

ASSIGNMENT

Front: _____ 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. _____

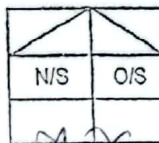
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJU 2282K Yr Regn: 17/1/90

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: KIA Cerato c.c. 1591Colour: Grey A/C: Insured / Std / Nil / NASp. Reading: 77776 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KNAF 3416ML5060 238

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/50R16R: 17

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. 26/8/22 D.O.I. 7/10/22Survey 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

MK 90X

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL



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
TAY HAN QIN, GALVIN MARC (ZHENG HANQIN) BLK 904 JURONG WEST STREET 91 #10-149 SINGAPORE 640904 Contact No Mobile: 83228204	Cust No/Name /TAY HAN QIN, GALVIN MARC (ZHENG Reg No/Reg Date SJU2282K / 17/01/202 Date In/Mileage / 0 Chassis No KNAF3416ML5060238 Engine No G4FGKH739813 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	29/08/2022/ 17:50	TLE	261 / Edwin Caina	56483			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW RR BUMPER REPAIR RR END PNL & BOOTLID								647 2240.00
E PNT98000 RESPRAY RR BUMPER , RR END PNL & BOOTLID								550 1650.00
E PNT88000 REMOVE & REFIT RR FLR BOARD , TRIM & CARPET								X 280.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM								80.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM								280.00
E PNT88000 REMOVE & REFIT REVERSE SENSOR								80 100.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS								X 120.00
M SUNDRY SUPPLY C&C BADGE								X 50.00
M SUNDRY Sundries								20 50.00
M SUNDRY SUPPLY REVERSE SENSOR								1 280.00
M COVER-RR BUMPER X R CUT					1.00	651.00	00.00	651.00
M COVER-RR BUMPER LWR					1.00	241.00	00.00	241.00
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
M STAY-RR BUMPER LH					1.00	65.00	00.00	65.00
M STAY-RR BUMPER RH					1.00	65.00	00.00	65.00
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

Estimate

SURVEYOR NAME: Steve (LKK)

SURVEYOR SIGNATURE: 7/10/22, H. McC

SURVEYOR NAME: Steve (LKK)

SURVEYOR SIGNATURE: 7/10/22, 11:00

DATE: 7/10/22

REMARKS: PIP

17 B/L of GST on 3 dys

Nett	6,715.00
470.05	
Total Payable	7,185.05

Confirm & accepted by

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

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 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	26/08/2022 16:45 (SGT)
Reported by	Both
Date of Accident	26/08/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	New Upper Changi Road towards Simei Ave
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU2282K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tay Han Qin Galvin Marc (Zheng Hanqin))
NRIC No	S8843133B
Email Address	Galvinmarc@gmail.coM
Mobile Phone No	(Phone) +65-83228204
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070005145-01

DRIVER

Name of Driver	Tay Han Qin Galvin Marc (Zheng Hanqin))
NRIC No	S8843133B
Date Of Birth	11/11/1988
Occupation	Indoor

Date Of Driving Pass	01/03/2010
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83228204
Alt. Phone Number	-
Email Address	Galvinmarc@gmail.com
Address	904 JURONG WEST STREET 91
Address complement	#10-149 SINGAPORE
Postcode	-
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	Raining
Road Surface	Wet

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

R2000009124 Circumstances Of Accident Was driving straight and slowed down for a car in front to change lane and vehicle GBJ4398A rear ended my vehicle.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	video not provided

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4398A
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) -

