

Steve A16

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/W8/TP RES/OD RES/EVA/INV/MY
 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.

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 SIA / 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: SMT 2183K Yr Regn: 26/2/19
 Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or 1193
 Make: Mitsubishi Attrage c.c. 1594
 Colour: Grey A/C: Insured / Std / NI / N
 Sp. Reading: 25416 T/Radlo: Insured / Std / NI / N
 Eng/No: _____
 C/No: MM15 STAIRAH 001219
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / B/R/m / STD A/R/m or
 Tyre Size: F: 185/55R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 4 mm Rear R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 10/12/20 D.O.I. 10/12/20
 Survey held at Cycle & Carriage
 Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

| Date / Time | Action / Instruction |
|---|----------------------|
| | <u>MV-54K</u> |
| Confirm final figure \$9259.85, 7 Days before GST and excess \$300 RED: 3068.07; 24% | |

Date/Time, File Pass to? : Prel. Report : Final Report

Date/Time, File Return to? _____

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Invs (%) : Weekend (%)

Survey Fee: _____
 Transportation: _____
 Photos: _____
 Others: _____
 TOTAL: _____

Report Form: _____
 Comp. Quon / L.P.A. / C: _____



CYCLE & 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

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for AIG Asia Pacific Insurance Pte. Ltd. and vehicle information for a Mitsubishi Attrage 1.2 CVT.

Summary table with columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Values include KAX00008, Credit, 10/12/2020/ 16:02, 442 / CocoLu, 60601.

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair services like bumper replacement, aircon condensor, and electrical system check.

Estimate

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.



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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 KCV10532/WONG WEE HON, KEVIN Reg No/Reg Date SMJ2183K / 26/02/201 Date In/Mileage / 0 Chassis No MMBSTA13AKH001219 Engine No 3A92UHN9345 Make/Model MIT/19MY ATTRAGE 1.2 CVT Colour/Trim U01 TITANIUM GREY M/ BK BLACK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No |
|------------|--------|-------------------|-----|--------------|--------|
| KAX00008 | Credit | 10/12/2020/ 16:02 | | 442 / Cocolu | 60601 |

| Description of Goods / Services | Qty | Unit Price | Disc% | Amount |
|----------------------------------|------|------------|-------|--------|
| M INSULATOR, HOOD X | 1.00 | 177.00 | 23.00 | 136.29 |
| M HINGE, HOOD, LH | 1.00 | 56.00 | 23.00 | 43.12 |
| M HINGE, HOOD, RH | 1.00 | 56.00 | 23.00 | 43.12 |
| M LATCH, HOOD X | 1.00 | 69.00 | 23.00 | 53.13 |
| M FENDER, FR LH - OD | 1.00 | 497.00 | 23.00 | 382.69 |
| M FENDER, FR RH - OD | 1.00 | 497.00 | 23.00 | 382.69 |
| M PANEL ASSY, FR END ? | 1.00 | 1055.00 | 23.00 | 812.35 |
| M PANEL, HEADLAMP SUPPORT, UPR ? | 1.00 | 65.00 | 23.00 | 50.05 |
| M PANEL, AIR GUIDE, LH | 1.00 | 11.00 | 23.00 | 8.47 |
| M PANEL, AIR GUIDE, RH | 1.00 | 11.00 | 23.00 | 8.47 |
| M COVER, ENG ROOM UNDER, FR X | 1.00 | 99.00 | 23.00 | 76.23 |
| M GARNISH, FR PILLAR, RH X | 1.00 | 30.00 | 23.00 | 23.10 |
| M GARNISH, FR PILLAR, LH X | 1.00 | 30.00 | 23.00 | 23.10 |
| M HEADLAMP ASSY, RH - OR | 1.00 | 660.00 | 23.00 | 508.20 |
| M HEADLAMP ASSY, LH - OR | 1.00 | 660.00 | 23.00 | 508.20 |
| M TANK, WINDSHIELD WASHER X | 1.00 | 74.00 | 23.00 | 56.98 |
| M MOTOR, WINDSHIELD WASHER X | 1.00 | 30.00 | 23.00 | 23.10 |
| M CONDENSER ASSY, A/C REFRIGE ? | 1.00 | 758.00 | 23.00 | 583.66 |
| M PIPE, A/C CONDENSER OUTLET ? | 1.00 | 305.00 | 23.00 | 234.85 |
| M HOSE, A/C COMPR DISCHARGE X | 1.00 | 210.00 | 23.00 | 161.70 |
| M HOSE, A/C COMPR SUCTION X | 1.00 | 231.00 | 23.00 | 177.87 |

Estimate

Stere (LKK)

10/12/20 - 4.30pm

OD - Not Auth

Excise - ?

7 days

P/P

My Bel Spy

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

Confirmation accepted by allowed

- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

Authorized signatory and company stamp _____

| | | |
|----------------------|----------|------------------|
| | Nett | 11,791.68 |
| 7% GST on | 11791.68 | 825.42 |
| Total Payable | | 12,617.10 |

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

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 to 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 | 10/12/2020 16:05 (SGT) |
| Date of Accident | 10/12/2020 08:30 (SGT) |
| Exact Location of Accident | TPE, Singapore |
| Additional Location Information | TPE, BEFORE JALAN KAYU EXIT, PAST SENGKANG RIVER PARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMJ2183K |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | WONG WEE HON, KEVIN |
| NRIC No | SXXXX274C |
| Email Address | KEVINWONGWH@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98377619 |
| Alternative Phone No | +65-98377619 |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Mitsubishi |
| Model | Attrage |
| 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 | 1900020520 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | WONG WEE HON, KEVIN |
| NRIC No | SXXXX274C |
| Date Of Birth | 29/11/1985 |

| | |
|--|-----------------------------------|
| Occupation | Indoor |
| Date Of Driving Pass | 30/04/2008 |
| Driving experience | 12 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98377619 |
| Alt. Phone Number | +65-98377619 |
| Email Address | KEVINWONGWH@GMAIL.COM |
| Address | BLK 742 TAMPINES STREET 72 #12-96 |
| Address complement | - |
| Postcode | 520742 |
| 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

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMN7093H |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Fit |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| 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.**
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: 10/12/20 1500H

Driver's Signature

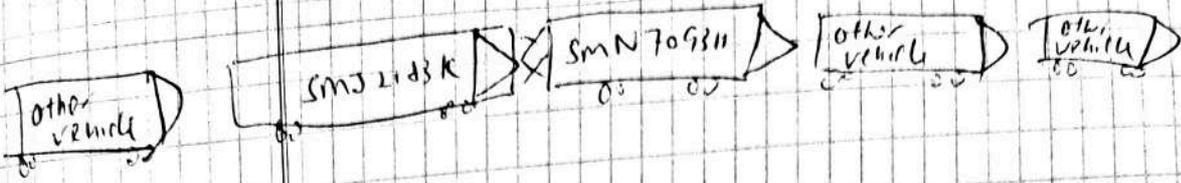
(If driver is not the policyholder)
Date & Time: 10/12/20 1500H

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

Brake



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DRIVING ON FIRST LANE ON THE, RELEASE SMN 7093H BRAKE AND I SLOW ~~DOWN~~ DOWN,
HOWEVER, I REALISE CAR WAS IN IMMEDIATE STOP, SO I JAMMED MY BRAKE BUT WAS
NOT ENOUGH TO STOP IN TIME.

I AM TRAVELLING AT 80-90 km/h.

THERE ARE A FEW CARS IN FRONT OF SMN 7093H BUT THEY STOPPED IN TIME.

THERE ARE A CAR BEHIND ME, BUT ALSO STOPPED IN TIME.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 10/12/20

1500H

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/12/20 1500H

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wong Wee Hon Kevin
Period of Insurance : 26 Feb 2019 To 25 Feb 2021
Engine No. : 3A92UHN9345
Chassis No. : MMBSTA13AKH001219

Vehicle No. : SM 12183K
Policy No. : 1900020520
Endorsement No. :
Issued Date : 05 Mar 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 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 "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 3 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 rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0
Section 2
 Property Damage - \$0
Windscreen : \$100

Named Driver and Excess (where applicable)
 Wong Wee Hon Kevin - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
 2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64728688
 3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
 4. Cycle & Carriage Body & Paint Centre Add: 209 Faridan Gardens Singapore 609339 65684501
 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.com.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: MayBank

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

0504623204
 FULCOMICP2 - EP
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE