

ASS. REC. BY:

REF:

CS / AIG 200 / 13253 / d3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1900256421

Claims No. 7048119873SG

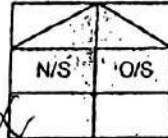
Sum Insured: Excess: 600

(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

GIA / 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:

SM2 8861K

Yr Regn:

9/12/19

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

Truck / Trailer or

Make:

Mitsubishi Afton

c.c 1193

Colour:

Grey

A/C: Insured / Std / NI / N

Sp. Reading

13529

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MM18STA 13AK1-109382

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/R/m / STD A/R/m or

Tyre Size:

F:

185/55R15

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.A.

3/12/20

Survey held at

Cycle & Carriage

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

Rear LH

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

Date / Time

Action / Instruction

Mr - SSK

03/12/20@5.36pm revert to AIG via Merimen.

04/12/20@8.59am Kok Chong informed C/A via Merimen.

04/12/20@9.50am Informed Kevin C/A & ex:\$600 by email.

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

S + RS \$

Photos

Others

TOTAL

Pop. Form:

Lump Sum / L.B. / C.



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name KCV12530/Mr Pang Chuan Hung (Fang Zhuang) Reg No/Reg Date SMQ8861K / 09/12/201 Date In/Mileage / 0 Chassis No MMBSTA13AKH003362 Engine No 3A92UJB1635 Make/Model MIT/19MY ATTRAGE 1.2 CVT Colour/Trim U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	01/12/2020/ 16:31	QUK	282 / Kevin Leong	60266			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000 REPLACE REAR BUMPER, BODYKIT & AFFECTED AREA REPAIR ON REAR LH FENDER - R					450			1800.00
E PNT98000 PAINT WORK ON REAR BUMPER, BODY KIT & REAR LH FENDER					350			1050.00
E PNT88000 REMOVE & INSTALL REAR PARKING ASSIST								120.00
M SUNDRY PERFORM RUST PREVENTION								80.00
A 54900099 CHECK WIRING & CHASSIS 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								50.00
M LAMP ASSY, COMB, RR LH					1.00	335.00	23.00	257.95
M BRACKET, RR BUMPER, LH					1.00	28.00	23.00	21.56
M FACE, RR BUMPER					1.00	748.00	23.00	575.96
M UNPAINTED BODYKITS					1.00	1643.00	20.00	1314.40

Estimate

Stere (LKK)

OD - Abt Authn

Excess - ?

3/12/20, 1-30pm

3 2/15

P/P

LKK Auto Consultants hence notify the Repairer of the following:

Estimate

STERC (LKK) OD - Mr Arthur
Excess - ?
3/12/20, 1:30pm
3 days
P/P
By B-L SN

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

Authorized Signatory and company stamp

7% GST on Net 5,419.87
5419.87 379.39
Total Payable 5,799.26

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect 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 RFA Records Management Centre established by the General Insurance Association of Singapore (GIAS) 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 as stated.

ACCIDENT STATEMENT

Date of Submission 02/12/2020 09:28 (SGT)
 Date of Accident 01/12/2020 13:40 (SGT)
 Exact Location of Accident 17 Cantonment Rd, Singapore 089740
 Additional Location Information CANTONMENT ROAD
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ8861K
 INSURED/POLICYHOLDER
 Is company? No
 Name Of Registered Owner PANG CHUAN HUNG
 NRIC No SXXXX888G
 Email Address phay.yeunglyn@gmail.com
 Mobile Phone No (Phone) +65-92780397
 Alternative Phone No +65-92780397

VEHICLE PARTICULARS

Manufacturer Mitsubishi
 Model Attrage
 Variant -
 Exact purpose for which vehicle was being used at time of accident Private use
 Are you claiming under your own insurance policy for repair to your vehicle? Yes
 Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number 1900256421
 Cover Note Number -

DRIVER

Name of Driver PHAY KOK KIAN
 NRIC No SXXXX153H
 Date Of Birth 29/02/1948
 Occupation Indoor

Date Of Driving Pass 16/01/1981
 Driving experience 39 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number
 Email Address phay.yeunglyn@gmail.com
 Address 1E CANTONMENT RD
 Address complement
 Postcode
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Parent
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

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 the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name CHIA SUN YU
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 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

Vehicle Registration Number SJY5955L
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Private car
 Name of Driver SHONDELL LIM
 Contact Number (Phone) +65-91396860

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

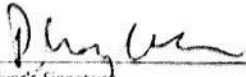
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1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful 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:

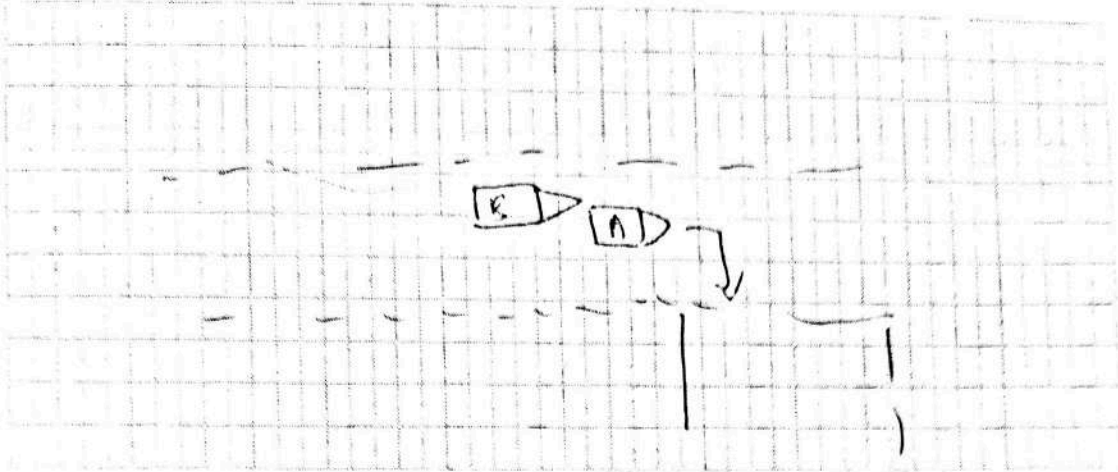
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 1/12/2020
3:45 PM


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At traffic light along Cantonment Road. Right turn into car park at Pinnacle (Duxton). my vehicle stationary at traffic light.

Car B hit my stationary vehicle from behind.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

(Signature)

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1/12/2020

3:55 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: