ② I WAS AT LANE 2. CAR INFRONT STOPPED.
- ③ I STOPPED & ENGAGED HAZARD LIGHTS TO WARN CAR BEHIND
- ④ CAR SNC MOST UNABLE TO STOP IN TIME & HIT MY CAR (96K9294D) FROM BEHIND

****You had been advised by the workshop in the case that you wish to claim against own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.**

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 Personnel