

ASS. REC. BY:

REF: CS/CTI19007769/Us d3 02

Special Instruction:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): Chong Boon Sen of CTI Date/Time: 2.5.19 2.46 p.m

Estimate Cost: _____ Bill to: _____

OD: TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SMC 4732 Insured: SBK 1085

at Workshop m/s Cycle & Carriage Tel: 85523293

of 330 ubi Road 3

Policy No: _____ Claim No: SNM 190 201884

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28.4.2019

(Client's Record) "wp" 6.5.19 10.30am

CA / REV / REP. / REV 24 HRS _____ H.O.D. Endorsement: _____

Date/Time: 2.5.19 4.37p.m Person Contacted: Rah Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate (V)
	SMC 4732 - NA / CTI 19007519 / h4	D.O.A - 28/04/2019
	SBK 1085 - NA / CTI 19007519 / h4	D.O.A - 28/04/2019

Surrogate **MARCUS**

REF: **C12**

ASSIGNMENT

From: _____ Date: **6.5.19**

Estimated Cost: _____

OD TP WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **SMC 4732**

at Workshop m/s **Cycle of carriage**
of **330 ubi Road 3**

Insured: _____

Policy No: _____

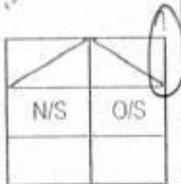
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **morning 10.30am (owner waiting)**

(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: **4** days Res.: Yes or No

Lum Sum: **13%** % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS **"rup"**

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SMC 4732** Yr Regn: **26/Jun 18**

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

Truck / Trailer or **(A)**

Make: **KIA forte R3** c.c. **1591**

Colour: **Black** A/C: Insured / Std / NI / NA

Sp. Reading: **7/192** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KNAFJ411MJ5762527**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195/65-R15**
R: _____

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

TOYO / YOKO or **nexen**

Front **6** mm Rear **6** mm

R/Bal. **6** mm L/Bal. **6** mm

L/Bal. **6** mm D.O.A. **28/4/19** D.O.I. **6/5/19**

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s d.

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

Date/Time **24/5/19** Action / Instruction **# 4561.00 confirmed with mar (\$ 3,185.00 Red - 41%)**

RECEIVED 24 MAY 2019

Date/Time, File Pass to?

24/05/19
Typist

1) : Preli. Report

2) : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$ **4,561.00 p/a**)

Survey Fee:

Transportation

\$ + R5. 50

Photos

Others

TOTAL

Box containing the number **220**

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Thursday, 2 May 2019 2:46 PM
To: Renemer Bagang
Cc: Chris Bulaclac; Mars Ler; assignments
Subject: RE: Re: Accident On 28/04/2019 Involving Our Insured SMC473Z And Your Insured SBK108S / our ref: snm19d201884

WITHOUT PREJUDICE

Dear Sir,

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Renemer Bagang [mailto:renemer.bagang@ccfulco.com.sg]
Sent: Thursday, 2 May, 2019 2:44 PM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Cc: Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>; Mars Ler <mars.ler@ccfulco.com.sg>
Subject: RE: Re: Accident On 28/04/2019 Involving Our Insured SMC473Z And Your Insured SBK108S / our ref: snm19d201884

Dear Chong Boon Sen,

Kindly arrange survey on 06/05/2019 Monday 10:00AM (customer waiting) and please appoint Mr Marcus Chua for the surveyor.

Please advise liability if we could do direct settlement on this case.

Thank you,

Best Regards,

Renemer Bagang

Service Advisor

H/P +65 85523293 D/D 65949166

email : renemer.bagang@ccfulco.com.sg

Cycle & Carriage Fulco Motor Dealer Pte Ltd

330 UBI Road 3 Singapore 408650

Tel : 67461000 Fax : 64875857

From: Chong Boon Sen [<mailto:boonsen.chong@sg.cntaiping.com>]

Sent: Thursday, 2 May 2019 2:25 PM

To: Renemer Bagang

Cc: Chris Bulaclac; Mars Ler

Subject: RE: Re: Accident On 28/04/2019 Involving Our Insured SMC473Z And Your Insured SBK108S / our ref: snm19d201884

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909

From: Renemer Bagang <renemer.bagang@ccfulco.com.sg>
Sent: Thursday, 2 May 2019 12:05 PM
To: Admin A <admin-a@lkkauto.com>
Cc: Chris Bulaclac <chris.bulaclac@ccfulco.com.sg>; Mars Ler <mars.ler@ccfulco.com.sg>
Subject: FW: Re: Accident On 28/04/2019 Involving Our Insured SMC473Z And Your Insured SBK108S

Dear Motor Claims,

Kindly assist in the below email thread,

Thank you,

Best Regards,

Renemer Bagang
Service Advisor
H/P +65 85523293 D/D 65949166
email : renemer.bagang@ccfulco.com.sg
Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 UBI Road 3 Singapore 408650
Tel : 67461000 Fax : 64875857

From: Renemer Bagang
Sent: Tuesday, 30 April 2019 9:18 AM
To: claimsdept@sg.cntaiping.com
Cc: Chris Bulaclac; Mars Ler
Subject: Re:Accident On 28/04/2019 Involving Our Insured SMC473Z And Your Insured SBK108S

Dear Motor Claims ,

Our client is looking to make a claim against your insurer for property damage caused to her vehicle.

Please confirm if your insurance company is prepared to engage in a direct settlement for property damage only.

This settlement excludes out client's right to recover further loss arising from rental of alternative / replacement vehicle.

As our client requires the use of a vehicle during this period that her vehicle is in our workshop, our client has will rented a vehicle and will be looking towards your company to make good her loss/rental cost.

Please confirm that you understand that any direct settlement reached for the cost of repairs to our client's vehicle does not prejudice her rights to recover any other damages he has suffered.

Please arrange for Pre-survey (Advance notice required 1 day ,vehicle with customer)

Thank you,

Best Regards,

Renemer Bagang

Service Advisor

H/P +65 85523293 D/D 65949166

email : renemer.bagang@ccfulco.com.sg

Cycle & Carriage Fulco Motor Dealer Pte Ltd

330 UBI Road 3 Singapore 408650

Tel : 67461000 Fax : 64875857

This email has been scanned by the Symantec Email Security.cloud service.

For more information please visit <http://www.symanteccloud.com>

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For more information please visit <http://www.symanteccloud.com>

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 Report	29/04/2019 17:50
Date Of Accident	28/04/2019 18:00
Exact Location Of Accident	JALAN PELATOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC473Z
Insured/Policyholder	
Name Of Registered Owner	YEO BOON KIM TERENCE HECTOR
NRIC No	S1535796G
Email Address	TERENCEYEO10@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82280530
Alternative Phone No	HOME-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800073906
Cover Note Number	

Driver

Name of Driver	YEO BOON KIM TERENCE HECTOR
NRIC No	S1535796G
Date Of Birth	22/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82280530
Fax Number	
Contact Number	HOME-NOPHONE

Address	8 JALAN SEGAM SINGAPORE
Postcode	488258
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS STATIONARY TO GIVE WAY ON THE ONCOMING CAR TO PASS THRU , THEN SUDDENLY VEHICLE B SBK108S SUDDENLY APPEAR AND KNOCKED INTO MY VEHICLE FRONT RIGHT SIDE PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBK108S
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR NG
NRIC/Passport Number	
Contact Number	94513555
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report:	Time :
Date of Accident: 28/04/19	Time : 18:00
Exact Location of Accident: JALAN PALATOK	
DETAILS OF OWN VEHICLE	
Vehicle Registration Number: SMC473Z	Name of Registered Owner: TEO BOON KIM TERENCE HECTOR
NRIC/Passport No./FIN: S1535796G	Company Reg. No.(for Company Veh):
VEHICLE PARTICULARS	
Manufacturer : KIA	Model: FORTE K3
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire
INSURANCE DETAILS	
Name of Insurance: AIG	
Type of Coverage: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	
Policy Number: 1800073906	
Driver when the Accident Happen	
Name of Driver: TEO BOON KIM TERENCE, HECTOR	NRIC/Passport/Fin No : S1535796G
Date of Birth: 22/08/1962	Occupation : BUS DRIVER
Date of Driving Pass: 02/08/1980	Gender : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.: 82260530	Home No.:
Address: 8 JALAN SEGAM SINGAPORE	Postal Code 408258
Email Address: Terence.yeo.10@gmail.com	
Was the Driver an Employee of the Insured's Company :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured OWNER
Vehicle Registration Number of driver's Own Vehicle:	
Insurance Company :	
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident : THIRD PARTY AT INSURED	
Weather Condition: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify	
Road Surface <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify	
Was Anybody Injured: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Was Any other material or Property Damaged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Passengers(Including Driver) : 1
Any Accident Photo in the Scene of Accident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was there any video captured by your Camera? : YES
Was the Accident reported to police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was there any audio recording? : NO
Which Police Station:	
Was notice of Intended Prosecution given :	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)	
Vehicle Registration Number: SBK1085	Name of Registered Owner :
NRIC/Passport No./FIN:	Company Reg. No.(for Company Veh):
Name of Driver : MR. NG	NRIC/Passport/Fin No :
Mobile No.: 94513555	Home No.:
Address:	Postal Code
Email Address :	
Insurance Company :	
Details of Passenger if any	
Passenger Name:	
Contact Number:	
Gender	
Details of Injured Person	
Name :	Age :
Address	
Injured Sustained :	Injured Person in which vehicle:
Were Seatbelts worn: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Injured Convey to Hospital by Ambulance: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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**.
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 29/10/2019
S. S. S. P. M.

Driver's Signature

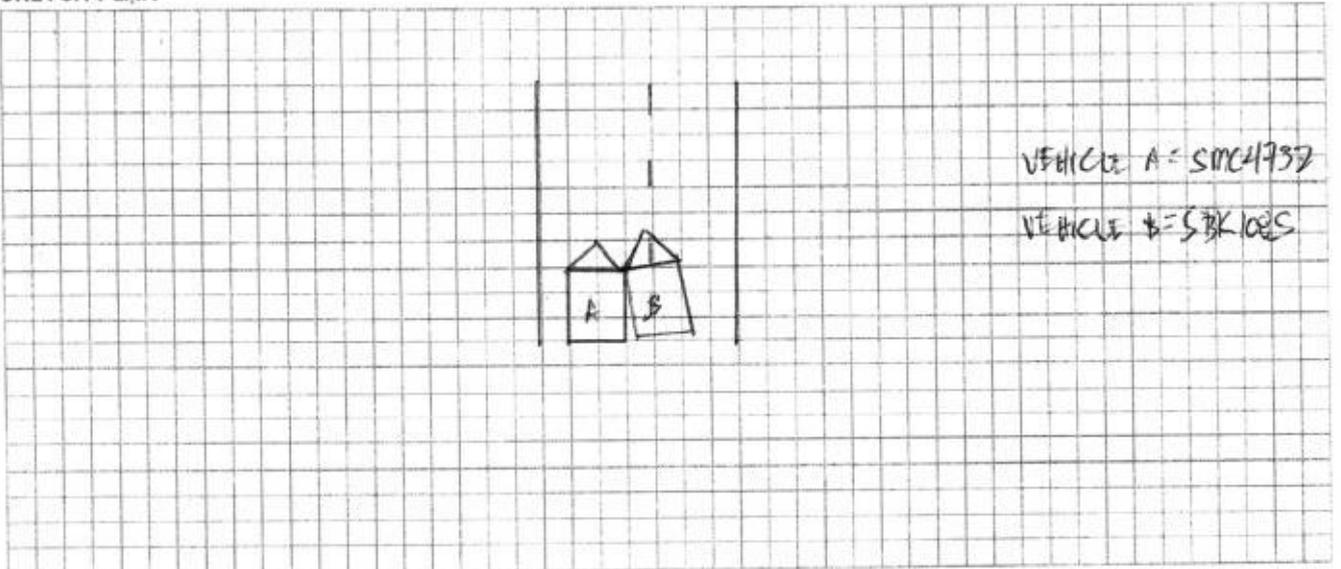
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary to give way on the oncoming car to pass through, then suddenly vehicle SBK1085 suddenly appear and knocked into my vehicle front right side portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 29/01/2019
5:45 PM

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : YEO BOON KIM TERENCE HECTOR
Period of Insurance : 26 Jun 2018 To 25 Jun 2019
Engine No. : G4FGHH692777
Chassis No. : KNAFJ411MJ5762527

Vehicle No. : SMC473Z
Policy No. : 1800073906
Endorsement No. :
Issued Date : 27 Jun 2018

ABOUT THE COVER

Make/Model : KIA Forte K3 1.6 A EX
Engine Capacity/Tonnage : 1591 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired. This Policy does not cover:
 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.



EXCESS

Section 1
 Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

YEO BOON KIM TERENCE HECTOR - \$2000 (Own Damage) \$2000 (Property Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708600
2. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is hired for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with the service operator. Should you decide to include any other driver, please indicate. (Company reserves the right to accept/reject the inclusion of any Named Drivers).

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709928

CYCLE & CARRIAGE - ERICL
 239 ALEXANDRA ROAD
 SINGAPORE 159930

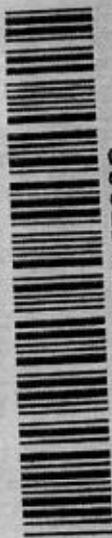
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Handwritten signature: Jasmine

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Jasmine

5790336



NRIC No. S1535796G

FOR C&C USE ONLY



Date of Issue
25-08-2017

Address
8 JALAN SEGAM
SINGAPORE 488258

REPUBLIC OF SINGAPORE LICENSING AUTHORITY

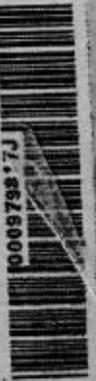
License Number: S1535796G

YEO BOON KIM TERENCE
HECTOR

FOR C&C USE ONLY

Birth Date: 22 Aug 1962
Issue Date: 10 Nov 2003

0005798 7J

US ARE LICENSES TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

02 Aug 1980

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

FOR C&C USE ONLY

License No: S1535796G



NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1535796G

Name

YEO BOON KIM TERENCE HECTOR



FOR C&C USE ONLY

Race

CHINESE

Date of birth

22-08-1962

Country/Place of birth

SINGAPORE

Sex

M





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

 6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

Third Party Insurer Enquiry

 Our Ref No: GR-19-067361
 Date of Request: 29/04/2019

Your Ref No: Online Purchase

 Cycle & Carriage Fulco Motor Dealer Pte Ltd
 330 Ubi Road 3
 Singapore 408650

Dear Sir/Madam,

 Enquiry Date: 29/04/2019
 Enquiry By: Renemer Bagang
 TP Vehicle No.: SBK108S
 Accident Date: 28/04/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SBK108S	China Taiping Insurance (Singapore) Pte. Ltd.	24/02/2019-23/02/2020	6389 6111

Thank You.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-067361
Date of Request: 29/04/2019

Your Ref No: Online Purchase

Cycle & Carriage Fulco Motor Dealer Pte Ltd
330 Ubi Road 3
Singapore 408650

Dear Sir/Madam,

Enquiry Date 29/04/2019
Enquiry By Renemer Bagang
TP Vehicle No. SBK108S
Accident Date 28/04/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

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For GIARMC Official use:

Date:

 GIRO Cash Cheque

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT19007769/USD3N2
Date: 27/05/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN16051419033	
Claimant Vehicle No :	SMC473Z	Insured Vehicle No :	SBK108S	
Date of Loss:	28/04/2019	Nature of Claim:	TP	Claim No: SNM19D201884C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SMC473Z	Engine No:	G4FGHH692777
Make & Model:	KIA FORTE K3, 1.6 (A)	Chassis No:	KNAFJ411MJ5762527
Reg. Date:	26/06/2018 (Man. Year: 2018)	Odometer:	71192 km
Colour:	Black		
Engine Capacity:	1591 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Nexen 6 mm	Rear Left Side:	Nexen 6 mm
Front Right Side:	Nexen 6 mm	Rear Right Side:	Nexen 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,686.00	2,261.00	1,425.00	38.66
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,060.00	2,300.00	1,760.00	43.35
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,746.00	4,561.00	3,185.00	41.12
+ GST 7.00/7.00% (S\$)	542.22	319.27	222.95	41.12
Nett Amount (S\$)	8,288.22	4,880.27	3,407.95	41.12

INSPECTION

Date of Assignment:	03/05/2019	
Date Inspected:	06/05/2019 Inspected At:	Cycle & Carriage Fulco Motor Dealer Pte Ltd (HQ) 330 Ubi Road 3 Singapore 408650

Estimated Period of Repair: 4.0 days

Adjuster: MARCUS CHUA

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS**Reference**

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 27 May 2019)
Parts: 143	KIA FORTE K3 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SMC473Z)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*COVER-FRONT BUMPER	Cut/Torn	633.00 FS	*633.00 FS
2	10		*CLIP-BUMPER	Necessary	20.00 FS	*20.00 FS
3	1		*RH,BRACKET-FR BPR SI	Bent	12.00 FS	*12.00 FS
4	1		*LH,BRACKET-FR BPR SI	Not Necessary	12.00 FS	*- FS
5	1		*RH PANEL-FENDER	Dented/Bent	376.00 FS	*376.00 FS
6	1		*RH INSULATOR-FENDER	Not Necessary	28.00 FS	*- FS
7	1		*RH GUARD ASSY-FRT WH	Not Necessary	95.00 FS	*- FS
8	10		*CLIP-WHEEL GUARD	Necessary	20.00 FS	*20.00 FS
9	1		*RH LAMP ASSY-HEAD	Not Necessary	810.00 FS	*- FS
10	1		*K3 L 15 SSW021 RIM	Cut	1,680.00 FS	*1,200.00 FS
Total Parts (\$\$)					3,686.00	2,261.00

F=Franchise part. S=SpcNett.

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	DIAGNOSTIC/SCANNING	New	250.00	250.00
2	TO CHECK LIGHTING/WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS	New	100.00	80.00
3	TO REPLACE FRONT BUMPER,RH FENDER,BRACKET,ETC STRAIGHTEN,REFORM,ALIGN ON FRONT ACCIDENT AFFECTED AREAS	New	1,800.00	900.00
4	SPRAY PAINTING ON FRONT ACCIDENT AFFECTED AREAS	New	1,680.00	840.00
5	COMPUTERIZED WHEEL ALIGNMENT	New	180.00	180.00
6	WHEEL BALANCING	New	50.00	50.00
Gross Labour Cost (S\$)			4,060.00	2,300.00

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< END OF ESTIMATES >