

**QUOTATION**

Invoice Name & Address	Owner Name & Vehicle Info
CHANNEL MANAGEMENT SYSTEMS PTE. LTD. 20 PECK SEAH STREET #05-00 SINGAPORE 079312	Cust No/Name / CHANNEL MANAGEMENT SYSTEMS PTE Reg No/Reg Date GBM496K / 28/09/2022 Date In/Mileage 21/07/2023/ 28851 Chassis/Package VF7V1ZKXZN054953 /FS3 Engine No 105TDE0001334 Make/Model CITCV/ELECTRIC DISPATCH 75KW Colour/Trim PRP PLATE STANDARD / 43F MICA CLOTH
Contact No Mobile: 96639996	



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No	
CTP00073	Cash	25/07/2023/ 11:49	LER	979 / Renemer Ramirez Bag	11526	0	
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
Z TEXT							
ACCIDENT ON 18/07/2023 ALONG TEW CHEW ST (8 EU TING SEN ST)							
OWNER CLAIMING THIRD PARTY							
REQUIRED REPLACEMENT CAR							
TP # SHC4921E TP INS: MS FIRST CAP							
M SUNDRY							160.00
TO APPLY SEALANT KIT ON NEW PANEL							
M SUNDRY							200.00
TO APPLY ANTI-CORROSION ON FRONT ACCIDENT AFFECTED AREAS							
E PNT88000							875.00
TO REMOVE AND REINSTALL RAD AND A/C CONDENSER TO GIVE WAY FACILATATE							
REPLACE FRONT SUPPORT PANEL							
-TOP UP A/C FREON GAS AND COOLANT							
E PNT88000							760.00
TO REMOVE AND RE-INSTALL HIGH VOLTAGE CABLE/SWITCH							
E PNT88000							4560.00
TO REPLACE FRONT BUMPER,RHF FENDER PNL,ETC							
-TO REPLACE FRONT SUPPORT PANEL							
-TO REPAIR RHF DOOR PNL,HOOD							
STRAIGHTEN,REFORM,ALIGN ON FRT ACCIDENT AFFECTED AREAS							
B WHEELALIGNMENT120L							180.00
To Conduct Computerize Full Wheel Alignment							
E PNT88000							50.00
WHEEL BALANCING							
E PNT98000							2750.00
SPRAY PAINTING ON FRONT BUMPER,RHF FENDER,RHF DOOR PANEL,HOOD,							
RHS SIDE SILL AFFECTED AREAS							
(ORIGINAL PAINT COLOUR)							
E PNT88000							50.00
RHF DOOR SIDE MARKING DECALS							
A 10028901							380.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM							
A 54900099							100.00

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.  
Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.



CYCLE &amp; CARRIAGE

## CYCLE &amp; CARRIAGE FRANCE PTE. LIMITED

Ubi Customer Service Centre

330 Ubi Road 3, Singapore 408650 Tel: (65) 64792792



CITROËN

Company Reg No. 200609327M  
GST Reg No. MR-8500111-X

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Invoice Name & Address		Owner Name & Vehicle Info	
CHANNEL MANAGEMENT SYSTEMS PTE. LTD. 20 PECK SEAH STREET #05-00 SINGAPORE 079312		Cust No/Name / CHANNEL MANAGEMENT SYSTEMS PTE	
		Reg No/Reg Date GBM496K / 28/09/2022	
		Date In/Mileage 21/07/2023/ 28851	
		Chassis/Package VF7V1ZKXZN054953 /FS3	
		Engine No 105TDE0001334	
Contact No Mobile: 96639996		Make/Model CITCV/ELECTRIC DISPATCH 75KW	
		Colour/Trim PRP PLATE STANDARD / 43F MICA CLOTH	

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CTP00073	Cash	25/07/2023/ 11:49	LER	979 / Renemer Ramirez Bag	11526	0

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
CHECK WIRING & ELECTRICAL SYSTEM				
M SUNDRY				50.00
SUNDRIES				
M SUNDRY				400.00
REDO STENCIL WORDS ON RH F DOOR (NETT)				
M FRONT BUMPER SUP	1.00	1160.00	0.00	1160.00
M FRONT BUMPER INF	1.00	1691.00	0.00	1691.00
M RECESS DOOR	1.00	115.00	0.00	115.00
M RADIATOR GRILLE	1.00	222.00	0.00	222.00
M BADGE ASS	1.00	490.00	0.00	490.00
M BUMPER ABSORBER STIFFENER RH INF	1.00	220.00	0.00	220.00
M BUMPER ABSORBER STIFFENER RH FXT	1.00	220.00	0.00	220.00
M FR BUMPER AIR INTAKE RR DUCT RH	1.00	355.00	0.00	355.00
M BUMPER FRAME INF	1.00	457.00	0.00	457.00
M BUMPER FRAME SUP	1.00	319.00	0.00	319.00
M FRONT PANEL CROSSMEMBER	1.00	428.00	0.00	428.00
M BRACKET CROSSME RH AV	1.00	227.00	0.00	227.00
M AIR BULKHEAD RH	1.00	91.00	0.00	91.00
M FRONT WING RH	1.00	966.00	0.00	966.00
M SUPPORT F/WING RH	1.00	173.00	0.00	173.00
M WHEEL HOUSING MUDGUARD RH	1.00	316.00	0.00	316.00
M RIVET	10.00	1.00	0.00	10.00
M SIDE FLASH-UNIT RH	1.00	38.00	0.00	38.00
M HEADLIGHT ASSY RH	1.00	994.00	0.00	994.00
M STEEL WHEEL 7J16 H2 5-46	1.00	311.00	0.00	311.00
M COOLING LIQUID DRUM 2L PAE -35	4.00	29.00	0.00	116.00
M SCREENWASH RESERVOIR	1.00	136.00	0.00	136.00
Guarantee Your Warranty, Maintain with Cycle & Carriage!				

Parts	9,055.00	Nett	19,570.00
Labour	9,705.00	8% GST on	19570.00
Standard Menu	0.00		
Specialist Job	0.00	Total Payable	21,135.60
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	810.00	Total Due	21,135.60
Total(w/o GST)	19,570.00		

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# 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	19/07/2023 10:54 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2023 11:05 (SGT)
Exact Location of Accident	Tew Chew St, Singapore
Additional Location Information	TEW CHEW ST (8 EU TONG SEN ST)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM496K
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHANNEL MANAGEMENT SYSTEMS PTE LTD
Company Reg No	2XXXXX813D
Email Address	IVER.TAN@CMSPL.BIZ
Mobile Phone No	(Phone) +65-84440481
Alternative Phone No	+65-63699966

### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Dispatch
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1560

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131019009

### DRIVER

Name of Driver	DEVARAJ HELEN RAJ
Passport No/FIN	GXXXXX389U
Date Of Birth	[REDACTED]
Occupation	Outdoor

Date Of Driving Pass	10/03/2017
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	SHC4921E
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHIAM TECK GUAN JOHNNY
Contact Number	-

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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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.



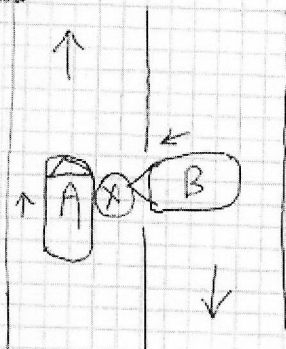
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Ted Chew St

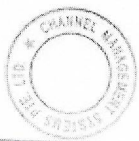


Describe Circumstances of the Accident

I was travelling on Taw Chew St whn a suddenly a maroon colour Strides taxi turn from my right side and hit my front right corner of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*  
Witnessed by Reporting Centre Personnel