

ASS. REC. BY: Steve

CTI

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: SM4461C Yr Regn: 13/8/20Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Mitsubishi Space Star c.c. 1193Colour: Grey A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading 18587 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: MMBXJA 03AMH 000287Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☐ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 185/55R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 2/1/22 D.O.I. 5/8/22Survey held at CycleDes. 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

MR-84K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.H. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

Invoice Name & Address	Owner Name & Vehicle Info
CYCLE & CARRIAGE LEASING PTE LTD 239 ALEXANDRA ROAD SINGAPORE 159930 Contact No Mobile: 91185739	Cust No/Name KC000162/ CYCLE & CARRIAGE LEASING PTE L Reg No/Reg Date SMU4161C / 13/08/202 Date In/Mileage / 0 Chassis No MMBXTA03AMH000287 Engine No 3A92UJX0477 Make/Model MIT/21MY SPACE STAR 1.2 CVT (E12) Colour/Trim U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00041	Cash	30/07/2022/ 09:48	TLK	282 / Kevin Leong	25732			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000 REPLACE REAR BUMPER PANEL & AFFECTED AREA REPAIR ON REAR LH FENDER								640 1920.00
E PNT98000 PAINT WORK ON REAR BUMPER & REAR LH FENDER								550 1650.00
E PNT88000 REMOVE & INSTALL REAR PARKING ASSIST FOR FACILITATE REPAIR								80 150.00
M SUNDRY PERFORM RUST PREVENTION								X 100.00
M SUNDRY TO APPLY SEALANT ON AFFECTED AREA								X 100.00
A 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYSTEM								120 150.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM								280.00
M SUNDRY SUNDRIES								20 50.00
M FACE,RR BUMPER					1.00	598.00	00.00	598.00
M BRACKET,RR BUMPER SIDE,LH					1.00	10.00	00.00	10.00
M BRACKET,RR BUMPER					1.00	69.00	00.00	69.00
M REFLECTOR,LH					1.00	48.00	00.00	48.00

Estimate

Steve (CLKK)
5/8/22, 9:30am

all n
P/P
y BL y
3 Lys

Steve (LKK)
5/8/22, 9.30am

WHL R
P/P
7 BL 7
3 Lys

Confirm & accepted by

7% GST on **Nett** **5,125.00**
 358.75
Total Payable **5,483.75**

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	21/07/2022 16:50 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 14:20 (SGT)
Exact Location of Accident	Senja Rd, Singapore
Additional Location Information	625 SENJA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4161C
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) +65-69710530
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	SPACE STAR
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	1200

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V08692/VPZ/R03

DRIVER

Name of Driver	HO KOK HO (HE GUOHAO)
NRIC No	SXXXX162F
Date Of Birth	16/12/1987
Occupation	Indoor

Date Of Driving Pass	29/06/2012
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84938143
Alt. Phone Number	-
Email Address	koho2292@gmail.com
Address	BLK 10 ST, THOMAS WALK #32-07
Address complement	-
Postcode	238102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ2469Z
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE WEI QIANG
Contact Number	(Phone) +65-90216420

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.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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.

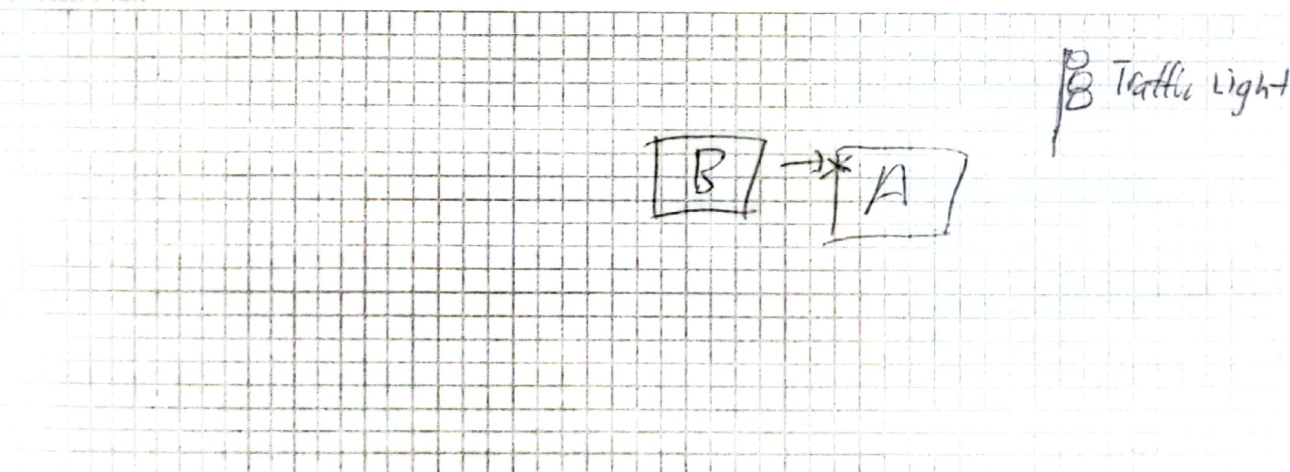


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

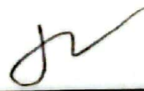
On 21/7/22, around 1400-1430hrs, I was travelling along 625 Senja Road when I was hit from behind by Mercedes C200 (SLJ2469J). The left Rear of my vehicle was damaged. After which, I returned to Cycle & Carriage at around 1500 to do reporting and return the car.

Declaration

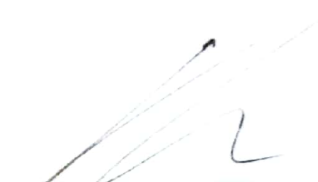
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X  21/7/22 1530

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


Witnessed by Reporting Centre Personnel