

ASS. REC. BY:

Steve

REF:

A16

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:

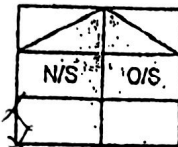
0

(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 Report:

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:

SMU 1804B

Yr Regn:

30/7/20

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

Truck / Trailer or

Make:

KIA Cerato

c.c. 1591

Colour:

Grey

A/C: Insured / Std / NI / N

Sp. Reading

4459

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KNAF S416MLS086981

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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.

13/12/20

D.O.I.

14/12/20

Survey held at

Cycle & Carriage

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

Rear L.H.

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

Date / Time Action / Instruction

MV-90K

PART BY PART \$2,818.80, 4DAYS

RED:2356; 45%

a/True, File, Pass to?



: Prel. Report



: Final Report

a/True, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

a/True, File, Pass to?

a/True, File Return to?



CYCLE & CARRIAGE

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

Co Reg No : 199405410K

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 LCV12611/ANG KIM HOCK Reg No/Reg Date SMU1804B / 30/07/202 Date In/Mileage / 0 Chassis No KNAF5416ML5086981 Engine No G4FGKH754831 Make/Model KIA/CERATO 1.6 A GT LINE H171 Colour/Trim ABI PLATINUM GRAPHI/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
LAX00000	Credit	14/12/2020/ 14:00	QUD	247 / DonBong	25764		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW ACCIDENT DAMAGED PARTS ON REAR BUMPER FACE, REPAIR LH REAR FENDER, REPAIR REAR END PANEL							1200.00
E PNT88000 REMOVE AND INSTALL PARKING ASSIST							60.00
E PNT98000 PAINT WORK SPRAY REAR END PANEL, REAR BUMPER FACE, LH REAR FENDER AND AFFECTED PORTION							1050.00
M SUNDRY PERFORM RUST PREVENTION							80.00
A 54900099 CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM							30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST							120.00
M SUNDRY RE-APPLY BODY ZERTONA COATING							80.00
M SUNDRY SUNDRIES							50.00
M GUARD-REAR WHEEL, LH X				1.00	75.00	20.00	60.00
M NUT-PLUG X				6.00	2.00	20.00	9.60
M LAMP ASSY-REAR COMB OUTSIDE, LH				1.00	675.00	20.00	540.00
M BRACKET ASSY-RR BPR SIDE UPR, L				1.00	25.00	20.00	20.00
M BRACKET-ASSY RR BPR SIDE UPR, R				1.00	31.00	20.00	24.80
M BEAM-RR BUMPER X				1.00	318.00	20.00	254.40
M BRACKET-RR BEAM LWR MTG				2.00	6.00	20.00	9.60
M BRACKET-RR BEAM LWR, CTR X				1.00	6.00	20.00	4.80
M BRACKET-RR BEAM UPR MTG, LH				1.00	9.00	20.00	7.20
M BRACKET-RR BEAM UPR MTG, RH X				1.00	9.00	20.00	7.20
M EXTN WIRING ASSY-BWS X				1.00	207.00	20.00	165.60
M LAMP ASSY-SIDE T/SIGNAL, LH X				1.00	181.00	20.00	144.80
M COVER-RR BUMPER FOG LAMP, LH				1.00	19.00	20.00	15.20
M GROMMET ASSY-SCREW				2.00	2.00	20.00	3.20

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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**ESTIMATE**

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
LAX00000	Credit	14/12/2020/ 14:00	QUD	247 / DonBong	25764			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	RETAINER				2.00	2.00	20.00	3.20
M	COVER-RR BUMPER ✓ GR				1.00	651.00	20.00	520.80
M	COVER-RR BUMPER LWR ✓ CRA				1.00	241.00	20.00	192.80
M	ULTRASONIC SENSOR ASSY-BWS X				1.00	163.00	20.00	130.40
M	ULTRASONIC SENSOR ASSY-BWS X				1.00	163.00	20.00	130.40
M	ULTRASONIC SENSOR ASSY-BWS X				1.00	163.00	20.00	130.40
M	ULTRASONIC SENSOR ASSY-BWS X				1.00	163.00	20.00	130.40

Estimate

SURVEYOR NAME: Steve CLKK) 14/12/20, 2:00pmSURVEYOR SIGNATURE: OD- Mr AuthLDATE: Excrs - ?REMARKS: 4 dysP/P
Ry Bel sy

<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 		Nett 7% GST on	5,174.80 362.24 Total Payable
<p>Confirm & accepted by _____</p> <p>Acknowledged by Repairer _____</p> <p>Authorized signatory and company stamp _____</p>			5,537.04

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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	14/12/2020 13:22 (SGT)
Date of Accident	13/12/2020 15:27 (SGT)
Exact Location of Accident	Dairy Farm Rd, Singapore
Additional Location Information	DAIRY FARM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU1804B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG KIM HOCK
NRIC No	SXXXX212I
Email Address	kimhock@fairwind-intl.com
Mobile Phone No	(Phone) +65-96557423
Alternative Phone No	+65-96557423

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	2070111864
Cover Note Number	-

DRIVER

Name of Driver	ANG CHEN XIN, KELVIN
NRIC No	SXXXX046E
Date Of Birth	26/02/1989
Occupation	Indoor



Date 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

26/09/2011
9 YEARS AND 3 MONTHS
Male
(Phone) +65-96557423
-
KELVINANGCHENXIN@GMAIL.COM
BLK 539 HOUGANG STREET 52 #10-50
-
530539
No
Child
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?

Yes
2
Yes
No
Yes
1
No

FOREIGN VEHICLE 1

Vehicle Registration Number
Vehicle Category

JMR1753
Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Jurong Division Headquarters
(Phone) +65-18007910000
(Fax) +65-68965647
No. 2 Jurong West Avenue 5 Singapore 649482
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
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

JMR1753
-
-
-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	NG LAI MEN
Contact Number	(Phone) +65-85458144
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	NG LAI MEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUPERFICIAL SCRATCHES ON ARM
Injured person in which vehicle?	JMR1753
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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**.
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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:

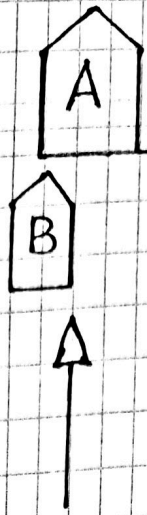
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/12/2020

1115 HRS


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attachment and video footage.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/12/2020

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



SINGAPORE POLICE FORCE



J/20201213/7029

1 of 2

Report No. J/20201213/7029

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 13/12/2020 17:11	Vide Report No.	Station Diary No.
Name Of Informant ANG CHEN XIN, KELVIN	Address 539 HOUGANG STREET 52 #10-50 SINGAPORE 530539	
ID Type / ID No. NRIC NO / S8887046E	Contact No. Home/Office:	Mobile: 96557423
Nationality SINGAPORE CITIZEN	Email Address KELVINANGCHENXIN@GMAIL.COM	
Occupation	Sex Male	Age 31
Other insurance representatives	Date of Birth 26/02/1989	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 13/12/2020 15:30 - 13/12/2020 15:45	Location Of Incident DAIRY FARM ROAD	

Brief details.

13th December 2020 @ 1527hrs: Traffic accident with a Malaysia motorbike (JMR 1753) along Dairy Farm Road (before bus stop - Dairy Farm Road B02).
My car SMU1804B stopped as the cars in front had stop. The mentioned Malaysian Motorcyclist (MR NG LAI MEN, Work Permit #: 4 02910755, FIN: G6674509R) failed to stop in time and hit the rear (Left) of my vehicle. You may refer to the footage / image for more information. No injury on my end, NG LAI MEN sustained superficial scratches on arm.

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: 13/12/2020 17:11
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20201213/7029

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201213/7029

Due to large file size, I am unable to upload the file. If you require the file, I have it on time drive.

Subjects Involved			
Victim			
Person Name	ANG CHEN XIN, KELVIN		S 046E
ID Type	NRIC NO	ID No	31
Gender	Male	Age	English
Race	Chinese	Language	539 HOUGANG STREET 52
Occupation	Other insurance representatives	Address	#10-50 SINGAPORE 530539
Mobile No	96557423	Is Informant A	Yes
		Victim?	
Person Name	ANG CHEN XIN, KELVIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
13/12/2020 17:11

Classification Of Case:

Authentication Stamp

INSURANCE POLICY PRIVATE VEHICLE

Name of Policyholder : Ang Kim Hock
 Period of Insurance : 30 Jul 2020 To 29 Jul 2022
 Engine No. : G4FGKH754831
 Chassis No. : KNAF5416ML5086981

Vehicle No. : SMU1804B
 Policy No. : 2070111864
 Endorsement No. :
 Issued Date : 12 Aug 2020

ABOUT THE COVER

Make/Model : KIA Cerato
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2020
 Insuring with COE/PAF : 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 150000 - 160000

* 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)

Ang Kim Hock - \$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: 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 1A of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504972222

FULCO - PRIS

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature