

REC'D BY: Steve

CS/AAP 22011467/Envy3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
QD. TP. WS. TP. RES. / OD. RES. / EVA. / INV. / MV  
To inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
Insured: **GARBAGE BUGGY**  
Policy No. **2296673/FT**  
Claims No. **G2203115**  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: **SLN 3198C** Yr Regn: **19/5/17**  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / P.V. / Motor  
Truck / Trailer or  
Make: **Mitsubishi Attrage** No. **1193**  
Colour: **Gray** A/C: **Insured / Std / Not**  
Sp. Reading: **85976** T/Radio: **Insured / Std / Not**  
Eng/No: \_\_\_\_\_  
C/Nr: **MMB3TA13AH11006032**  
Gen. Cond: **Good / Fair / Poor / Burnt**  
Steering: **Insured / Jammed / Leaked / Burnt or**  
Brake: **Insured / Jammed / Leaked / Burnt or**  
Mod: **NII / S/Rim / STD A/Rim or**  
Tyre Size: F: **185/55R15**  
R: **17**

(Policy Condition)

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

N/S	O/S

Est. 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

Date: \_\_\_\_\_ Person Connected: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTO / PIR / SUMI  
TOYO / YOKO or **Bridgestone**

Front R/Sel. **5** mm R/Sel. **5** mm  
L/Sel. **5** mm L/Sel. **5** mm  
D.O.A. **10/11/22** Cycle  
Survey held at **Front RH**  
Des. of Damages: **Front RH**

The U/O / Chassis frame / Body Structure affected due to collision.

Date/Time: \_\_\_\_\_ Action/Instructions

9/1/23 Submit preli report-revised fig \$2971.21 check items \$1932.95

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Date/Time, File Return to?

2) 9/1/23-typist

Report Format:

Lump Sum / L.S. (\$)

Days Of Repair: **4**

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation

3 x \$5

Notes

Notes

TOTAL

140

50

20

80

290



CYCLE &amp; CARRIAGE

**CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED**  
**PANDAN GARDENS CUSTOMER SERVICE CENTRE**  
 209 Pandan Gardens Singapore 609339 Tel: 64739722

**ESTIMATE**

Co Reg No : 1977014696

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name / Teo Song Cheong Reg No/Reg Date SLN3198C / 19/05/201 Date In/Mileage 11/11/2022/ 0 Chassis No MMBSTA13AHH006052 Engine No 3A92UGB3262 Make/Model MIT/17MY ATTRAGE 1.2 CVT Colour/Trim U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	11/11/2022/ 13:39	BLK	282 / Kevin Leong	28716		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							640 1040.00
RENEW FRONT RH FENDER & AFFECTED AREA							? 520.00
A 33900099							550.00
REPLACE FRT UNDERCARRIAGE PARTS							
E PNT98000							280 160.00
PAINT WORK ON FRT RH FENDER							100 50.00
A 10028901							50.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM							
A 10028901							50.00
CHECK WIRING AND ELECTRICAL COMPONENT							
M SUNDRY							20 50.00
REPLACE FRT RH RIM INCLUDING BALANCING							180 120.00
M SUNDRY							
SUNDRIES							
B WHEELALIGNMENT120L							
To Conduct Computerize Full Wheel Alignment				1.00	461.00	23.00	354.97
M STRUT,FR SUSP				1.00	371.00	23.00	285.67
M KNUCKLE,RH				1.00	123.00	23.00	94.71
M BEARING,FR WHEEL HUB				1.00	244.00	23.00	187.88
M HUB ASSY,FR WHEEL				1.00	639.00	23.00	492.03
M FENDER,FR RH				1.00	99.00	23.00	76.23
M SHIELD,FR WHEELHOUSE,RH				1.00	283.00	23.00	217.91
M ARM ASSY,FR SUSP,LWR RH				1.00	834.00	23.00	642.18
M WHEEL,DISC				1.00	25.00	23.00	19.25
M DAMPER,FR SUSP STRUT				1.00	100.00	23.00	77.00
M INSULATOR,FR SUSP STRUT				1.00	27.00	23.00	20.79
M STOPPER,FR SUSP STRUT				1.00	85.00	23.00	65.45
M INSULATOR,FR SUSP STRUT				1.00	17.00	23.00	13.09
M PAD,FR SUSP SPRING				1.00	17.00	00.00	17.00
M EMBLEM ECO							

Estimate

(for CLK)

Estimate

(ster CLKK)

Confirm &amp; accepted by

15/11/22, 3:02pm

7% GST on Net 5,004.16  
 350.29

Total Payable 5,354.45

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	11/11/2022 13:20 (SGT)
Reported by	Both
Date of Accident	10/11/2022 15:40 (SGT)
Exact Location of Accident	Kallang, Singapore
Additional Location Information	KALLANG DISTRI PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN3198C

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO SONG CHEONG
NRIC No	SXXXX995B
Email Address	TEOSCHEONG2@GMAIL.COM
Mobile Phone No	(Phone) +65-85117028
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1193

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700007259-05

#### DRIVER

Name of Driver	TEO SONG CHEONG
NRIC No	SXXXX995B
Date Of Birth	31/12/1970
Occupation	Indoor



Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

19/03/1991  
31 YEARS AND 8 MONTHS  
Male  
(Phone) +65-85117028  
\*  
TEOSCHEONG2@GMAIL.COM  
BLK 305B ANCHORVALE LINK #06-59  
\*  
542305  
Yes  
\*  
No  
\*  
\*

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collided into Parked Vehicle  
Clear  
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) ..... 0  
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 ..... -  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... NA / Unknown  
Name of Driver ..... RAJIDIN BIN MOHD YATIM  
Contact Number ..... (Phone) +65-80105341

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

## SKETCH PLAN

## IMPORTANT NOTICE

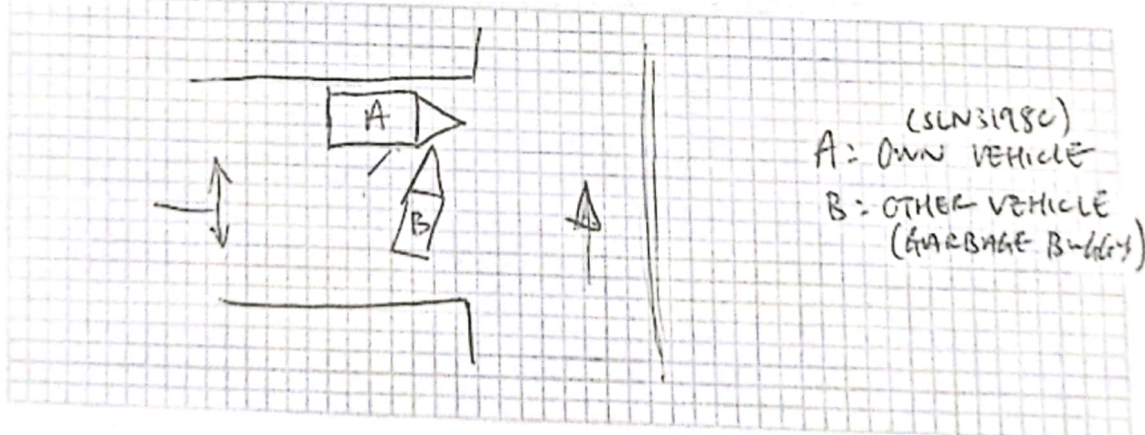
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

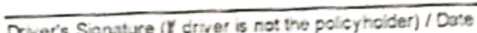
MY VEHICLE (SUN3198C) WAS PARKED STATIONARY AT KILLINEY DISTRICT PARK. AT ABOUT 1540 HRS, A GARBAGE BUGGY HIT MY VEHICLE ON NEAR DRIVER DOOR AND BONNET, CAUSING THE WHOLE CAR TO SHIFT INWARDS WITH DAMAGES TO FENDER, RIMS & FRONT AXLE.

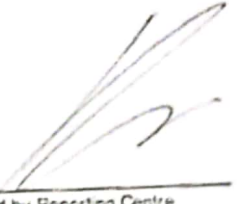
THERE WAS NO PASSENGERS IN MY VEHICLE AT THE TIME OF ACCIDENT. THE OTHER GARBAGE BULLY HAVE A TOTAL OF 4 PERSONS; 1 DRIVER, 1 PASSENGER AND 2 STANDING AT THE BACK.

## 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