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Authorized signatory and company stamp

CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

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 Reg No/Reg Date Date In/Mileage Chassis No Engine No Make/Model Colour/Trim	

Account No	Terms	Date/Time Printed	CSE	Ope	rator		WIP No			
AX00000	Credit	10/12/2020/ 17:09	QUK	282	/ Kevin Leo	ing	25569			
	A SERVICE AND A	Description of Goods	s / Services			Qty	Unit Price	Disc%		mount
PNT88000	DE AD RIME	PER, BOOT & AFFECTED							899	1600.0
REPAIR OF									100	1050 (
PNT98000		1 _ '							700	1050.0
	RK ON REA	AR BUMPER, BOOT & END	PANEL						1	120.0
PNT88000	THETALL	REAR BOOT COMEPARTME	NT FOR FAC	τι ττα:	F REPAIR				,	
PNT88000	INSTALL	REAR BOOT COMEPARTING	.NI TOK TAC	ILIIA	ie neimin					120.
	INSTALL	RÉAR PARKING ASSIST							1	0202 0
SUNDRY			100							40.0
PERFORM	RUST PRE	VENTION	~ 1]	~ ~	\mathcal{A}	e.			30.0
54900099	DINC . C	JACOTE ELECTRICAL CO	52711	117	1019	1710)			50.
10028901	KING & CI	HASSIS ELECTRICAL SYS	5) (LI		(Q	otle	,			120.0
TO CARRY	OUT DIAG	SNOSTIC CHECK USING	II-SCAN PRO	TEST						
USING HI										1/0
SUNDRY				Danle	seles again	()				160.0
	ZERTONA	COATING ON AFFECTED	AREA (ANI W	· 1 / /	,			20	50.0
1 SUNDRY		- 4						- 1	7.	50.0
SUNDRIES M PANEL AS		110 / 00				1.00	1297.00	20.00		1037.6
1 PANEL AS		4				1.00	324.00			259.2
M COVER-RE		/ 00				1.00	651.00			520.8
M COVER-RE		*/114				5.00	241.00			964.0
M EXTN WIF	RING ASSY	-BWS				1.00	207.00			165.6
		UPR MTG,LH				1.00		20.00		7.2
		UPR MTG, RH ?				1.00		20.00		7.2
		LWR,CTR 1				1.00		20.00		4.8
	-RR BEAM	LWR MTG !				2.00		20.00		9.6
M BEAM-RR	BUMPER	1 1				1.00	318.00	200010 7000000		254.40
M ANTENNA	ASSY-SMA	RTKEY				1.00		20.00		36.80
	BUMPER L	н 🚶				1.00		20.00		52.0
M STAY-RR		н 1				1.00	65.00	20.00		52.00

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 & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

No : 199405410K Co

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	Cust No/Name Reg No/Reg Date Date In/Mileage	11/12/2020/ 0
AIG BUILDING SINGAPORE 079120 Contact No 64191000	Chassis No Engine No Make/Model	KNAF 3416MK 5047758 G4FGKH 738725 KIA/CERATO 1.6 A SR SX G335
Contact no 04131000	Colour/Trim	4SS SILKY SILVER / WK SATURN BLACK

int No Ter	ms D	ate/Time Printed	CSE	Operator		WIP No		
	dit 1	0/12/2020/ 17:09	QUK	282 / Kevin Leong		25569		
		Description of Goods	s / Services		Qty	Unit Price		Amount
ACKET ASSY- ACKET-ASSY	-RR BPF	R SIDE UPR,L 1			1.00		20.00	20. 24.
	(Sten (LKK)	00- Exce 11/12	NH Auth 115 - 7 1/29, 2-90pm				
		层(Sti	iminat	9[)		
			(Ly Bel gy				
the Repairer To resurvey b To display dat Parts prices a Third party su No illegal more	of the for efore/after maged par are subject arvey is on dification(s	spray painting t(s) during resurvey to confirmation a "Without Prejudice" basis						
is subject to f Acknowledged Signature:	inal appro	al from Insurance Company						
Acknowledged	by Repair	er						

6706.00

469.42

7% GST on

Total Payable

7,175.42

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. the rubber seal or other repair requiring the removal of the windscreen.

SC1A20CB0001 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 11/12/2020 08:54 (SGT) ENTRY DATE BY: TAN SHIEH YUEN SUBMITTED BY: TAN SHIEH YUEN VERSION: 1 (11/12/2020 08:54 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPURIANT INCTION.

1. Please report correctly the details of the accident to speed up the claims process.

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 willful misrepresentation or witholding of material facts may allow insurance companies to repudiate the resulting and accurate as possible. 3. Information 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.

As the issue reporting may be referred to the Police for Investigation.

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

11/12/2020 08:54 (SGT) 10/12/2020 14:00 (SGT) Date of Submission Woodlands Ave 12, Singapore Date of Accident **Exact Location of Accident** WOODLANDS AVENUE 12 Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMM4337E

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	IAN.WENSEN@GMAIL.COM (Phone) +65-96287410

VEHICLE PARTICULARS

Vehicle Registration Number

	Kia
Manufacturer	Cerato
Model	-
Variant Lists was being used at time of	
Variant Exact purpose for which vehicle was being used at time of	-
accident Are you claiming under your own insurance policy for repair to	
Are you claiming under your own insurance policy to	Yes
your vehicle?	Private car
Vehicle Category	

INSURANCE COMPANY

Name of Insurance Company	
Type of Coverage	SANDERS SAND
Fleet Policy	1000100061
Policy Number	1900100301
Cover Note Number	

DRIVER

Name of Driver	LAM WAIN SION
NRIC No	
Date Of Birth	
Date Of Birth	Indoor
Occupation	maoor

Of Driving Pass	10/02/2006
Date Of Driving Pass Date Of priving Pass Date Of Driving Pass	14 YEARS AND 10 MONTHS
Oriving Exposition	Male
conder	(Phone) +65-96287410
Mabile Number	+65-96287410
Alt Phone Number	IAN.WENSEN@GMAIL.COM
mail Address	53A EDGEDALE PLAINS #06-06
Adress	55A EDGEBALE I EMITO #50 00
Address complement	
Address complement postcode	828693
postcode s the driver the policyholder?	Yes
s the driver the policyholder? f No, Relationship of the Driver with the Insured	•
No. Relationship of the Driver Was as	No
No. Relationship Opes Driver Own Other Vehicles? Opes Driver Own Other Vehicle Owned by Driver	
Does Driver Own Other Vehicles Polyage Driver Owned by Driver Pehicle Registration Number of Other Vehicle Owned by Driver	ž.
Vahiala Owned by Driver	-
nsurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE RESIDEN	
	Collision - Head to Rear
Type of Accident	
Weather Conditions	Clear
Road Surface	Dry
YOUR SUITAGE	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	140
Was any injured conveyed to hospital by ambulance?	- V
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
the the driver been approached by unknown person(s)	N/a
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	LAM PO LIM
Gender	Male
Geriuei	
PASSENGER 2	
Nama	CHEE OI CHIN
Name	Female
Gender	Tomale
DETAILS OF POLICE ACTION	The same of the second
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	100 mm (100 mm
II yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT	
ATTACHMENT(S)	
	V -
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
**	
DETAILS OF OTHE	R VEHICLE PROPERTY 11
H D H I M H T H T H T H T H T H T H T H T H T H	
TO FINAL BY THE ST. OF THE	2012
Vehicle Registration Number	GZ9G
Vehicle Manufacturer	•
Vehicle Model	*
Vehicle Variant	

Colour	-
Vehicle Colour Vehicle Category Vehicle Category	Commercial vehicle
	LEE CHOONG HUI LEONARD
	(Phone) +65-91169113
Contact Number	
Address complement	
10048	-
Postcode Insurance Company Name	
Of Damage	.
Details of property damaged in accident	(=)
Details of Property 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.
- 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
- 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.
- 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 insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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

(iii) for complying with requirements under any regulations, laws or court orders.

for

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.:

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	Read divices	
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	<u>V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	Landon Co. S. Carolles N. N. C. V. 1997 - 1
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	dhade her 12 god
its dowing on the	left nort kine colong in	(1910) 100 12 The
theing down at the	red traffic light.	
011111111111111111111111111111111111111	1 1 - 6 - 1 - 1	Me.
1 44 44 2	leta and front + rean u	ideo attachment dom
Cher -0 8774200 1	0 -110	
ean eanera		
DECLARATION		
DECLARATION I/We declare the foregoing partic	ulars are true in every respect.	
DECLARATION I/We declare the foregoing partic	ulars are true in every respect.	
DECLARATION I/We declare the foregoing partic		Principle Course Descriptor Stanzage
DECLARATION I/We declare the foregoing partic Policyholder's Signature Date & Time: IC New Telf	ulars are true in every respect. Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature