ASS. REC. BY: Steve REP: AIG CS/AIG20013218/Eqf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1900002912

Claims No.

Sum Insured: Excess: 300

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMH 626Z Yr Regn: 10/1/19

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

Make: KIA Cerato c.c 1591

Colour Red A/C: Insured / Std / NI / N

Sp.Reading 14481 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: KNAF341CMK5973986

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R:

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.	1/12/20	D.O.I.	1/12/20

Survey held at Cycle N Carriage

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

The U/C / Chassis frame / Body Structure affected due to collisio

Date / Time	Action / Instruction
	MV-73K

02/12/20@2.39pm revert to AIG via Merimen.
02/12/20@6.40pm Kok Chong informed C/A via Merimen.
03/12/20@9.36am Informed Edwin C/A & ex:$300 by email.

Date/Time, File Pass to?

( )

Date/Time, File Return to?

( )

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: $ + 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

KIA

ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 **Contact No** 64191000	**Cust No/Name**	/TAN TONG LING
	Reg No/Reg Date	SMH626Z / 10/01/201
	Date In/Mileage	/ 14481
	Chassis No	KNAF3416MK5023986
	Engine No	G4FGJH713013
	Make/Model	KIA/CERATO 1.6 A EX G333
	Colour/Trim	CR5 RUNWAY RED / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	01/12/2020/ 15:51	BLE	261 / Edwin Caina	25127

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000				1250.00
RENEW FRT DOOR RH & WINGMIRROR ASSY RH				700.00
E PNT98000				
RESPRAY FRT DOOR RH & WINGMIRROR RH				120.00
E PNT88000				
REMOVE & REFIT RHF DOOR COMPONENTS				30.00
A 54900099				
CHECK WIRING ELECTRICAL SYSTEM				120.00
A 10028901				
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST				
USING HI-SCAN PRO TEST				20.00
M SUNDRY				
Sundries				
M MIRROR ASSY-OUTSIDE RR VIEW,RH	1.00	559.00	20.00	447.20
M PANEL ASSY-FRONT DOOR,RH	1.00	1277.00	20.00	1021.60
M HINGE ASSY-FRT DOOR UPP,RH	1.00	30.00	20.00	24.00
M HINGE ASSY-FRT DOOR LWR,RH	1.00	27.00	20.00	21.60
M BLACK TAPE-FR DR RR,RH	1.00	13.00	20.00	10.40
M MOULDING ASSY-FRT DR FRAME,RH	1.00	37.00	20.00	29.60
M W/STRIP ASSY-FR DR BELT O/S RH	1.00	64.00	20.00	51.20

SURVEYOR NAME : Stere (LKK)

SURVEYOR SIGNATURE : OD - Not Avil

DATE : Excess - ?

REMARKS : 1/12/20. 4.30pm

3 days

P/P

	Nett	**3,845.60**
7% GST on	**3845.60**	**269.19**
	Total Payable	**4,114.79**

Confirm & accepted by

LKK Auto Consultants please 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
- Authorised 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.

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?	[✓] Yes [X] 3rd Party [X] Reporting Only
Date of Accident	1 / 12 / 2020
Time of Accident (24hr format)	12 : 00 hr
Exact Location of Accident	Fernvale Link 418B 792418 Kubbish Chute
Weather Condition	[✓] Clear [ ] Raining [ ] Not In List
Road Surface	[✓] Dry [ ] Wet [ ] Not In List
Was any foreign vehicle involved in accident?	[ ] Yes [✓] No
No. of vehicles involved in the accident	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	[ ] Yes [✓] No
Was the accident reported to the police?	[ ] Yes [✓] No
Was notice of intended Prosecution given?	[ ] Yes [✓] No

Own Vehicle Details

Vehicle Registration Number	SMH 626 Z
Vehicle Category	(Private Car) / Comm Veh / Good Veh / Motorcycle / Others
Vehicle Manufacturer	Mitsubishi / (KIA) / Citroen / Maxus / Mercedes / Others
Vehicle Model	Cerato
Transmission	[ ] Manual [✓] Auto CC 1591
Exact purpose for which vehicle was being used at time of accident	[ ] Private Hire [ ] Employment [✓] Private Use
Number of passengers (including driver)	3
Passenger (Name and Gender)	Tan Tong Ling (F) Low Ming Yang Adam (M)

Own Vehicle Policy

Handling Insurer (Insurance Company)	AIG
Coverage Type	ACT / (Comprehensive) / Third Party / Third Party Fire and / or Theft
Fleet Policy	[ ] Yes [✓] No
Policy No / Cover Note No	1900002912
ID of Registered Owner	[ ] Co.Reg.No [✓] NRIC No [ ] Passport No / Fin (S) / T / G 89365212
Name of Registered Owner	Tan Tong Ling
Email Address	tongling89@gmail.com
Mobile No	9857298

Owner / Driver's Signature : [signature]

Information

The Driver the Policy Holder	☐ Yes	☑ No	If yes, only fill up the highlighted part
Name of Driver	Low Soon Heng		
Gender	☑ Male	☐ Female	
ID of Driver	☐ Co.Reg.No	☑ NRIC No	☐ Passport No / Fin
	S)T/G 818 8735862C		
Date of Birth	7/11/1987		
Driving Pass Date	27/4/2008		
Contact No	90614632	Alt Contact No (If any)	
Home Address	418B Fernvale Link #17-140	797418	
Email Address	sh-low87@gmail.com		
Occupation	☑ Indoor	☐ Outdoor	
Relationship with Owner	Spouse / Child / Sibling / Parent / Relative / Other _____		
Does Driver Own other Vehicles?	☐ Yes	☑ No	If yes, please fill up the below part
	Vehicle No:	Ins Company:	

Vehicle or Property

Was there any other vehicle or property damaged?	☑ Yes	☐ No	If no, please leave below part empty
Vehicle Registration No	XD 8679J		
Vehicle Manufacturer / Model / Colour			
Vehicle Category	Private Car / Comm Veh / Taxi / Bus / Motorcycle / Others		
Name of Insurance Company			
Name of Driver			
Contact Number			

Damages to Other Vehicles & Property (Other than Vehicles A &B)	Vehicle Reg No	Name of Driver	Contact No

Injured Persons Details

Was anybody injured in the accident?	☐ Yes	☑ No	If no, please leave below part empty
Any injured conveyed to hospital by Ambulance?	☐ Yes	☐ No	
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	☐ Yes	☐ No	
Was this injured conveyed to hospital by Ambulance?	☐ Yes	☐ No	

Witness Details

Was there any witnesses?	☐ Yes	☐ No	If no, please leave below part empty
(Name, Phone, Email)			

Files

Are accident photos available for attachment?	☑ Yes	☐ No
Was there any video captured?	☐ Yes	☐ 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.

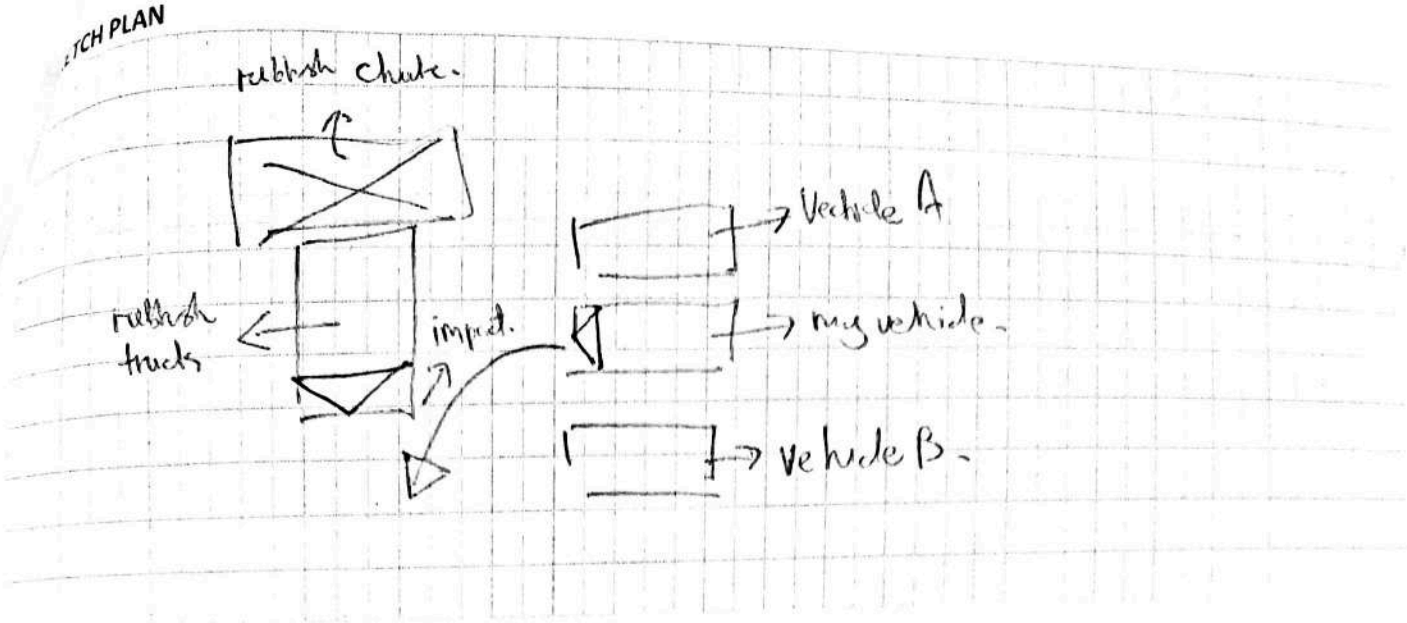
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at loading/unloading bay with Rubbish Truck in front of me.
The rubbish truck was in stationary mode (collecting rubbish) as I started left to exit the loading/unloading bay.
As I approach the rubbish truck, I signal a horn to indicate I am moving out.
The rubbish truck started moving and knocked the driver side door and side view mirror.
I pressed the horn multiple times to indicate my presence.
The rubbish truck finally came to a stop.

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: 1 Dec 2020

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