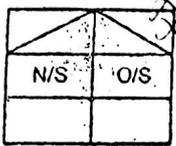


ASS. REC. BY: Steve REF: AIG

**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: \_\_\_\_\_  
 (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  
 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: EZ 9333J Yr Regn: 8/12/16  
 Type:  M. Car /  M. Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  Truck /  Trailer or  
 Make: KIA Forte c.c. 1591  
 Colour: White A/C:  Insured /  Std /  NI /  N  
 Sp. Reading: 788.99 T/Radio:  Insured /  Std /  NI /  N  
 Eng/No: \_\_\_\_\_  
 C/No: KN1AF2411M1H5049394  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or  
 Brake:  In order /  Jammed /  Leaked /  Burnt or  
 Mod:  Nil /  S/Rim /  STD A/Rim or  
 Tyre Size: F: 215/45R17  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO /  YOKO or \_\_\_\_\_  
 Front R/Bal. 5 mm Rear R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 17/12/20 D.O.I. 18/12/20  
 Survey held at Cycle & Carriage  
 Des. of Damages:  Frt /  Rear /  O/S /  N/S /  UIC /  Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision

| Date / Time | Action / Instruction          |
|-------------|-------------------------------|
|             | <u>MK-56K</u>                 |
|             | <u>Confirm \$3,986, 4days</u> |
|             | <u>Red: 1964, 33%</u>         |

Date/Time, File, Pass to? \_\_\_\_\_

: Prell. Report  
 : Final Report

Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 4  
 Resurvey No. of Trip: 1

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS, SI \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_



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

Table with 2 main columns: Invoice Name & Address (AIG Asia Pacific Insurance Pte. Ltd.) and Owner Name & Vehicle Info (Cust No/Name, Reg No/Reg Date, Date In/Mileage, Chassis No, Engine No, Make/Model, Colour/Trim).

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Values include LAX00000, Credit, 18/12/2020/ 12:08, QUE, 261 / Edwin Caina, 25974.

Main table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes items like RENEW FRT BUMPER & RHF FENDER, RESPRAY FRT BUMPER & RHF FENDER, WHEEL ALIGNMENTBP, etc. A large 'Estimate' watermark is overlaid on the table.

SURVEYOR NAME: Steve CLKK OO-NM AuthL
SURVEYOR SIGNATURE: 18/12/20, 12:00pm Excess - ? P/P

Table for confirmation and remarks. Includes 'Confirm & accepted by', 'REMARKS: By Bel on 4 days', and a summary of costs: Net 5,860.00, 7% GST on 5860.00 (410.20), Total Payable 6,270.20.

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.

## 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 ..... 18/12/2020 13:20 (SGT)  
Date of Accident ..... 17/12/2020 17:45 (SGT)  
Exact Location of Accident ..... Hougang Ave 3, #01-281 Block 23, Singapore 530023  
Additional Location Information ..... ALONG HOUGANG AVE 3, BEFORE DEFU AVE 1 TURN  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... EZ9333J

INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK BEE GUAT  
NRIC No ..... SXXXX410B  
Email Address ..... CACTUSROSE\_SG@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-90268072  
Alternative Phone No ..... +65-90268072

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Forte  
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 ..... 2100493001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK BEE GUAT  
NRIC No ..... SXXXX410B  
Date Of Birth ..... 18/04/1963  
Occupation ..... Indoor

Date Of Driving Pass ..... 06/05/1983  
 Driving experience ..... 37 YEARS AND 7 MONTHS  
 Gender ..... Female  
 Mobile Number ..... (Phone) +65-90268072  
 Alt. Phone Number ..... +65-90268072  
 Email Address ..... CACTUSROSE\_SG@YAHOO.COM  
 Address ..... BLK 154 ANG MO KIO AVENUE 5 #03-3096  
 Address complement ..... -  
 Postcode ..... 560154  
 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 ..... Hit by fallen tree / Other objects  
 Weather Conditions ..... -  
 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? ..... Yes  
 Police Station Name ..... Bishan Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18005529999  
 Alt. Police Station Phone No ..... (Fax) +65-65561905  
 Police Station Address ..... 20 Bishan Street 23 Singapore 579757  
 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**

Vehicle Registration Number ..... UNKNOWN  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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 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. 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: 08/12/2020

10.30am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

## AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Quek Bee Guat  
 Period of Insurance : 08 Dec 2020 To 07 Dec 2021  
 Engine No. : G4FGGH638471  
 Chassis No. : KNAFZ411MH5649394

Vehicle No. : EZ9333J  
 Policy No. : 2100493001-04  
 Endorsement No. :  
 Issued Date : 04 Dec 2020

### ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A SX  
 Engine Capacity/Tonnage : 1,591.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2016  
 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  
 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, 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)

Quek Bee Guat - \$600 (Own Damage), \$600 (Flood Cover)

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

- Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
- Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64273800
- 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](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

*(This area is currently blank in the image)*

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).

0500709918  
 CYCLE & CARRIAGE - SAMANG  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPDAC

1003921923/AC4



# SINGAPORE POLICE FORCE



E/20201217/2068

1 of 2

Report No. E/20201217/2068

## POLICE REPORT (NP299)

Police Station Of Origin  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

|  |  |   |                    |                             |
|--|--|---|--------------------|-----------------------------|
| Date/Time Report Made<br>17/12/2020 21:13          |  | Vide Report No.   |                    | Station Diary No.<br>66     |
| Name Of Informant<br>QUEK BEE GUAT                 |  | Address<br>APT BLK 154 ANG MO KIO AVENUE 5 #03-3096<br>SINGAPORE 560154 |                    |                             |
| ID Type / ID No.<br>NRIC NO / S <del>10B</del> 10B |  | Contact No.<br>Home/Office  | Mobile<br>90268072 |                             |
| Nationality<br>SINGAPORE CITIZEN                   |  | Email Address   |                    |                             |
| Occupation<br>Sales and Marketing                  |  | Sex<br>Female   | Age<br>57          | Date of Birth<br>18/04/1963 |
| Institution/School Name                            |  | Race<br>Chinese   |                    |                             |
| Date/Time Of Incident<br>17/12/2020 17:45          |  | Location Of Incident<br>HOUGANG AVENUE 3 SINGAPORE                      |                    |                             |

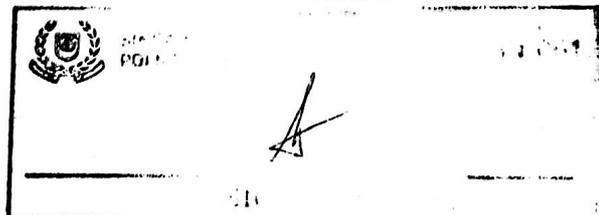
### Brief details.

On 17/12/2020 at around 1745hrs, While I was driving along Hougang Ave 3 towards Defu Ave 1, I noticed a piece of wood between 2nd and 3rd lane. I slowed down upon noticing the object however the lorry on right drove over the object. This resulted in the object being flung towards my vehicle (EZ9333J). My vehicle suffered cracks on the right headlight and bumper area, and the right fender is dented. My vehicle has a in-car camera however it did not record the incident.

I am lodging this report for insurance claim and to disclaim liability.

|   |                                |
|---|--------------------------------|
| Signature Of Officer Recording The Report:<br>E / SC2 LOW ZHENG BIN   | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>17/12/2020 21:13 |
| Officer In-Charge Of Case:<br>E / Tanglin Police Divisional Investigation Branch /<br>Sr Staff Sgt LOH JIN LIN, JONATHAN<br>Contact No.: 63914019 | Classification Of Case:        |

Authentication Stamp





**SINGAPORE  
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT

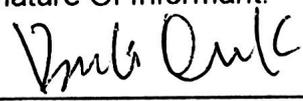


E/20201217/2068

2 of 2

Report No. E/20201217/2068

|   |
|---|
| Signature Of Officer Recording The Report:<br>E / SC2 LOW ZHENG BIN  |
| Signature Of Interpreter:<br>Not applicable   |
| Officer In-Charge Of Case:<br>E / Tanglin Police Divisional Investigation Branch /<br>Sr Staff Sgt LOH JIN LIN, JONATHAN<br>Contact No.: 63914019       |

|   |
|---|
| Signature Of Informant:<br> |
| Date/Time:<br>17/12/2020 21:13  |
| Classification Of Case:   |

Authentication Stamp

