

ASS. REC. BY: Steve

CS/PC122005232/Kay 3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / AWS / 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

Bel. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 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: SKK 1357B Yr Regn: 17/1/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Eclipse c.o. 1199
 Colour: Red A/C: Insured / Std / HI / NA
 Sp. Reading: 26161 T/Radio: Insured / Std / HI / NA
 Eng/No: _____
 C/No: JMAX16K1WJ2008607
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / S/Rim / STD AJRim or
 Tyre Size: F: 215/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or :

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 27/5/22 cycle D.O.I. 16/8/22
 Survey held at _____
 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>MV-118X</u>
	Steve finalised final fig \$3452, 3 days. (Red \$1850, 35%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

1) 27/09 Typist

☐ : Final Report

Transportation:

Date/Time, File Return to?

\$ + RS. \$

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Photos

Others

TOTAL

Report Format: TP

~~Limit Sum~~ / L.B.F. (\$) 3452



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

Co Reg No : 197701469G

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
BALASUBRAMANIAM S/O SELVAM	Cust No/Name KCV15278/Mr SELVAM S/O BALASUBRAMANIAM
BLK 432A YISHUN AVENUE 1	Reg No/Reg Date SKK1357B / 17/01/202
#13-515	Date In/Mileage / 0
SINGAPORE 761432	Chassis No JMAXTGK1WJZ004607
Contact No	Engine No 4B40GA3806
	Make/Model MIT/ECLIPSE CROSS 1.5 T/C SPORTS SU
	Colour/Trim U02 STERLING SILVER/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KCV15278	CRDVCH	28/05/2022/ 10:39	TLK	282 / Kevin Leong	23765
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E PNT88000	REPLACE LH WING MIRROR ASSY				1280.00
	REPAIR ON FRT LH FENDER & FRT LH DOOR PANEL				640
E PNT98000	PAINT WORK ON FRT LH FENDER, FRT LH DOOR & LH WING MIRROR COVER				1650.00
E PNT88000	REPLACE FRT LH WINDOW GLASS				250.00
M SUNDRY	PERFORM RUST PREVENTION				X 50.00
M SUNDRY	TO APPLY SEALANT ON AFFECTED AREA				X 50.00
M SUNDRY	TO SUPPLY WINDOW GLASS SOLAR FILM				180.00
A 54900099	CHECK WIRING & CHASSIS ELECTRICAL SYSTEM				120.00
A 10028901	TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				280.00
M SUNDRY	SUNDRIES				30.00
M MLDG,F/DR WDO BELT LINE,LH		1.00	89.00	00.00	89.00
M GLASS,FR DOOR WINDOW,LH		1.00	398.00	00.00	398.00
M MIRROR ASSY,DOOR,LH		1.00	824.00	00.00	824.00
M COVER,DOOR MIRROR,OTR LH		1.00	101.00	00.00	101.00
Steve (LKK) 16/8/22, 12.00p W/L P/P 67 PL 9 3 d/s					
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 modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company Acknowledged by Repairer Authorized signatory and company stamp					
7% GST on					
Total Payable					
Nett					5,302.00
					371.14
					5,673.14

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 27/05/2022 16:19 (SGT)
Date of Accident 27/05/2022 12:35 (SGT)
Exact Location of Accident Tal Seng St, Singapore
Additional Location Information TAI SENG STREET SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK1357B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BALASUBRAMANIAM S/O SELVAM
NRIC No S8623520Z
Email Address BALASUBRAMANIAMSELVAM@GMAIL.COM
Mobile Phone No (Phone) +65-98349505
Alternative Phone No +65-98349505

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Eclipse cross
Variant MITSUBISHI / ECLIPSE CROSS 1.5 CVT SUNROOF
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 1499

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2022-00000104
Cover Note Number -

DRIVER

Name of Driver BALASUBRAMANIAM S/O SELVAM
NRIC No S8623520Z

Date Of Birth	16/08/1986
Occupation	Indoor
Date Of Driving Pass	08/02/2010
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98349505
Alt. Phone Number	+65-98349505
Email Address	BALASUBRAMANIAMSELVAM@GMAIL.COM
Address	BLK 18A CANBERRA DRIVE #03-43
Address complement	-
Postcode	768099
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 - Opening Door of Vehicle
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX 1
Gender	Male

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
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	GBC4279Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GAN KOK LEONG (YAN GUOLIANG)
NRIC No	S7204460F
Contact Number	(Phone) +65-96118883
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.
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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

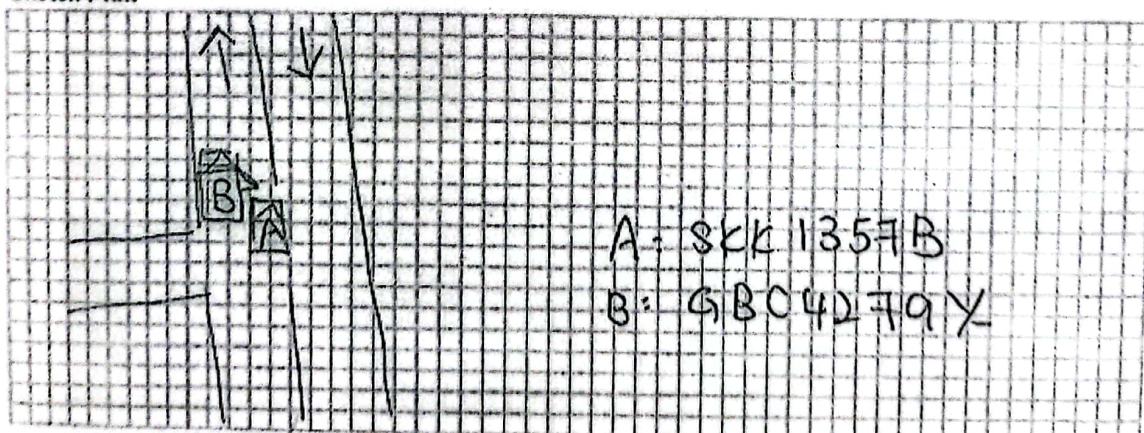
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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


I was driving along Ter Jery Street and there was a lorry stopped by the roadside. It was a 1 carterway so I had to overtake him while I was driving, the driver opened the door suddenly and the door crashed on my side mirror. The driver admitted fault for parking by the roadside to perform unloading and had opened the door without checking.

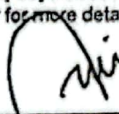
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel