

ASS. REC. BY:

Steve

REF:

A16

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.

Claims No.

Sum Insured:

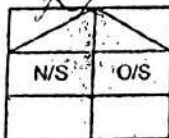
Excess:

(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

GIA / 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:

SMR 4534B

Yr Regn:

7/1/20

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

Truck / Trailer or

Make:

Mitsubishi Outlander

c.c

1998

Colour:

Red

A/C:

Insured / Std / NI / N

Sp. Reading

14597

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

GF7W 960952

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R18

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Toyo

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

1/12/20

D.O.I.

7/12/20

Survey held at

Cycle & Carriage

Des. of Damages: Fr / 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-114 K

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, SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Forms:

Lump Sum / L.E.I. /



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



Co Reg No : 197701469G

ESTIMATE

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 KCV15177/NUNNA SIVAJI RAO Reg No/Reg Date SMR4534B / 07/01/202 Date In/Mileage / 0 Chassis No GF7W0600952 Engine No 4J11AG9646 Make/Model MIT/19MY OUTLANDER 2.0 MODERN(995) Colour/Trim PO2 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	02/12/2020/ 11:35	QUE	261 / Edwin Caina	60285		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 / RENEW FRT BUMPER REPAIR LHF FENDER							450 1350.00
E PNT98000 / RESPRAY FRT BUMPER & LHF FENDER							350 700.00
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 SUPPLY FRT NUMBER PLATE WITH CASING							50.00
M SUNDRY Sundries							20.00
M FACE,FR BUMPER / BR				1.00	859.00	23.00	661.43
M BRACKET,FR BUMPER SIDE,LH / BR				1.00	18.00	23.00	13.86
M BRACKET,FR BUMPER SIDE,RH / BR				1.00	18.00	23.00	13.86
M EXTENSION,FR BUMPER (1st) / CUT				1.00	509.00	23.00	391.93
M GARNISH,FR BUMPER,LH X NN				1.00	48.00	23.00	36.96
M GARNISH,FR BUMPER SIDE X CRA				1.00	48.00	23.00	36.96
M GARNISH,FR BUMPER SIDE X NN				1.00	220.00	23.00	169.40
M GARNISH,FR BUMPER SIDE X NN				1.00	112.00	23.00	86.24
M GARNISH,FR BUMPER SIDE X NN				1.00	48.00	23.00	36.96
M GARNISH,FR BUMPER SIDE X NN				1.00	220.00	23.00	169.40
M GARNISH,FR BUMPER SIDE X NN				1.00	112.00	23.00	86.24
M COVER,FR BUMPER / BR (Black)				1.00	359.00	23.00	276.43
M REINFORCEMENT,FR BUMPER				1.00	490.00	23.00	377.30
M BAR,FR BUMPER GUARD				1.00	130.00	23.00	100.10
M REINF,FR BUMPER SIDE,LH				1.00	60.00	23.00	46.20
M REINF,FR BUMPER SIDE,RH				1.00	69.00	23.00	53.13
M REINFORCEMENT,FR BUMPER				1.00	134.00	23.00	103.18
M GRILLE ASSY,RADIATOR / BR				1.00	548.00	23.00	421.96
M MOULDING,FR BUMPER,LH X NN				1.00	116.00	23.00	89.32

Confirm & accepted by

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.



CYCLE & CARRIAGE

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PANDAN GARDENS CUSTOMER SERVICE CENTRE

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	02/12/2020/ 11:35	QUE	261 / Edwin Caina	60285			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M MOULDING.FR WHEEL ARCH,LH X NIN					1.00	160.00	23.00	123.20

Estimate

7/12/20, 12:00p

SURVEYOR NAME: Stek CLKKSURVEYOR SIGNATURE: OD-NH AGL
EXCROSS - 7DATE: PIPREMARKS: Ry BoL 87

3 dys

- 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

Signature:

Date:

Confirm & accepted by

7% GST on	5,564.06	389.48
Total Payable	5,953.54	

Authorized signatory and company stamp

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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 Submission	02/12/2020 12:00 (SGT)
Date of Accident	01/12/2020 12:45 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4534B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NUNNA SIVAJI RAO
NRIC No	SXXXX660C
Email Address	sivajinunna@yahoo.com.sg
Mobile Phone No	(Phone) +65-90605394
Alternative Phone No	+65-90605394

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1900261240
Cover Note Number	-

DRIVER

Name of Driver	NUNNA SIVAJI RAO
NRIC No	SXXXX660C
Date Of Birth	30/06/1971
Occupation	Indoor

Valid Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

14/02/2012
8 YEARS AND 10 MONTHS
Male
(Phone) +65-90605394
+65-90605394
sivajinunna@yahoo.com.sg
BLK 334 WOODLANDS STREET 32 #03-156
-
730344
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
No
-
Yes
2
No

PASSENGER 1

Name
Gender

NUNNA ARUL SAI
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number

SLJ4347D
Toyota
Wish
-
Blue
Private car
JACQUELINE
(Phone) +65-81573561

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

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:

02/Dec/2020 10:00AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While merging to the highway line near Clementi Road, in front of me one truck and behind the truck SLJ4347D car is following. Truck was passed to main line and ~~followed~~ car also looks followed and I was watching midway for the merging vehicles and at last minute I realised SLJ4347D was stopped and my vehicle banged the car around 20-30 km speed.

DECLARATION

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



Policyholder's Signature

Date & Time:

02/Dec/2020 10 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : NUNNA SIVAJI RAO
 Period of Insurance : 07 Jan 2020 To 06 Jan 2021
 Engine No. : 4J11AC0648
 Chassis No. : GE 7X0600952

Vehicle No. : SMR4534B
 Policy No. : 1900261240
 Endorsement No. :
 Issued Date : 17 Jan 2020

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports
 Engine Capacity/Tonnage : 1,998.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2020
 Insuring with COE/PAF : Yes

a) The Policyholder
 b) Any other person who is named on the Policyholder's order or with his/her permission
 This Policy will cover 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" ("YIDEX") 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 in accordance by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

NUNNA SIVAJI RAO - \$600 (Own Damage), \$600 (Flood Cover)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 606339 65684501
- 2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
- 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
- 4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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), Road Transport (Amendment) Act 2010 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620231

CYCLE & CARRIAGE - MEGEN

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature