

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

Invoice Name & Address	Owner Name & Vehicle Info
Mr Lee Rong Jun Blk 653b Jurong West Street 61 #02-442 Singapore 642653 Contact No Mobile: 87984514	Cust No/Name /Mr Lee Rong Jun Reg No/Reg Date SNC9330G / 19/09/201 Date In/Mileage / 0 Chassis No JMAXTGK1WJZ003251 Engine No 4B40DT2600 Make/Model MIT/ECLIPSE CROSS 1.5 T/C SPORTS () Colour/Trim W13 SILKY WHITE / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00041	Cash	09/04/2022/ 12:11	TLE	261 / Edwin Caina	22364

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW WINGMIRROR RH				640.00
E PNT98000 RESPRAY WINGMIRROR RH				550.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM				50.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				280.00
M SUNDRY Sundries				20.00
M MIRROR ASSY,DOOR,RH	1.00	824.00	00.00	824.00
M COVER,DOOR MIRROR,OTR RH	1.00	101.00	00.00	101.00

Estimate

SURVEYOR NAME : _____

SURVEYOR SIGNATURE : _____

DATE : _____

REMARKS : _____

Confirm & accepted by

	Nett	2,465.00
7% GST on	2465.00	172.55

Total Payable	2,637.55
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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	06/04/2022 10:59 (SGT)
Date of Accident	06/04/2022 07:48 (SGT)
Exact Location of Accident	21 Woodlands Crossing, Singapore 738203
Additional Location Information	WOODLANDS CROSSING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9330G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE RONG JUN (LI RONGJUN)
NRIC No	S8320910J
Email Address	ron_ronz@hotmail.com
Mobile Phone No	(Phone) +65-87984514
Alternative Phone No	(Home) +65-87984514

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	2.0A
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	2000

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00992608
Cover Note Number	-

DRIVER

Name of Driver	LEE RONG JUN (LI RONGJUN)
NRIC No	S8320910J

Date Of Birth	11/07/1983
Occupation	Outdoor
Date Of Driving Pass	16/02/2007
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87984514
Alt. Phone Number	(Home) +65-87984514
Email Address	ron_ronz@hotmail.com
Address	653B JURONG WEST STREET 61 #02-442
Address complement	-
Postcode	642653
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 - Major/Minor Rd
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2440U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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

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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.

[Signature]
06/05/22

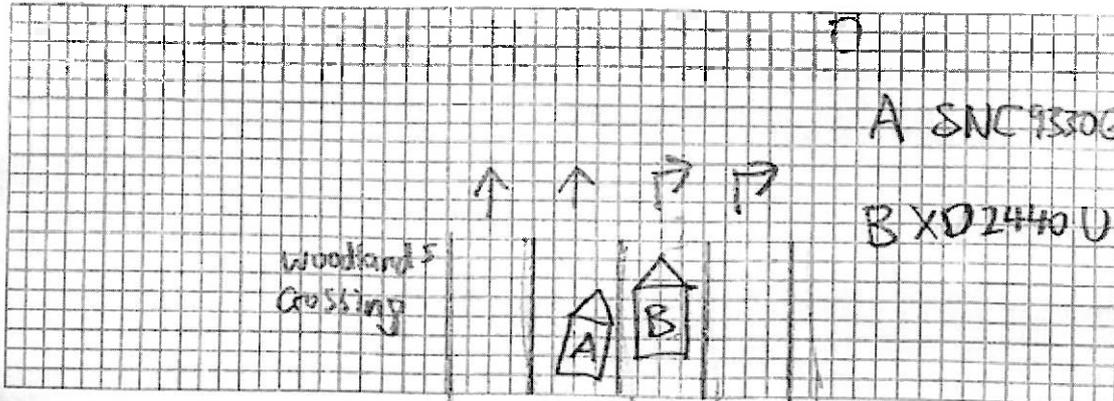
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

10-42
Sketch Plan



Describe Circumstances of the Accident

I am stationary on the lane which i signal to get to the right lane to the right. I am in my lane waiting for vehicle on the right to give way. BUT suddenly my mirror was damage by the vehicle which protection of his side hit into my car mirror. I am not able to turn right on the lane that why i signalled and waited.

Base on the video the other vehicle kept left and touched the white line. Even with this event the ~~rest~~ ^{other} vehicle told that he did not know and obviously did to even tried to stop to discuss this issue and was stop by me which i felt that he is ~~not~~ avoiding in the first place.

Declaration

We declare the foregoing particulars are true in every respect.

 06/05/22

Policyholder's Signature / Date & Time

10.42 am

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


Witnessed by Reporting Centre Personnel