

ASS. REC. BY:

Steve

NEP:

AIG CS/AIG20013913/Eqd3

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. 1900234418

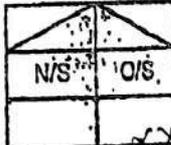
Claims No. 9317550590SG

Sum Insured: _____ Excess: 300

(Client's Record)

Make of Veh: _____

(Policy Condition)



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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Saent: _____ Consistent?: Yes or No

Est. Repairs: 4 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: SMQ 1067H Yr Regn: 30/10/19

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

Make: Mitsubishi Outlander c.c. 1998

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

Sp. Reading: 9724 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: GFTW0601257

Gen. Cond: Good / Fair / Poor / Burpt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R18

R: _____

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

TOYO / YOKO or Toyo

Front R/Bal. 5 mm Rear R/Bal. 5 mm

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

D.O.A. 14/12/20 D.O.I. 12/1/20

Survey held at Cycle & Camera

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

Rear RH:

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
13/01/21 @ 11.51am	revert to AIG via Merimen.
15/01/21 @ 12.32pm	Kok Chong informed C/A via Merimen.
15/01/21 @ 2.19pm	Informed Coco C/A & ex: \$300 by email.
22/01/21 @ 11.19am	Confirmed with Ms Loi final fig \$3,331.32, 4 repair days. (Red \$585.83, 15%)

Prell. Report Final Report

Days Of Repair: 4 Resurvey No. of Trip: 2

Add Fee: Site Insp (\$) Interview (\$) Tech. Invs (%) Weekend (\$) S + RS \$ Photo Others

Survey Fee:
Transportation:
S + RS \$
Photo
Others
TOTAL

MER-OD 3331.32



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 CHAN HEN FUI, 143 MOULMEIN ROAD, SINGAPORE 308088, and vehicle registration SMQ1067H.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Includes account CSM00041, terms Cash, date 15/12/2020, operator 442 / CocoLu, WIP No 60763.

Main table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like bumper, tailgate, and electrical system with handwritten quantities and prices.

Estimate

SURVEYOR NAME: Steve CLKK
SURVEYOR SIGNATURE: [Signature]
DATE: 12/1/21, 2:30pm
REMARKS: P/P, Ry Bel SM

Confirmed & accepted by: [Signature]
Authority Zed Signatory and company stamp

Summary table with columns: Net, 7% GST on, Total Payable. Values: Net 4,019.00, 7% GST on 281.33, Total Payable 4,300.33.

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs 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.

SC1A20CF0005 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD
DATE & TIME: 15/12/2020 17:28 (SGT)
SUBMITTED BY: TAN SHIEH YUEN
VERSION: 1 (15/12/2020 17:28 (SGT))



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 willful 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 15/12/2020 17:28 (SGT)
Date of Accident 14/12/2020 15:30 (SGT)
Exact Location of Accident Moulmein Rd, Singapore
Additional Location Information GATE ENTRANCE 143 MOULMEIN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ1067H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN HEN FUI
NRIC No SXXXX868D
Email Address mchanhenfui@yahoo.com.sg
Mobile Phone No (Phone) +65-94880309
Alternative Phone No +65-94880309

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Outlander
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 1900234418
Cover Note Number -

DRIVER

Name of Driver MARIA JOSE ROMERO BANDEIRA
NRIC No SXXXX460A
Date Of Birth 29/04/1961
Occupation Indoor

Driving Pass	29/02/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90601540
Alt. Phone Number	-
Email Address	mchanhenfui@yahoo.com.sg
Address	143 MOULMEIN ROAD
Address complement	-
Postcode	308088
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Raining
Road Surface	Wet

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1251K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MICHAEL WONG
Contact Number	(Phone) +65-82271562
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Of Damage
of property damaged in accident
of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name DAPHNE EE
Phone (Phone) +65-97480839
Email

SKETCH PLAN

IMPORTANT NOTICE

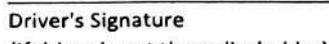
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

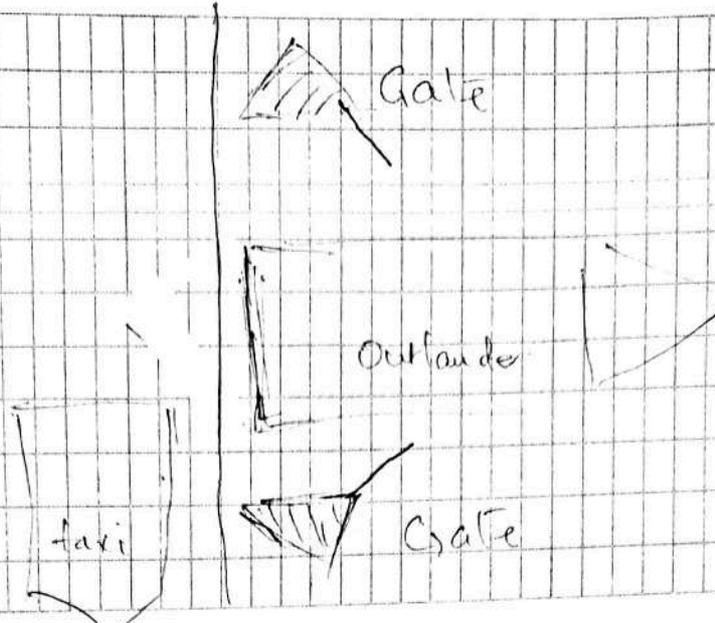


Policyholder's Signature
Date & Time:


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



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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver's report

I was backing out of the house and looking out for cars to my left while backing out slowly when suddenly a taxi that passed by stopped behind me dropping a passenger in front of our gate and I bumped into it.

DECLARATION

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

X *Alhan Hen Tan*

Policyholder's Signature
Date & Time:

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

[Signature]

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

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chan Hen Fui
Period of Insurance : 30 Oct 2019 To 29 Oct 2020
Engine No. : 4J11AR9005
Chassis No. : GF7W0601257

Vehicle No. : SMQ1067H
Policy No. : 1900234418
Endorsement No. :
Issued Date : 05 Nov 2019

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports
Engine Capacity/Tonnage : 1,998.00 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 2 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), 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)
Chan Hen Fui - \$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: 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 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.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: United Overseas Bank Limited

I/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).

0500722050

C&C FULCO-CORPORATE
22 UBI ROAD 4 FULCO BUILDING
SINGAPORE 408617 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Parik

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE