

Steve

CS/FC/22009844/Erg3

## 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: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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: GBL 72202 Yr Regn: 21/2/22

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

Truck / Trailer or

Make: Citroen Electric Dispatch c.c. \_\_\_\_\_Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 4716

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VF7V12KX2M217098Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 16/3/22D.O.I. 25/4/22Survey held at Cycle & CarriageDes. 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

MV-80K

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

2)

Report Format: \_\_\_\_\_

Lump Sum / L.S.R. (\$) \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

**ESTIMATE**

Company Reg No. 200609327M  
 GST Reg No. MR-8500111-X

Invoice Name & Address		Owner Name & Vehicle Info	
CYCLE & CARRIAGE LEASING PTE LTD		Cust No/Name	/ CYCLE & CARRIAGE LEASING PTE L
239 ALEXANDRA ROAD		Reg No/Reg Date	GBL7220Z / 21/02/2022
SINGAPORE 159930		Date In/Mileage	/ 0
Contact No Mobile: 85188668		Chassis No	VF7V1ZKXZM2117098
		Engine No	105TCM0011028
		Make/Model	CITCV/ELECTRIC DISPATCH 75KW
		Colour/Trim	WPP BLANC BANQUISE / FX BLACK "FX"

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00073	Cash	26/03/2022/ 13:29	TLE	261 / Edwin Caina	17678

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M SUNDRY NUMBER PLATE TRIM X 98137972XT				120.00
M SUNDRY EMBLEM-DISPATCH X 98345366VD				80.00
M SUNDRY BADGE-e X 98399030RQ				3040.00
M SUNDRY DOOR ADHESIVE TAPE X 9845360880				1100.00 X
M SUNDRY SUPPLY 70 KM/H STICKER X				80.00
M SUNDRY SUPPLY 6 PAX STICKER X				80.00
E PNT88000 RENEW RR BUMPER REPAIR TAILGATE LH / RH				300.00
E PNT98000 RESPRAY TAILGATE LH & RH				80.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM				300.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				80.00
M SUNDRY SUPPLY RR NUMBER PLATE WITH CASING X				100.00
E PNT88000 REMOVE & REFIT REVERSE SENSOR 1				50.00
M SUNDRY SUPPLY C&C BADGE X				50.00
M SUNDRY Sundries X				

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. 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.



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CSM00073	Cash	26/03/2022/ 13:29	TLE	261 / Edwin Caina	17678

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M REAR BUMPER / BR (take phn, new part)	1.00	1023.00	0.00	1023.00
M BUMPER BRACKET	1.00	109.00	0.00	109.00
M BUMPER BRACKET LH LAT	1.00	138.00	0.00	138.00
M BUMPER BRACKET RH LAT	1.00	138.00	0.00	138.00
M BUMPER BRACKET RH LAT	1.00	123.00	0.00	123.00
M BUMPER BRACKET	1.00	605.00	0.00	605.00
M BADGE-LOGO X	1.00	58.00	0.00	58.00

# Estimate

SURVEYOR NAME: Steve (LKK)  
 SURVEYOR SIGNATURE: 25/4/22, 19.39ch  
 DATE: PIP  
 REMARKS: 2 dys  
Ry BL sy

Confirm & accepted by

**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

Authorized signatory and company stamp

Parts	2,194.00
Labour	4,620.00
Standard Menu	0.00
Specialist Job	0.00
Diagnostics Job	0.00
Sundry/Others	380.00
<b>Total (w/o GST)</b>	<b>7,194.00</b>

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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 ..... 16/03/2022 14:36 (SGT)  
Date of Accident ..... 16/03/2022 12:45 (SGT)  
Exact Location of Accident ..... 111 Ming Teck Park, Ming Teck Park Green, Singapore 277473  
Additional Location Information ..... MING TECK PARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL7220Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CYCLE & CARRIAGE LEASING PTE LTD  
Company Reg No ..... 2XXXXX307R  
Email Address ..... OPERATIONS.LEASING@CYCLECARRIAGE.COM.SG  
Mobile Phone No ..... (Phone) +65-62518880  
Alternative Phone No ..... +65-62518880

#### VEHICLE PARTICULARS

Manufacturer ..... Citroen  
Model ..... Dispatch  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1560

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... SD21V09804/VCV/R01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... YONG FOONG SHIUK, KEITH  
NRIC No ..... SXXXX742Z



Date Of Birth	18/03/1993
Occupation	Outdoor
Date Of Driving Pass	03/12/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81981136
Alt. Phone Number	-
Email Address	KEITHYONGFS@GMAIL.COM
Address	22 UPPER SERANGOON VIEW #02-23
Address complement	-
Postcode	534204
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 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	GBK9087J
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ANG TIONG LEE
Contact Number	-
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.
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.

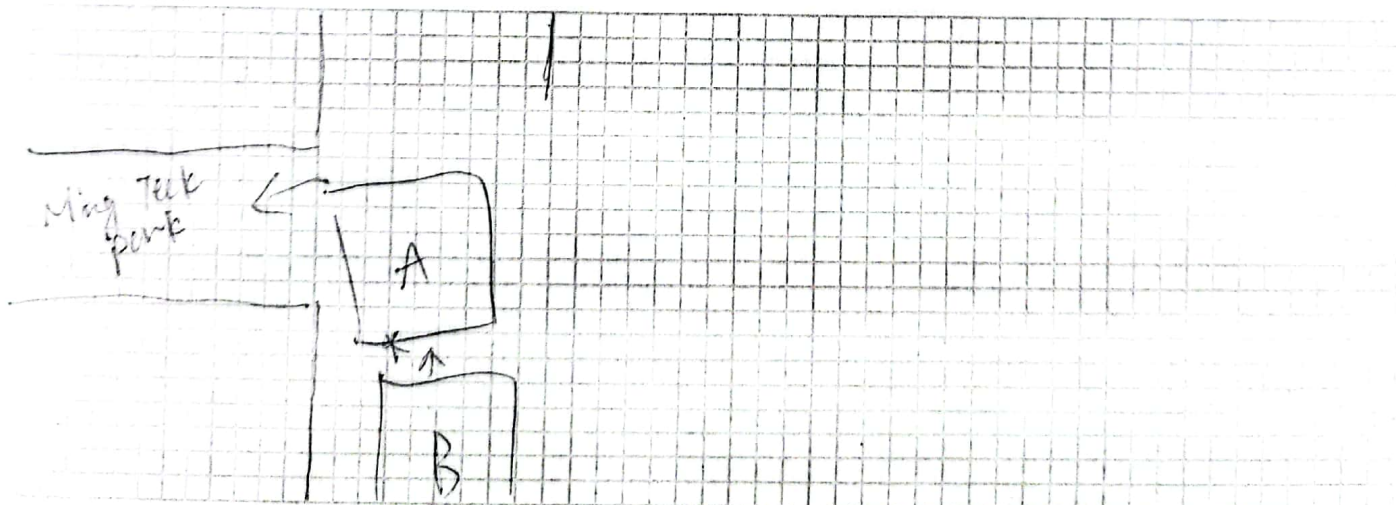


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

Turning into King Test Park, off 1245, vehicle collision from the back  
just before completing turn into King Test Park.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]* 16/3/22 1344

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

*[Signature]*

Witnessed by Reporting Centre  
Personnel