



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Movement that inspires

ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
LOH SHEAU JIUN BLK 208 ANG MO KIO AVENUE 1 #11-993 SINGAPORE 560208 Contact No Mobile: 92422470	Cust No/Name /LOH SHEAU JIUN Reg No/Reg Date SMS3139K*# / 21/02/202 Date In/Mileage / 0 Chassis No KNAF3416ML5060250 Engine No G4FGKH739896 Make/Model KIA/CERATO 1.6 A EX G333 Colour/Trim KLG STEEL GREY / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00081	Cash	01/04/2022/ 16:12	TLE	261 / Edwin Caina	49065			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000								3200.00
RENEW RR BUMPER , RR BUMPER BODY KIT & BOOTLID					640 X 2			1280
REPAIR RR END PNL								
E PNT98000								2200.00
RESPRAY RR BUMPER , RR BUMPER BODY KIT , BOOTLID & RR END PNL					550 X 1			1100
E PNT88000								150.00
REMOVE & REFIT RR FLR BOARD , TRIM & CARPET TO FACILITATE REPAIR								
A 54900099								80.00
CHECK WIRING ELECTRICAL SYSTEM								
A 10028901								280.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM								
M SUNDRY								80.00
SUPPLY RR NUMBER PLATE WITH CASING								
E PNT88000								100.00
REMOVE & REFIT REVERSE SENSOR								
M SUNDRY								220.00
SUPPLY REVERSE SENSOR								
M SUNDRY								50.00
SUPPLY C&C BADGE								
M SUNDRY								80.00
APPLY ANTI CORROSION ON AFFECTED AREAS								
M SUNDRY								80.00
SUPPLY BODY PNL SEALANT								
M SUNDRY								50.00
Sundries								
M COVER-RR BUMPER					1.00	651.00	00.00	651.00
M COVER-RR BUMPER LWR					1.00	241.00	00.00	241.00
M COVER-RR BUMPER FOG LAMP,LH					1.00	19.00	00.00	19.00
M COVER-RR BUMPER FOG LAMP,RH					1.00	19.00	00.00	19.00
M LAMP ASSY-SIDE T/SIGNAL,LH					1.00	201.00	00.00	201.00
M LAMP ASSY-SIDE T/SIGNAL,RH					1.00	201.00	00.00	201.00
M EXTN WIRING ASSY-BWS					1.00	207.00	00.00	207.00
M BEAM-RR BUMPER					1.00	318.00	00.00	318.00

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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CSM00081	Cash	01/04/2022/ 16:12	TLE	261 / Edwin Caina	49065
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M STAY-RR BUMPER LH	X	1.00	65.00	00.00	65.00
M STAY-RR BUMPER RH	X	1.00	65.00	00.00	65.00
M BRACKET ASSY-RR BPR SIDE UPR,L	X	1.00	25.00	00.00	25.00
M BRACKET-ASSY RR BPR SIDE UPR,R	X	1.00	31.00	00.00	31.00
M PANEL ASSY-TRUNK LID	00	1.00	1491.00	00.00	1491.00
M LATCH ASSY-TRUNK LID	X	1.00	112.00	00.00	112.00
M LOGO ASSY-KIA SUB	nc	1.00	32.00	00.00	32.00
M EMBLEM-CERATO	nc	1.00	28.00	00.00	28.00
M LAMP ASSY-CENTER GARNISH	X	1.00	690.00	00.00	690.00
M LAMP ASSY-REAR COMB OUTSIDE,LH	X	1.00	675.00	00.00	675.00
M LAMP ASSY-REAR COMB OUTSIDE,RH	X	1.00	675.00	00.00	675.00
M LAMP ASSY-REAR COMB INSIDE,LH	X	1.00	608.00	00.00	608.00
M LAMP ASSY-REAR COMB INSIDE,RH	X	1.00	608.00	00.00	608.00
M NEW K3 2020 STEEL GRAY KLG	X	1.00	1721.00	00.00	1721.00

SURVEYOR NAME: Steve (LKK)
 SURVEYOR SIGNATURE: 10/5/22, 12:30pm
 DATE: WIL PL
 REMARKS: P/P
by BL y
4 y5

LKK Auto Consultants hence notify
the Repairer of the following:

- Confirm & accepted by _____
- To display damaged part(s) during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary item(s) must be resurveyed and subject to final approval from insurance Company
- Authorized signatory and company stamp

7% GST on **15,253.00** **1067.71**
Nett 15,253.00
Total Payable 16,320.71

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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	31/03/2022 13:24 (SGT)
Date of Accident	31/03/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLE TOWARDS MANDAI ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS3139K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH SHEAU JIUN
NRIC No	SXXXX616Z
Email Address	SJELY@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92422470
Alternative Phone No	+65-92422470

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D22MTPV01000122
Cover Note Number	-

DRIVER

Date Of Birth	24/10/1977
Occupation	Outdoor
Date Of Driving Pass	16/01/2013
Driving experience	9 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92422470
Alt. Phone Number	+65-92422470
Email Address	SJELY@HOTMAIL.COM
Address	BLK 208 ANG MO KIO AVE 1 #11-993
Address complement	-
Postcode	580208
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	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

PLEASE 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	XE5840Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHANMUGAM RAJKUMAR
Passport No/FIN	GXXXX989U
Contact Number	

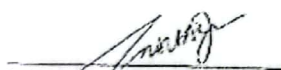
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-

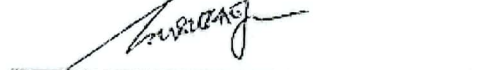
SKETCH PLAN

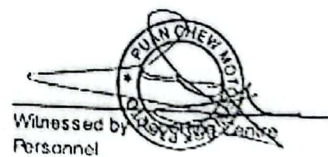

IMPORTANT NOTICE

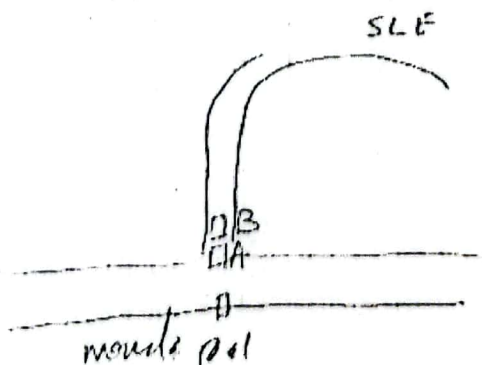
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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/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  Personnel




A = SMSS189K
B = XC58402


Describe Circumstances of the Accident


While I'm driving from SLE toward March Junction, the traffic light turn into red light I stop my car. The vehicle long behind me very closed and hit my behind car while I'm stop when traffic turn into red light.

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