

ASS. REC. BY: Steve REF: Ala

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. _____

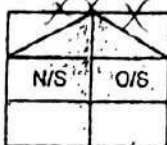
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Val. 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

Date / Time Action / Instruction /

MR-80K

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Veh No: SMP 9690K Yr Regn: 7/11/19

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

Truck / Trailer or

Make: KIA cerato c.c. 1591

Colour: White A/C: Insured / Std / NI / N

Sp. Reading: 12819 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KNAT-5416 ML 5059771

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: 225/45R17

R: _____

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

TOYO / YOKO or Nexen

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 7/12/20 D.O.I. 7/12/20

Survey held at Cycle & Carriage

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

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

Rep. Formed:

Lump Sum / F.B. / C.



CYCLE & CARRIAGE

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
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name LCV11445/THIRUCHELVAM S/O SINGARAVELU Reg No/Reg Date SMP9690K*ECB1/ 07/11/201 Date In/Mileage / 12819 Chassis No KNAF5416ML5059771 Engine No G4FGKH738885 Make/Model KIA/CERATO 1.6 A GT LINE H171 Colour/Trim SWP SNOW WHITE PEAR/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
LAX00000	Credit	07/12/2020/ 11:56	QUD	247 / DonBong	25370		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							400 1600.00
RENEW ACCIDENT DAMAGED PARTS ON FRONT SUPPORT PANEL, FRONT BUMPER /							X 100.00
E PNT88000							X 80.00
REMOVE AND INSTALL RADIATOR AND A/CON CONDENSER TO FACILITATE REPAIR WORK							60.00
M SUNDRY							350 800.00
TOP UP A/CON GAS AND CHECK A/CON SYSTEM							50.00
E PNT88000							80.00 X
REMOVE AND INSTALL PARKING ASSIST							30.00
E PNT98000							120.00
PAINT WORK SPRAY FRONT BUMPER AND AFFECTED PORTION							20 50.00
M SUNDRY							
SUPPLY FRONT NUMBER PLATE WITH FRAME							
M SUNDRY							
PERFORM RUST PREVENTION							
A 54900099							
CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM							
A 10028901							
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST							
M SUNDRY							
SUNDRIES							
M	CARRIER ASSY-FRONT END MODULE	1.00	675.00	20.00			540.00
M	BEAM COMPLETE-FR BUMPER	1.00	497.00	20.00			397.60
M	CONDENSER ASSY-COOLER	1.00	687.00	20.00			549.60
M	COOLANT (4L)	1.00	26.00	23.00			20.02
M	GUARD-AIR,LH	1.00	28.00	20.00			22.40
M	GUARD-AIR,RH	1.00	28.00	20.00			22.40
M	ABSORBER-FRONT BUMPER ENERGY	1.00	84.00	20.00			67.20
M	BRACKET-FR BUMPER UPR SIDE MTG	1.00	22.00	20.00			17.60
M	BRACKET-FR BUMPER UPR SIDE MTG	1.00	22.00	20.00			17.60
M	AIR DUCT-FR BUMPER,RH	1.00	14.00	20.00			11.20

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.



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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
LAX00000	Credit	07/12/2020/ 11:56	QUD	247 / DonBong	25370			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	LAMP ASSY-SIDE REPEATER, RH	X			1.00	143.00	20.00	114.40
M	MOULDING-FRONT BUMPER, RH	X			1.00	216.00	20.00	172.80
M	GARNISH-RADIATOR GRILLE	X ER			1.00	38.00	20.00	30.40
M	GRILLE ASSY-RADIATOR	ER			1.00	328.00	20.00	262.40
M	COVER-FR BUMPER	X R			1.00	633.00	20.00	506.40
M	GRILLE-FRONT BUMPER (Black)	ER			1.00	485.00	20.00	388.00
M	RETAINER-BUMPER SIDE MTG	X			2.00	1.00	20.00	1.60
M	LAMP ASSY-FRONT FOG, RH	X			1.00	303.00	20.00	242.40
M	ULTRASONIC SENSOR ASSY-P.A.S				1.00	163.00	20.00	130.40
M	ULTRASONIC SENSOR ASSY-P.A.S				1.00	163.00	20.00	130.40

Estimate

SURVEYOR NAME : Steve (LKK) 7/12/20, 2.00p
SURVEYOR SIGNATURE : OD-NIA Au
DATE : Excurs - ?
REMARKS : P/P
My Bel sy
3 dys

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey

Confirm & accepted by 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

Nett 6,614.82
7% GST on 6614.82 463.04
Total Payable 7,077.86

Acknowledged by Repairer

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	07/12/2020 13:02 (SGT)
Date of Accident	07/12/2020 08:40 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	YIO CHU KANG ROAD OFF ANG MO KIO AVE. 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP9690K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THIRUCHELVAM S/O SINGARAVELU
NRIC No	SXXXX958D
Email Address	thiruchelvamsingaravelu@gmail.com
Mobile Phone No	(Phone) +65-87199969
Alternative Phone No	+65-87199969

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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900235347
Cover Note Number	-

DRIVER

Name of Driver	THIRUCHELVAM S/O SINGARAVELU
NRIC No	SXXXX958D
Date Of Birth	24/10/1985
Occupation	Indoor

Of 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

21/05/2007
 13 YEARS AND 7 MONTHS
 Male
 (Phone) +65-87199969
 +65-87199969
 thiruchelvamsingaravelu@gmail.com
 BLK 17 HOUGANG AVENUE 3
 #08-155 SINGAPORE
 530017
 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
 No
 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
 Address
 Address complement
 Postcode
 Insurance Company Name

SLE2803T
 Hyundai
 -
 -
 -
 Private car
 KOH ERN HUI EMMELINE
 (Phone) +65-93621848
 -
 -
 -
 -

Of Damage -
Of property damaged in accident -
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.
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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: 07/12/2020
1015 hrs

Driver's Signature

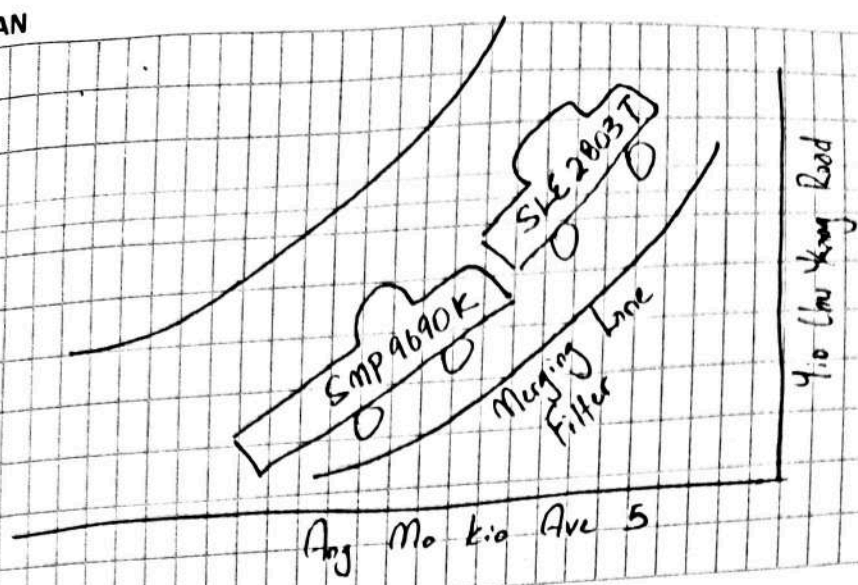
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Ang mo kio Ave 5, turning into the filter merging lane to the left to merge to Yio Chu kang road. I hit onto the back of vehicle SLE 2803T.

DECLARATION

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

 Policyholder's Signature
 Date & Time: 07/12/2020
 1015hrs

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : THIRUCHELVAM S/O SINGARAVELU
Period of Insurance : 07 Nov 2019 To 06 Nov 2021
Engine No. : G4FGKH738885
Chassis No. : KNAF5416ML5059771

Vehicle No. : SMP9690K
Policy No. : 1900235347
Endorsement No. :
Issued Date : 15 Nov 2019

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

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 rendered inoperative 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)

THIRUCHELVAM S/O SINGARAVELU - \$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 609339 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: 241 Alexandra Road Singapore 159931 64278800
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: DBS BANK LTD

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 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622216
C&CKICP2 - KEENG

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.

SSCN