

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
<u>XX</u>	<u>XX</u>

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: SNA 49919X Yr Regn: 4/1/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Outlander c.c. 1998
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 63046 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 677W0600411
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/65R15
 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. 16/8/22 D.O.I. 13/9/22
 Survey held at Cycle
 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-110K</u>

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



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 : 1977014696

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
Mr Muhammad Shadiq Bin Aziz Blk 799 Yishun Ring Road #06-3418 Singapore 760799 Contact No Mobile: 91871714	Cust No/Name	/Mr Muhammad Shadiq Bin Aziz
	Reg No/Reg Date	SNA4999X / 04/01/201
	Date In/Mileage	/ 0
	Chassis No	GF7W0600414
	Engine No	4J11AB7858
	Make/Model	MIT/19MY OUTLANDER 2.0 STYLE(994)
	Colour/Trim	P02 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00041	Cash	19/08/2022/ 17:22	TLE	261 / Edwin Caina	26347			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000						1780		3840.00
RENEW TAILGATE , RR BUMPER & RR END PNL								4400
REPAIR LHR FENDER , RHR FENDER & RR FLR PNL 640x7								
E PNT98000						1650		3850.00
RESPRAY TAILGATE , RR BUMPER , RR END PNL 550x3								1920
LHR FENDER , RHR FENDER & RR FLR PNL								
E PNT88000								280.00
REMOVE & REFIT TAILGATE COMPONENTS								
E PNT88000								280.00
REMOVE & REFIT RR FLR BOARD , TRIM & CARPET								
A 54900099								100.00
CHECK WIRING ELECTRICAL SYSTEM								
A 10028901								280.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM								
E PNT88000								320.00
REMOVE & REFIT RR WINDSCREEN GLASS								
M SUNDRY								80.00
SUPPLY WINDSCREEN SEALANT								
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								180.00
APPLY ANTI CORROSION ON AFFECTED AREAS								
M SUNDRY								80.00
SUPPLY BODY PNL SEALANT								
M SUNDRY								50.00
SUPPLY C&C BADGE								
M SUNDRY								80.00
Sundries								
M FACE,RR BUMPER					1.00	1158.00	00.00	1158.00

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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ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

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Blk 799 Yishun Ring Road	Reg No/Reg Date SNA4999X / 04/01/201
#06-3418	Date In/Mileage / 0
Singapore 760799	Chassis No GF7W0600414
Contact No Mobile: 91871714	Engine No 4J11AB7858
	Make/Model MIT/19MY OUTLANDER 2.0 STYLE(994)
	Colour/Trim PO2 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00041	Cash	19/08/2022/ 17:22	TLE	261 / Edwin Caina	26347

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M EXTENSION,RR BUMPER / CKY (Silver)	1.00	499.00	00.00	499.00
M BRKT,R/BMPR FACE SIDE,LH / BR	1.00	27.00	00.00	27.00
M BRKT,R/BMPR FACE SIDE,RH X	1.00	27.00	00.00	27.00
M REINFORCEMENT,RR BUMPER,LH	1.00	95.00	00.00	95.00
M REINFORCEMENT,RR BUMPER,RH	1.00	95.00	00.00	95.00
M CLIP,ENG ROOM COVER	8.00	2.00	00.00	16.00
M MOULDING,RR BUMPER,LH / BR	1.00	128.00	00.00	128.00
M MOULDING,RR BUMPER,RH X	1.00	128.00	00.00	128.00
M MOULDING,RR WHEEL ARCH,LH / REC	1.00	162.00	00.00	162.00
M MOULDING,RR WHEEL ARCH,RH X	1.00	223.00	00.00	223.00
M PANEL ASSY,TAILGATE / DD	1.00	1378.00	00.00	1378.00
M GARNISH,TAILGATE	1.00	691.00	00.00	691.00
M LATCH,TAILGATE X	1.00	482.00	00.00	482.00
M STRIKER,TAILGATE LATCH X	1.00	20.00	00.00	20.00
M DAM,TAILGATE SIDE / REC	2.00	33.00	00.00	66.00
M DAM,TAILGATE,UPR / REC	1.00	13.00	00.00	13.00
M FASTENER,WINDSHIELD / REC	4.00	8.00	00.00	32.00
M STOPPER,WINDSHIELD GLASS / REC	2.00	4.00	00.00	8.00
M DAM,TAILGATE,LWR / REC	1.00	24.00	00.00	24.00
M HINGE,TAILGATE X	2.00	46.00	00.00	92.00
M MARK,OUTLANDER / REC	1.00	115.00	00.00	115.00
M PANEL,RR END	1.00	454.00	00.00	454.00
M TRIM,RR END	1.00	114.00	00.00	114.00
M BOX,CARGO FLOOR	1.00	206.00	00.00	206.00
M LAMP ASSY,COMB,RR LH X	1.00	848.00	00.00	848.00
M LAMP ASSY,COMB,RR RH X	1.00	848.00	00.00	848.00
M LAMP ASSY,TAIL,LH / BR	1.00	613.00	00.00	613.00
M LAMP ASSY,TAIL,RH	1.00	613.00	00.00	613.00
M REFLECTOR,TAIL LAMP,LH / BR	1.00	101.00	00.00	101.00
M REFLECTOR,TAIL LAMP,RH X	1.00	101.00	00.00	101.00

Store (LKK) 13/9/22, 12.00pm

Confirm & accepted by SURVEYOR NAME: W R

LKK Auto Consultants henceforth the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

Authorized signatory and company stamp

Third party survey is on a "Without Prejudice" basis

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Date:

Nett 19,197.00
 7% GST on 19197.00 1343.79
 Total Payable 20,540.79

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 Actual 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 16/08/2022 15:28 (SGT)
Reported by Both
Date of Accident 16/08/2022 10:35 (SGT)
Exact Location of Accident Benoi Rd, Singapore
Additional Location Information FILTER LANE BENOI RD TO UPPER JURONG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA4999X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD SHADIQ BIN AZIZ
NRIC No S8310902E
Email Address paynedek@hotmail.com
Mobile Phone No (Phone) +65-91871714
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Outlander
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 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number P2452142

DRIVER

Name of Driver MUHAMMAD SHADIQ BIN AZIZ
NRIC No S8310902E
Date Of Birth 11/04/1983
Occupation Indoor

Date Of Driving Pass 16/11/2001
 Driving experience 20 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91871714
 Alt. Phone Number -
 Email Address paynedek@hotmail.com
 Address BLK799 YISHUN RING RD #06-3418
 Address complement -
 Postcode 760799
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured No
 Does Driver Own Other Vehicles? -
 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) 3
 Has the driver been approached by unknown person(s) No
 soliciting/offering accident claims assistance? -
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name IFRAN
 Gender Male

PASSENGER 2

Name SIA KUN YUAN
 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

PLEASE REFER TO ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

GBC2175B

Nissan

Urvan

-

-

Commercial vehicle

LIOW AH HOCK

S1419420G

(Phone) +65-97499318

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
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SKETCH PLAN

IMPORTANT NOTICE

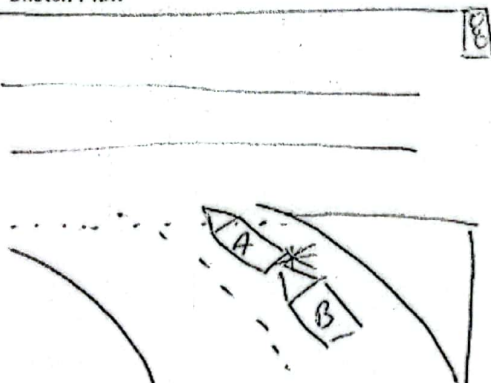
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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



UP Injury Panel

Benoi Panel


A - SNA 7995X
B - GBL 2175B


Describe Circumstances of the Accident

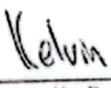
on 16/08/22 @ 1035H, I was driving SNA499X on the
 latter lane along Benai Road to Upp Jany Road. When
 I slowed down and brake to give way to approaching vehicles
 on Upp Jany Road. I came to a complete stop and GBL 21786
 collide with my vehicle from the back. I stopped and check
 my rear door and bumper was damaged. Due to heavy
 traffic I moved my vehicle to the side and check
 my rear door and bumper was damaged. We then exchange
 particulars and took photos before we left the scene. No
 one was injured in this accident. That's all.

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