

CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

ESTIMATE

Co Reg No : 199405410K	ESTIMATE	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	LCV10251/FONG KOK XIANG, RAYMOND (HONG G			
	Reg No/Reg Date	SMM1465M / 19/06/201			
	Date In/Mileage	/ 0			
	Chassis No	KNAD6811VL6315057			
	Engine No	G3LCKP059588			
	Make/Model	KIA/STONIC 1.0 A SX BJ3 W SUNROOF			
	Colour/Trim	UD CLEAR WHITE / WK SATURN BLACK			

Account No	Terms	Date/Time Printed	CSE	Operator		WIP No		
LAX00000		07/12/2020/ 10:09	QUE	261 / Edwin Caina		25341		
		Description of Good	s / Services		Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FR	T DIIMDED	•						1600.00
		HF FENDER						
E PNT98000	V							1050.00
	FRT BUMPE	ER , BONNET & LHF FE	NDER					30.00
A 54900099	DING FLE	CTRICAL SYSTEM						30.00
A 10028901	NING LLL	ANTONE STOTEM					1	120.00
TO CARRY		GNOSTIC CHECK USING	HI-SCAN PRO	TEST				
USING HI			_					50.00
M SUNDRY	DT NUMBER	PLATE WITH CASING			几			30.00
M SUNDRY	KI NONDEI	R PLATE WITH CASING	SIII)		30.00
					حي با	476.00	20 00	200 0
M COVER-FR					1.00		20.00	380.8 293.6
M COVER-FR M SKID PLA	-				1.00		20.00	44.0
M LIP ASSY					1.00		20.00	25.6
M GRILLE-F					1.00		20.00	76.8
M GRILLE A					1.00	324.00	20.00	259.2
M STRIP-FR					1.00		20.00	21.6
M BRACKET-		R SIDE,LH			1.00		20.00	10.4
M COVER-FR	BUMPER F	FOG LAMP,LH			1.00		20.00	51.2
M LAMP ASS	Y-HEAD,L	1			1.00	1845.00	20.00	1476.0
		SURVEYOR NAME	:					
		SURVEYOR SIGNA	TURE:					
		DATE:						
		REMARKS:						
Confirm & a	ccepted b	ру						
	•	-				Ne		5,519.2
				7	% GST on	5519.	20	386.3
					To	otal Payab	le	5,905.5
Authorized								

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 04/12/2020 09:09 (SGT) Date of Accident 02/12/2020 15:10 (SGT) **Exact Location of Accident** Woodlands, Singapore Additional Location Information AVE 5 & AVE 3 FILTER LANE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM1465M

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner FONG KOK XIANG, RAYMOND (HONG GUOXIANG)

NRIC No SXXXX849Z

Email Address raymondfkx@gmail.com Mobile Phone No (Phone) +65-87542886

Alternative Phone No +65-87542886

VEHICLE PARTICULARS

Manufacturer Kia

Model Stonic

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

Policy Number 1900110161

Cover Note Number

DRIVER

Name of Driver FONG KOK XIANG, RAYMOND (HONG GUOXIANG)

NRIC No SXXXX849Z

Date Of Birth 21/07/1987

Occupation Indoor Date Of Driving Pass 26/05/2017 Driving experience 3 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-87542886 Alt. Phone Number +65-87542886 Email Address raymondfkx@gmail.com Address **BLK 743 WOODLANDS CIRCLE** Address complement #10-467 SINGAPORE Postcode 730743 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collided into Motorcyclist 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? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-64443009

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Peda No

(Fhone) +65-18002440000

(Fax) +65-64443009

30 Bedok North Road Singapore 469676

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.G/20201203/7025

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

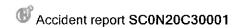
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBN436D

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Motorcycle

Name of Driver LOO KUANG SOON

NRIC No SXXXX610Z



Contact Number	(Phone) +65-93883626
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOO KUANG SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	-
Injured person in which vehicle?	FBN436D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCHPLAN

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- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
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 3. Information provided must be as <u>truthful and accurate as nearlible</u>. Any will disrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy. Rability.</u>
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- 6. The report will be forwarded by the haurers of the GSA Records Management Centre established by the General insurance Assort 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 ladgement 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)

Lunderstand, acknowledge, agree and consent that:

Iunderstand, acknowledge, agree and consent that:

(a) My Insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are parmitted 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 haured vehicle(s) involved in this socident (all insurer(s) who have haured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; his insurer's lawyerstaker time, 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;
(iii) administrating 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.

(colectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to ociect, use, disclose endor process my Personal information for one or more of the above Purposes; and (c) my Personal information rey/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

played wise

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Dete & Time

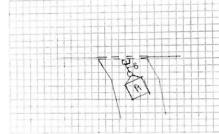
Witnessad by Reporting Centre

BERVICE

-SMM 1465Z

FBN 436D

Sketch Plan



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Declaration

W/e declare the foregoing particulars are true in avery respect.

Shipphodock Structure (Date &

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Dale

Witnessed by Reporting Centre Personnel





POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Report No. G/20201203/7025

Date/Time Report Made	Vide Report No.			Station Diary No.	
03/12/2020 12:15					
Name Of Informant	Address				
FONG KOK XIANG, RAYMOND	743 WOODLANDS CIRCLE #10-467 SINGAPORE				
	730743				
ID Type / ID No.	Contact No.				
NRIC NO / S8721849Z	Home/Office: Mobile:				
	87542886				
Nationality	Email Address				
SINGAPORE CITIZEN	RAYMONDFKX@GMAIL.COM				
Occupation	Sex	Age	Date of Birth	Race	
Working proprietor (wholesale trade)	Male	33	21/07/1987	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 02/12/2020 15:09	Location Of Incident Woodlands Ave 5 & Ave 3 Filter lane				
Brief details.					

- 1. I saw the motorcylist in front of me move forward into the main lane.
- 2. Assuming he already went ahead, I looked back to check for incoming traffic.
- 3. The traffic was clear, so I accelerated and move ahead.
- 4. I heard a bang indicating a collision and realised I have hit the motorcylist whom I thought had went off aiready.
- 5. I exited the car and rendered assistance to the motorcyclist.
- 6. The motorcylist was conscious but reported of pain.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2020 12:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201203/7025

7. I called the ambulance to render assistance.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2020 12:15
Officer In-Charge Of Case:	Classification Of Case:
Authen#cation Stamp	

