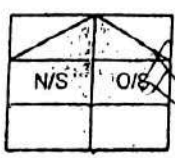


ASS. REC. BY: Steve REF: AIG CS/AIG20013218/Eqf3

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. 9361303863SG
Sum Insured: _____ Excess: 300
(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 Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 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 626 Z Yr Regn: 10/1/19
Type: M.Ca / 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: 14.481 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: KNAF 3416 MK 5 973986
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 205/55 R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front Rear
R/Bal. S mm R/Bal. S mm
L/Bal. S mm L/Bal. S mm
D.O.A. 1/12/20 D.O.I. 1/12/20
Survey held at Cycle & Carriage
Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | <u>MV-73K</u> |

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.
28/12/20@4.31pm confirmed with Larry final fig \$2778.80, 3 days (Red \$1066.80, 28%)

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 3
Resurvey No. of Trip: 2

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

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| S + RS. SI | |
| Photos | |
| Others | |
| TOTAL | |

Rep. Formed: MER-OD
Lump Sum / F.B. / C: 2778.80



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE
 209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

GST Reg No : MR-8500111-X

Co Reg No : 199405410K

| 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 RENEW FRT DOOR RH & WINGMIRROR ASSY RH | | | | 499 1250.00 |
| E PNT98000 RESpray FRT DOOR RH & WINGMIRROR RH | | | | 450 700.00 |
| E PNT88000 REMOVE & REFIT RHF DOOR COMPONENTS | | | | 120.00 |
| 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 Sundries | | | | 20.00 |
| 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: Steve (LKK)
 SURVEYOR SIGNATURE: OD - Not Avail
Exors - ?
 DATE: 1/12/20, 4.10pm
 REMARKS: 3 chgs

Confirm & accepted by
 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
 • Authorized signatory and company stamp

P/P
 My BL Sm

| | |
|----------------------|-----------------|
| Nett | 3,845.60 |
| 7% GST on | 269.19 |
| Total Payable | 4,114.79 |

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 separate 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 checked="" type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only |
| Date of Accident | 1 / 12 / 2020 |
| Time of Accident (24hr format) | 12 : 00 hr |
| Exact Location of Accident | Fernvale Link 418B 792418 Kullish Chute |
| 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 | 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 | SMH 626 Z |
| 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 | Mitsubishi / KIA / Citroen / Maxus / Mercedes / Others |
| Vehicle Model | Cerato |
| Transmission | <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Auto CC 1591 |
| 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) | 3 |
| Passenger (Name and Gender) | Tan Tong Ling (F) Low Ming Yum Adam (M) |

| | |
|--------------------------------------|--|
| Own Vehicle Policy | |
| Handling Insurer (Insurance Company) | AIU |
| 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 | 1900002912 |
| 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 | (S) T / G 89365212 Tan Tong Ling |
| Email Address | tongling89@gmail.com |
| Mobile No | 9857298 |

Owner / Driver's Signature :

| | |
|---------------------------------|---|
| Information | |
| Is the Driver the Policy Holder | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, only fill up the highlighted part |
| Name of Driver | Low Sam Heeg |
| Gender | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| ID of Driver | <input type="checkbox"/> Co.Reg.No <input checked="" type="checkbox"/> NRIC No <input type="checkbox"/> Passport No / Fin |
| Date of Birth | 7/11/1987 |
| Driving Pass Date | 27/4/2018 |
| Contact No | 9064632 Alt Contact No (If any) |
| Home Address | 418B Fernhill Link #17-140 370418 |
| Email Address | sh-low87@gmail.com |
| Occupation | <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor |
| Relationship with Owner | Spouse / Child / Sibling / Parent / Relative / Other |
| 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 | | | |
| Was there any other vehicle or property damaged? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please leave below part empty | | |
| Vehicle Registration No | XD 8679T | | |
| 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please leave below part empty |
| 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 | |
| Was there any witnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please leave below part empty |
| (Name, Phone, Email) | |

| | |
|---|---|
| Files | |
| Are accident photos available for attachment? | <input checked="" 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:

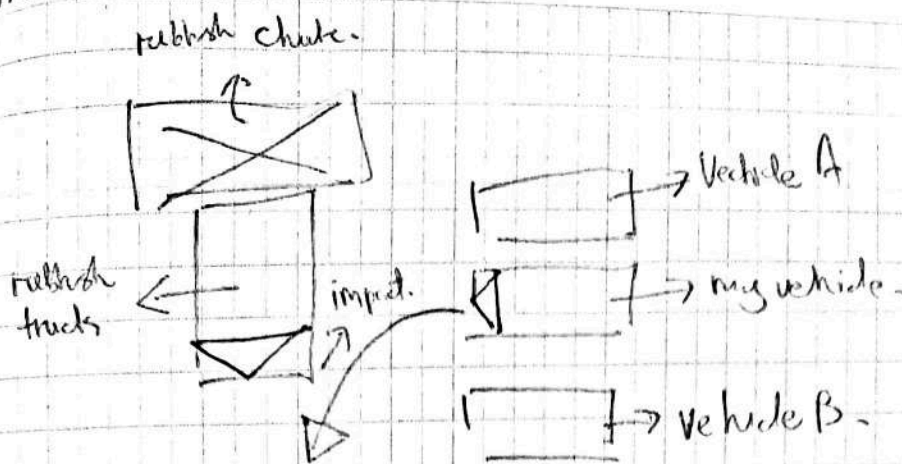
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at loading/unloading bay with Rubbish Trucks in front of me.

The rubbish truck was in stationary mode (collecting rubbish) as I turned 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.: