

ASS. REC. BY:

Steve

REF:

CS/AIG 20012980/F3

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ OD / ☐ TP / ☐ WS / ☐ TP RES / ☐ QD 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

SIA / 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 Contacted:

Vehicle: IN / OUT

Veh No:

SMG 9793U

Yr Regn:

8/1/19

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

Truck / Trailer or

Make:

Kia Cerato

c.c.

1591

Colour:

Grey

A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ N

Sp. Reading

53866

T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ N

Eng/No:

C/No:

KNAF346 MK 5920494

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orMod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

195/50 R15

R:

11

 BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

23/11/20

D.O.I.

26/11/20

Survey held at

cycle & change

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

MR-65K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Pop. Formed:

Lump Sum / L.E.I.:



CYCLE & CARRIAGE KIA PTE LTD

PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

Co Reg No : 199405410K

Star (LKK)

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
K & S ELECTRICAL ENGINEERING BLK 644 JURONG WEST STREET 61 #10-128 SINGAPORE 640644 Contact No Mobile: 90097304	Cust No/Name / K & S ELECTRICAL ENGINEERING Reg No/Reg Date SMG9793U*ECB / 08/01/201 Date In/Mileage / 0 Chassis No KNAF3416MK5020494 Engine No G4FGJH709837 Make/Model KIA/CERATO 1.6 A SR SX G335 Colour/Trim KLG STEEL GREY / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	24/11/2020/ 16:11	BLC	442 / CocoLu	24776

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW BONNET, FRT BUMPER 400				800.00
E PNT98000 SPARY PAINT FOR FRT BUMPER, BONNET JS				700.00
E PNT88000 REMOVE & INSTALL AIRCON CONDENSOR & RADIATOR				100.00
M SUNDRY FRT NUMBER PLATE WITH FRAME / A				50.00
M SUNDRY APPLY SEALANT FOR ACCIDENT PORTION				40.00
A 90000001 CHECK WIRING & ELECTRICAL SYSTEM				30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
M SUNDRY TOP UP AIRCON GAS				80.00
M SUNDRY Sundry				20.00
M COVER-FR BUMPER / BR	1.00	633.00	00.00	633.00
M GRILLE-FRONT BUMPER / BR	1.00	485.00	00.00	1940.00
M GRILLE ASSY-RADIATOR / BR	1.00	328.00	00.00	328.00
M GARNISH-RADIATOR GRILLE / CRU	1.00	38.00	00.00	38.00
M MOULDING-FRONT BUMPER, LH X	1.00	216.00	00.00	216.00
M ABSORBER-FRONT BUMPER ENERGY / BR	1.00	84.00	00.00	84.00
M PANEL ASSY-HOOD / BR	1.00	1502.00	00.00	1502.00
M HINGE ASSY-HOOD, LH X	1.00	43.00	00.00	43.00
M HINGE ASSY-HOOD, RH X	1.00	43.00	00.00	43.00
M BEAM COMPLETE-FR BUMPER ?	1.00	497.00	00.00	497.00
M CARRIER ASSY-FRONT END MODULE ?	1.00	675.00	00.00	675.00
M LAMP ASSY-HEAD, RH ?	1.00	2210.00	00.00	2210.00
M LAMP ASSY-HEAD, LH / BR	1.00	2210.00	00.00	2210.00
M ORNAMENT-KIA NO.115 / BR	1.00	32.00	00.00	32.00

Confirm & accepted by

- 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:

Nett 12,391.00
7% GST on 12391.00 867.37
Total Payable 13,258.37

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 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	24/11/2020 16:19
Date Of Accident	23/11/2020 08:25
Exact Location Of Accident	PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9793U
Insured/Policyholder	
Name Of Registered Owner	K & S ELECTRICAL ENGINEERING
Co Reg No	5XXXX595D
Email Address	LIONGCHEEKIAN@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90097304
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO-1.6 (A)
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?	YES
If No, Please state action to be taken	
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	1900000801
Cover Note Number	
Driver	
Name of Driver	LIONG CHEE KIAN
NRIC No	SXXXX404D
Date Of Birth	02/12/1977
Occupation	INDOOR
Date Of Driving Pass	16/07/2003
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90097304
Fax Number	
Contact Number	
Email Address	LIONGCHEEKIAN@HOTMAIL.COM

code

BLK 644 JURONG WEST STREET 61 #10-128
640644

as 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

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? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number YP5577P
Vehicle Make/Model/Colour LORRY/WHITE
Details Of Properties
Vehicle Category GOODS VEHICLE
Name of Driver ARJUNAN CHANRASEKARAN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
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.



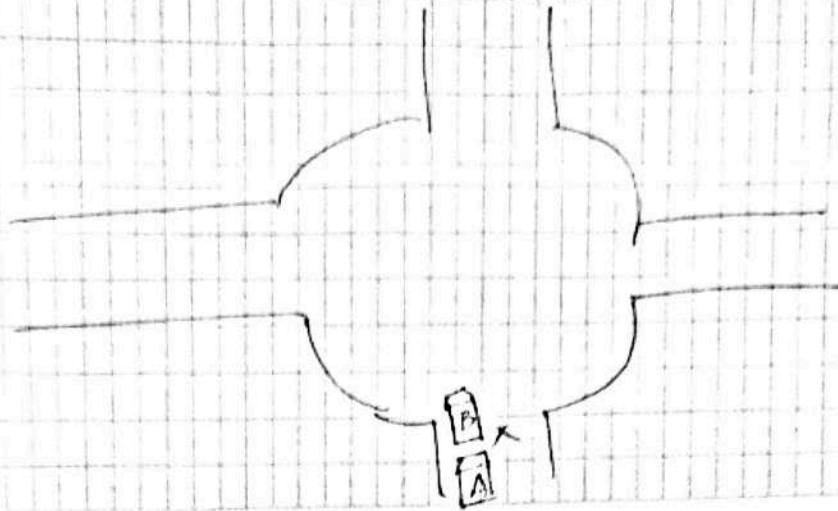
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/11/2020

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE CAR B IN FRONT SUDDENLY STOPS
CAR A HIT CAR B AT THE BACK

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.: