

ASS. REC. BY:

Steve

REF:

CS/A16 90013140/ESF3

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ OD / ☐ TP / ☐ WS / ☐ IP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

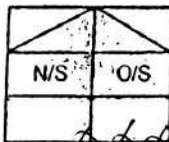
Excess:

(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

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMH 5763C

Yr Regn:

28/1/19

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

Truck / Trailer or

Make:

Mitsubishi Attrage

c.c

1193

Colour:

Silver Grey

A/C:

Insured / Std / NI / N

Sp. Reading

80094

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MMBSTA13AKH 091941

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/55R15

R:

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

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

29/11/29

D.O.I.

30/11/29

Survey held at

cycle & collie

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-S4K

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Form:

Lump Sum / L&L: \$



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 1977014696

Invoice Name & Address	Owner Name & Vehicle Info
Mr Kuek Hock Keng BLK 688C CHOA CHU KANG CRESCENT #04-118 SINGAPORE 683688 Contact No Mobile: 94563050	Cust No/Name /Mr Kuek Hock Keng Reg No/Reg Date SMH5763C / 28/01/201 Date In/Mileage / 0 Chassis No MMBSTA13AKH001041 Engine No 3A92UHN8065 Make/Model MIT/19MY ATTRAGE 1.2 CVT Colour/Trim UOI TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00041	Cash	30/11/2020/ 11:00	BLC	442 / CocoLu	60206		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW REAR BUMPER, BOOTLID, REPAIR REAR AIRDAM, REAR END PANEL 450							900 1350.00
E PNT88000 REMOVE & INSTALL PARKING SENSOR							60.00
E PNT98000 SPRAY PAINT FOR REAR AIRDAM, REAR END PANEL, REAR BUMPER 350 BOOTLID. I							1050 1400.00
M SUNDRY c&c LOGO							40.00
A 54900099 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 Sundry							20.00
E PNT88000 REMOVE & INSTALL REAR AIRDAM							100.00
M FACE,RR BUMPER DEF - BR				1.00	748.00	00.00	748.00
M BRACKET,RR BUMPER,RH				1.00	28.00	00.00	28.00
M BRACKET,RR BUMPER,LH				1.00	28.00	00.00	28.00
M PANEL,TRUNK LID				1.00	791.00	00.00	791.00
M HINGE,TRUNK LID,RH				1.00	203.00	00.00	203.00
M HINGE,TRUNK LID,LH				1.00	203.00	00.00	203.00
M MARK,ATTRAGE				1.00	21.00	00.00	21.00
M MARK,THREE-DIA				1.00	69.00	00.00	69.00
M TRIM,RR END				1.00	66.00	00.00	66.00

Estimate

30/11/20, 4 JopL

Steve CLKK) 00 - NM Authr

Excels - ?

Estimate

30/11/20, 4 Jopl

Steve CLKK) 00 - NM Auth
Excess - ?
5 daysPIP
By BCL spj

- Left 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
 - Authorized signatory and company stamp

Nett 5,277.00
7% GST on 5277.00 369.39
Total Payable 5,646.39

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.



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

Co Reg No: 197701469G

CYCLE & CARRIAGE KIA PTE LTD

Co Reg No: 199405410K

CYCLE & CARRIAGE FRANCE PTE LIMITED

Co Reg No: 200609327M

DIPLOMAT PARTS PTE LIMITED

Co Reg No: 196400304H

Accident Statement

Accident Details

Are you claiming under your own Ins Policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 3rd Party	<input type="checkbox"/> Reporting Only
Date of Accident	29/11/2020		
Time of Accident (24hr format)	08:30 hr am		
Exact Location of Accident	21 Benoi Sector		
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Not In List
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Not In List
Was any foreign vehicle involved in accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
No. of vehicles involved in the accident	ONE 2		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was the accident reported to the police?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Own Vehicle Details

Vehicle Registration Number	SMH5763C		
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Good Veh / <input type="checkbox"/> Motorcycle / <input type="checkbox"/> Others		
Vehicle Manufacturer	<input checked="" type="checkbox"/> Mitsubishi / <input type="checkbox"/> KIA / <input type="checkbox"/> Citroen / <input type="checkbox"/> Maxus / <input type="checkbox"/> Mercedes / <input type="checkbox"/> Others		
Vehicle Model	MITSUBISHI ATTRAGE 1.2 CVT		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	CC <input type="checkbox"/> 1.19.3
Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private Hire	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Private Use
Number of passengers (including driver)	1		
Passenger (Name and Gender)			

Own Vehicle Policy

Handling Insurer (Insurance Company)	AIG		
Coverage Type	<input checked="" type="checkbox"/> ACT / <input type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Policy No / Cover Note No	1900005472		
ID of Registered Owner	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
Name of Registered Owner	SITIG S1836231G		
Email Address	Kuek Hock KENG		
Mobile No	PSS 146 KHK@gmail.com		
	94563050		

Owner / Driver's Signature :

Kuek

Driver Information		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, only fill up the highlighted part	
Name of Driver the Policy Holder	KUEK HOEK KENG		
Name of Driver	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
Gender	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
Name of Driver	S/T/G		
Date of Birth	281031 1967		
Driving Pass Date	261011 1988		
Contact No	94563050	Alt Contact No (If any)	
Home Address	B1K688C Chea Chu Kang CR25 #04-118		
Email Address	PSS146KHK@gmail.com		
Occupation	<input type="checkbox"/> Indoor	<input checked="" type="checkbox"/> Outdoor	
Relationship with Owner	Spouse / Child / Sibling / Parent / Relative / Other <u>SELLER</u>		
Does Driver Own other Vehicles?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please fill up the below part	
	Vehicle No:		Ins Company:

Vehicle or Property		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please leave below part empty	
Was there any other vehicle or property damaged?	SLX854J		
Vehicle Registration No	Honda		
Vehicle Manufacturer / Model / Colour	Private Car / Comm Veh / Taxi / Bus / Motorcycle / Others		
Vehicle Category			
Name of Insurance Company			
Name of Driver			
Contact Number	82282206		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Reg No	Name of Driver	Contact No

Injured Persons Details		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please leave below part empty	
Was anybody injured in the accident?			
Any injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Witness Details		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please leave below part empty	
Was there any witnesses?			
(Name, Phone, Email)			

Are accident photos available for attachment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner / Driver's Signature :

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/FIN No.:



A: SWH 5763C
B: SLX 854J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car at 21 Benoi
Sector. Suddenly car B hit onto
my car Rear portion. my car was
stationery waiting for parking.

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.:

CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KUEK HOCK KENG
Period of Insurance : 28 Jan 2019 To 27 Jan 2021
Engine No. : 3A92UHN8065
Chassis No. : MMBSTA13AKH001041

Vehicle No. : SMH5763C
Policy No. : 1900005472
Endorsement No. :
Issued Date : 07 Feb 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

* If the Policyholder is Any other person who is driving on the Policyholder's order or with his/her 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 only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc
 * Limitations imposed 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

KUEK HOCK KENG - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 156094 64703588
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
4. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 66624501

For direct 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 the AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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).

0504620217

C&CMCP2 - ANNAL
 239 ALEXANDRA ROAD
 SINGAPORE 159930


AIG Asia Pacific Insurance Pte. Ltd.