

ASS. REC. BY:

Steve

REF:

CC4/A1620013300/ba3

## 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:

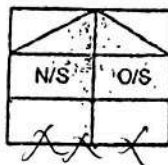
Excess:

(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

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA 3531X

Yr Regn:

12/11/19

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

22466

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KNA F1416 MK S050973

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

11

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.

2/12/20

D.O.I.

7/12/20

Survey held at

cycle &amp; damage

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

MV-72K

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

Phone

Others

TOTAL

Add Fee:



: Site Insp (\$ \_\_\_\_\_)



: Interview (\$ \_\_\_\_\_)



: Tech. Invs (\$ \_\_\_\_\_)



: Weekend (\$ \_\_\_\_\_)

Pop. Forms:

Lump Sum / L.B.I. /



# CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



## ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

| Invoice Name & Address   | Owner Name & Vehicle Info   |
|--|---|
| LOW YONG PEOW @TAN YONG PEOW<br>BLK 106 PASIR RIS STREET 12<br>#03-115<br>SINGAPORE 510106<br>Contact No | Cust No/Name LCV11480/LOW YONG PEOW @TAN YONG PEOW<br>Reg No/Reg Date SMQ3531X*ECB1/ 12/11/201<br>Date In/Mileage / 0<br>Chassis No KNAF1416MK5050973<br>Engine No G4FGKH746509<br>Make/Model KIA/CERATO 1.6 A L S116<br>Colour/Trim CR5 RUNWAY RED / WK SATURN BLACK |

| Account No   | Terms  | Date/Time Printed | CSE | Operator     | WIP No     |       |            |
|--|--------|-------------------|-----|--------------|------------|-------|------------|
| LCV11480   | CRDVCH | 02/12/2020/ 16:43 |     | 442 / Cocolu | 25192      |       |            |
| Description of Goods / Services                      |        |                   |     | Qty          | Unit Price | Disc% | Amount     |
| E PNT88000   |        |                   |     |              |            |       | 800.00     |
| RENEW REAR BUMPER, BOOTLID 4-                        |        |                   |     |              |            |       | 960 700.00 |
| E PNT98000   |        |                   |     |              |            |       | 60.00      |
| SPRAY PAINT FOR REAR BUMPER, BOOTLID 480 (Colm CRS)  |        |                   |     |              |            |       | 40.00      |
| E PNT88000   |        |                   |     |              |            |       | 30.00      |
| REMOVE & INSTALL PARKING SENSOR                      |        |                   |     |              |            |       | 120.00     |
| M SUNDRY   |        |                   |     |              |            |       |            |
| C&C LOGO   |        |                   |     |              |            |       |            |
| A 90000001   |        |                   |     |              |            |       |            |
| CHECK WIRING & ELECTRICAL SYSTEM                     |        |                   |     |              |            |       |            |
| A 10028901   |        |                   |     |              |            |       |            |
| TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST |        |                   |     |              |            |       | 10 20.00   |
| USING HI-SCAN PRO TEST                               |        |                   |     |              |            |       |            |
| M SUNDRY   |        |                   |     |              |            |       |            |
| Sundry   |        |                   |     |              |            |       |            |
| M COVER-RR BUMPER / OP                               |        |                   |     | 1.00         | 651.00     | 00.00 | 651.00     |
| M COVER-RR BUMPER LWR / CUT                          |        |                   |     | 1.00         | 241.00     | 00.00 | 241.00     |
| M COVER-RR BUMPER FOG LAMP, LH X                     |        |                   |     | 1.00         | 19.00      | 00.00 | 19.00      |
| M COVER-RR BUMPER FOG LAMP, RH X                     |        |                   |     | 1.00         | 19.00      | 00.00 | 19.00      |
| M BEAM-RR BUMPER                                     |        |                   |     | 1.00         | 318.00     | 00.00 | 318.00     |
| M PANEL ASSY-TRUNK LID / PD                          |        |                   |     | 1.00         | 1297.00    | 00.00 | 1297.00    |
| M LOGO ASSY-KIA SUB / AK                             |        |                   |     | 1.00         | 32.00      | 00.00 | 32.00      |
| M EMBLEM-CERATO / AK                                 |        |                   |     | 1.00         | 28.00      | 00.00 | 28.00      |

Estimate

Sten CLKK)

ML PrL

7/12/20, 11.99am

4 dys

P/P

# Estimate

STER CLKK)  
7/12/20, 11:00am  
4 dys  
P/P  
By Bal Spj

Confirm & accepted by  
KKK 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 Authorised signatory and company stamp

7% GST on **Nett 4,375.00**  
**306.25**  
**Total Payable 4,681.25**

Supplementary items must be resurveyed and is valid for 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 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 17:14 (SGT)                     |
| Date of Accident                | 02/12/2020 08:22 (SGT)                     |
| Exact Location of Accident      | Tampines Ave 9 & Tampines Ave 7, Singapore |
| Additional Location Information | TAMPINES AVE 9 & TAMPINES AVE 7            |
| Country/State of Loss           | Singapore                                  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMQ3531X             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | LOW YONG PEOW        |
| NRIC No                     | SXXXX623A            |
| Email Address               | MLOWYP@GMAIL.COM     |
| Mobile Phone No             | (Phone) +65-96213106 |
| Alternative Phone No        | +65-96213106         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Kia                       |
| Model  | Cerato                    |
| 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? | No - Claiming third party |
| Vehicle Category   | Private car               |

### INSURANCE COMPANY

|                           |               |
|---------------------------|---------------|
| Name of Insurance Company | AIG           |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | 190024557B    |
| Cover Note Number         | -             |

### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | LOW YONG PEOW |
| NRIC No        | SXXXX623A     |
| Date Of Birth  | 30/06/1953    |
| Occupation     | Indoor        |



Driving Pass .....  
Experience .....  
.....  
.....  
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 .....

05/06/1974  
46 YEARS AND 6 MONTHS  
Male  
(Phone) +65-96213106  
+65-96213106  
MLOWYP@GMAIL.COM  
BLK 106 PASIR RIS STREET 12 #03-115

-  
510106  
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  
1  
No

#### 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

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
Name of Driver .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....

SMK3117R  
-  
-  
-  
-  
Private car  
CHRISTINA POH  
(Phone) +65-98433938  
-  
-  
-  
-

Damage  
Property damaged in accident  
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.

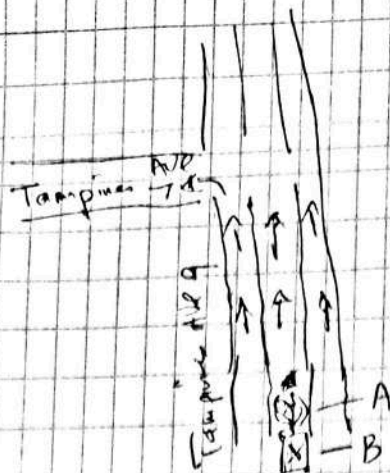


Policyholder's Signature  
Date & Time:

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

02/12/2020 早上晴天, 0.822am 我的車去上班路上。  
 在 Tampine Ave 9 和的 (接近 Tampine Ave 7)  
 是車停等綠燈。剛轉綠燈, 我後面就被撞。  
 是 smk 3117 R

## DECLARATION

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

劉志標

lu

Policyholder's Signature

Date & Time:

02/12/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: