

ASS. REC. BY:

Steve

REF:

AIG

CS/AIG20013477/Eqf3

## 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. 1800109859

Claims No. 4423794632SG

Sum Insured:

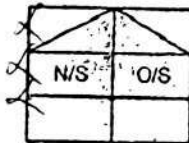
Excess:

(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:

SBB 3716 P

Yr Regn:

13/9/18

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

Truck / Trailer or

Make:

Mitsubishi Eclipse

c.c

1499

Colour:

Brown

A/C:

Insured / Std / NI / N

Sp. Reading

29629

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JMAXTGRIWJ2902613

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/70R15

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.

11/12/20

D.O.I.

7/12/20

Survey held at

Cycle &amp; 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

Date / Time

Action / Instruction

MK-88K

08/12/20@11.28am revert to AIG via Merimen.

08/12/20@3.55pm Kok Chong informed C/A via Merimen.

09/12/20@10.32am Informed Edwin C/A &amp; ex:\$400 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, SI

Photos

Others

TOTAL

Rep. Form 1

Lump Sum / L.R. /



CYCLE &amp; CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



## ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

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 /NG KAI KHUAY Reg No/Reg Date SBB3716P / 13/09/201 Date In/Mileage / 0 Chassis No JMAXTGK1WJZ002613 Engine No 4B40DN9040 Make/Model MIT/ECLIPSE CROSS 1.5 T/C 2WD ELEGA Colour/Trim CO2 BRONZE METALLIC/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	04/12/2020/ 16:59	QUE	261 / Edwin Caina	60386			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000	^	RENEW LHF FENDER , LHF DOOR & LHR DOOR	450x2					900 2250.00
		REPAIR LHR FENDER & RR BUMPER						
E PNT98000	x	RESPRAY FR BUMPER , LHF FENDER , LHF DOOR , LHR DOOR , LHR FENDER &	JS					1050 2100.00
		RR BUMPER x						
E PNT88000		REMOVE & REFIT LHF DOOR COMPONENT						120.00
E PNT88000		REMOVE & REFIT LHR DOOR COMPONENT						120.00
M SUNDRY		RENEW LHF SPORT RIM & TRANSFER TYRE						30.00
M SUNDRY		RENEW LHR SPORT RIM & TRANSFER TYRE						30.00
M SUNDRY		SUPPLY LHF SPORT RIM	Polish					480.00
M SUNDRY		SUPPLY LHR SPORT RIM						480.00
A 54900099		CHECK WIRING ELECTRICAL SYSTEM						30.00
A 10028901		TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST						120.00
		USING HI-SCAN PRO TEST						
M SUNDRY		APPLY ANTI CORROSION ON AFFECTED						40 80.00
E PNT88000		REMOVE & REFIT REVERSE SENSOR						80.00
M SUNDRY		Sundries						20 30.00
M FENDER,FR LH	x R				1.00	599.00	23.00	461.23
M MOULDING,FR WHEEL ARCH,LH	/	CUT			1.00	151.00	23.00	116.27
M PANEL ASSY,FR DOOR,LH	/	PO			1.00	949.00	23.00	730.73
M MOULDING,F/DR SASH,UPR LH	/	?			1.00	119.00	23.00	91.63

Confirm &amp; 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 &amp; CARRIAGE

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	04/12/2020/ 16:59	QUE	261 / Edwin Caina	60386			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	MLDG,F/DR WDO BELT LINE,LH	1.00	89.00	23.00	68.53			
M	GARNISH,FR DOOR,LH	1.00	174.00	23.00	133.98			
M	GARNISH,FR DOOR SASH,LH	1.00	66.00	23.00	50.82			
M	PANEL ASSY,RR DOOR,LH	1.00	937.00	23.00	721.49			
M	MOULDING,R/DR SASH,UPR LH	1.00	114.00	23.00	87.78			
M	MLDG,R/DR WDO BELT LINE,LH	1.00	120.00	23.00	92.40			
M	GARNISH,RR DOOR,LH	1.00	102.00	23.00	78.54			
M	GARNISH,RR DOOR SASH,FR LH	1.00	108.00	23.00	83.16			
M	GARNISH,RR DOOR SASH,RR LH	1.00	49.00	23.00	37.73			
M	GARNISH,SIDE SILL,LH	1.00	91.00	23.00	70.07			
M	MOULDING,R/DOOR PROTECT,LH	1.00	105.00	23.00	80.85			
M	MOULDING,RR WHEEL ARCH,LH	1.00	153.00	23.00	117.81			
M	SHIELD,RR WHEEL,FR LH	1.00	126.00	23.00	97.02			

SURVEYOR NAME: Steve (LKK) 7/12/20, 4:30pm  
 SURVEYOR SIGNATURE: DD-NH Auth  
 DATE: 6 days  
 REMARKS: P/P, Rg Ret M

LKK Auto Consultants hence notify  
 confirm & accepted by:

- 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

7% GST on Net 9,070.04  
 634.90  
 Total Payable 9,704.94

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 ..... 04/12/2020 14:58 (SGT)  
Date of Accident ..... 01/12/2020 16:24 (SGT)  
Exact Location of Accident ..... Blk 808 French Rd, #01-01, Singapore 200808  
Additional Location Information ..... FRENCH ROAD MULTI STOREY CARPARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBB3716P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG KAI KHUAY  
NRIC No ..... SXXXX957Z  
Email Address ..... DAVISKK2002@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-81001992  
Alternative Phone No ..... +65-81001992

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Eclipse cross  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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 ..... 1800109859  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NG KAI KHUAY  
NRIC No ..... SXXXX957Z  
Date Of Birth ..... 29/05/1960  
Occupation ..... Indoor

Date Of Driving Pass	11/01/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81001992
Alt. Phone Number	+65-81001992
Email Address	DAVISKK2002@YAHOO.COM.SG
Address	30 JALAN WARINGIN
Address complement	-
Postcode	-
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	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT  
COLLISION-HEAD TO SIDE

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SKN68B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW MIANG YEOW PERCY
Contact Number	(Phone) +65-97474710
Address	-
Address complement	-
Postcode	-

Insurance Company Name  
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.
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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:

4/12/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4/12/20

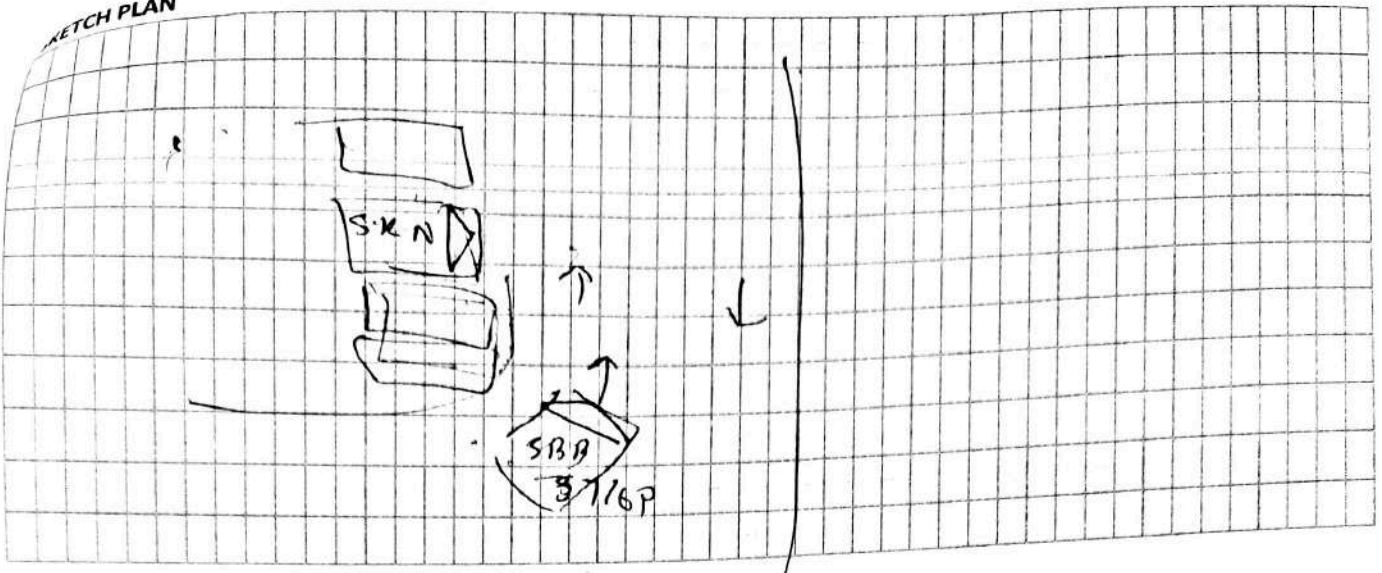
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

5140193172

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Round tight turn corner, going at  $> 10 \text{ Km/hr}$ .  
 No car in front  
 After round corner heard crash metal sound  
 Realise an accident happen  
 Left of my car in front of other car.

DECLARATION

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

Policyholder's Signature

Date & Time:

4/12/20  
 GJARM SKETCH PLAN 0911\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4/12/20

Reporting Centre Personnel's Signature

Name:

NRIC/ID No: 51401957/2

4/12/20



# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : NG KAI KHUAY  
 Period of Insurance : 13 Sep 2020 To 12 Sep 2021  
 Engine No. : 4B40DN9040  
 Chassis No. : JMAXTGK1WJZ002613

Vehicle No. : SBB3716P  
 Policy No. : 1800109859-01  
 Endorsement No. :  
 Issued Date : 10 Aug 2020

### ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5  
 Engine Capacity/Tonnage : 1,499.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2018  
 Insuring with COE/PAFF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- 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 "Young and/or Inexperienced Driver Excess" ("YIDR") 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

Mileage Condition : Unlimited Mileage

#### 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

NG KAI KHUAY - \$800 (Own Damage), \$800 (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: 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 69326000

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](http://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: United Overseas Bank Limited

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).

0504620212

C&CMICP2 - WW

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.

AIGSGMOBILEAP