

ASS. REC. BY:

REF:

CS/CT120006931/R19f3

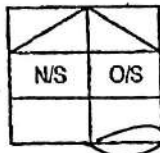
788C

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMH 4842U
 at Workshop m/s CYCLE & CARRIAGE
 of 209 PANDAN GARDENS
 Insured: CTI
 Policy No. _____
 Claims No. SNM20D202313C02
 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: 65K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 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: SMH 4842U Yr Regn: 2018 / DEC
 Type ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KIA CERATO 1.6 ALX cc 1591
 Colour: GREY A/C: Insured / Std / NI / NA
 Sp. Reading: 43172 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAF 1416WK 5024511
 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: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or NEXEN
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 30/06/2020 D.O.I. 07/07/2020
 Survey held at CYCLE & CARRIAGE
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
REAR O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
08/07/20@9.30am	revised to Pauline Tham via Merimen.
20/07/20	Rasul finalised with JoJo final fig \$3990, 5 days (Red \$2465, 38%)

Date/Time, File Pass to?

☐ : Prel. Report

21/07 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: MER-TPLoss Sum / L.B. fig 3990Days Of Repair: 5

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Co Reg No : 199405410K

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
LIAN HAP XING KEE EDIBILE OIL TRADING PTE LTD 12 CHIN BEE CRESCENT SINGAPORE 619896 Contact No Mobile: 96772536	Cust No/Name LCV07723/ LIAN HAP XING KEE EDIBILE OIL Reg No/Reg Date SMG4842U / 21/12/201 Date In/Mileage / 0 Chassis No KNAF1416MK5024511 Engine No G4FGJH713226 Make/Model KIA/CERATO 1.6 A L S116 Colour/Trim ABT PLATINUM GRAPHI/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CTP00080	Cash	01/07/2020/ 13:04	QUE	261 / Edwin Caina	16972		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW RR BUMPER REPAIR RR END PNL & RHR FENDER							1100 2200.00
E PNT98000 RESPRAY RR BUMPER , RHR FENDER & RR END PNL							1260.00
E PNT88000 REMOVE & REFIT RR FLR BAORD,TRIM & CARPET TO FACILITATE REPAIR							275.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM							30 50.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST							200.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS							50 80.00
E PNT88000 REMOVE & REFIT REVERSE SENSOR							80 100.00
M SUNDRY SUPPLY REVERSE SENSOR							? 220.00
M SUNDRY Sundries							20 50.00
M COVER-RR BUMPER de				1.00	651.00	00.00	651.00
M COVER-RR BUMPER LWR de				1.00	241.00	00.00	241.00
M COVER-RR BUMPER FOG LAMP, RH sue				1.00	19.00	00.00	19.00
M LAMP ASSY-SIDE T/SIGNAL, RH ?				1.00	181.00	00.00	181.00
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 RH ?				1.00	65.00	00.00	65.00
M COVER-RR BUMPER UNDER, RH de				1.00	33.00	00.00	33.00
M BRACKET-ASSY RR BPR SIDE UPR, R ne				1.00	31.00	00.00	31.00
M LAMP ASSY-REAR COMB OUTSIDE, RH ?				1.00	274.00	00.00	274.00

Estimate

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
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SURVEYOR NAME: Rexue - Hf 900/10068SURVEYOR SIGNATURE: [Signature]DATE: 07/07/2020 @ 1020REMARKS: 5 days

Confirm & accepted by

Authorized signatory and company stamp

Nett

6,455.00

6455.00

451.85

Total Payable

6,906.85

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 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	01/07/2020 14:04
Date Of Accident	30/06/2020 19:40
Exact Location Of Accident	T-JUNCTION AT JURONG WEST ST 93 & ST 92
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG4842U
Insured/Policyholder	
Name Of Registered Owner	LIAN HAP XING KEE EDIBLE OIL TRADING PTE LTD
Co Reg No	1XXXXX788C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62650593

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY FOR DINNER
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800151636
Cover Note Number	

Driver

Name of Driver	GOH CHOON MENG
NRIC No	SXXXX004B
Date Of Birth	15/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2000
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96870038
Fax Number	
Contact Number	
E Mail Address	THOMAS.GOH@LIANHAP.COM.SG

Address 10 JURONG LAKE LINK #04-32
Postcode 648131
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

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 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? NO
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

REFER TO ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKX2572X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR KOH
NRIC/Passport Number
Contact Number 94574131
Address
Postcode
Insurance Company Name
Nature Of Damage LEFT HEADLIGHT & BUMPER DAMAGED
No. Of Passenger (Including Driver)

Sketch Plan

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:

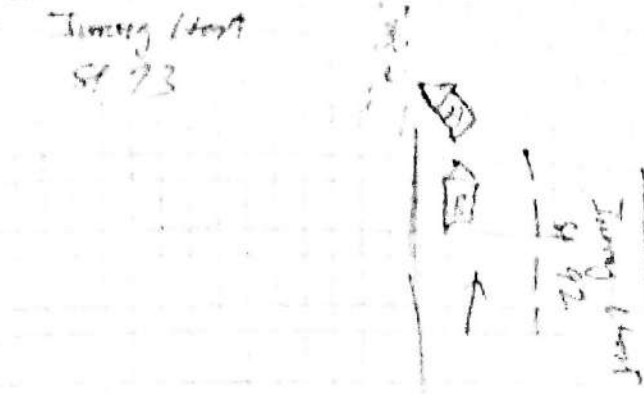
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the 'T' junction of Imagloot St 92 & 93 and I was turning left. I stopped for pedestrians to cross the road. After I stopped for about 8 sec at the junction, the car, SKK 2572X, came into my car from behind. My bumper and rear light is damaged.

DECLARATION

I/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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	788C
Vehicle No.:	SMG4842U
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jul 2020
Vehicle Make:	KIA
Vehicle Model:	CERATO 1.6(A) LX
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	G4FGJH713226
Chassis No.:	KNAF1416MK5024511
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,183.00
Original Registration Date:	21 Dec 2018
First Registration Date:	21 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$11,183.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Dec 2028
PARF Rebate Amount:	\$8,387.00
COE Expiry Date:	20 Dec 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,556.00
COE Rebate Amount:	\$21,598.00
Total Rebate Amount:	\$29,985.00

The information contained herein is correct as at 07 Jul 2020

OK

com/used_cars/info.php?ID=905176&DL=3709

Kia Cerato 1.6A LX

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price \$65,800

Depreciation \$7,150 /yr
View models with similar depre

Reg Date 04-Dec-2018
(8yrs 4mths 26days COE left)

Mileage 20,763 km (13k /yr)

Manufactured 2018

Road Tax \$738 /yr

Transmission Auto

Dereg Value \$29,906 as of today (change)

OMV \$11,205

COE \$25,556

ARF \$11,205

Engine Cap 1,591 cc

Power 93.8 kW (125 bhp)

Curb Weight 1,287 kg

No. of Owners 2

Type of Vehicle Mid-Sized Sedan

Features

1.6l Engine Churning Out 125/Bhp. Responsive And Fuel Efficient. Smooth Auto Transmission Shift. View specs of the Kia Cerato (2018)

Accessories

Leather Seats, Apple Carplay/android Auto. Multi Function Steering. Auto Headlight. Hands Free Bluetooth Interface. Knock Down Rear Seats.

D