



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE
 209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

Co Reg No : 199405410K

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	LCV08235/CHEW CHIN SENG
	Reg No/Reg Date	SKD622D / 23/01/201
	Date In/Mileage	/ 27761
	Chassis No	KNAF3416MK5027328
	Engine No	G4FGJH716014
	Make/Model	KIA/CERATO 1.6 A EX G333
	Colour/Trim	CR5 RUNWAY RED / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
LAX00000	Credit	21/12/2020/ 12:07	QUD	247 / DonBong	26096			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000								1600.00
RENEW ACCIDENT DAMAGED PARTS ON RH FRONT DOOR, RH MIRROR								
RH REAR DOOR. REPAIR RH REAR FENDER								
E PNT88000								120.00
TRANSFER RH FRONT DOOR GLASS, DOOR TRIM, MECHANISM								
AND OTHERS ATTACHMENT TO NEW DOOR PANEL								
E PNT88000								120.00
TRANSFER RH REAR DOOR GLASS, DOOR TRIM, MECHANISM								
AND OTHERS ATTACHMENT TO NEW DOOR PANEL								
E PNT98000								2880.00
PAINT WORK SPRAY RH MIRROR, RH FRONT DOOR, RH REAR DOOR,								
RH REAR FENDER, RH SIDE SILL AND AFFECTED PORTION								
(CLEAR COAT)								
M SUNDRY								120.00
APPLY BODY SEALANT								
A 54900099								30.00
CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM								
M SUNDRY								80.00
PERFORM RUST PREVENTION								
A 10028901								120.00
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST								
USING HI-SCAN PRO TEST								
A WHEELALIGNMENTBP								120.00
To Conduct Computerize Full Wheel Alignment								
M SUNDRY								400.00
SUPPLY RH REAR SPORT RIM								
M SUNDRY								30.00
LABOUR TO RENEW RH REAR SPORT RIM INCLUDING BALANCING								
M SUNDRY								50.00
SUNDRIES								
M PANEL ASSY-FRONT DOOR,RH					1.00	1277.00	20.00	1021.60
M MOULDING ASSY-FRT DR FRAME,RH					1.00	37.00	20.00	29.60
M W/STRIP ASSY-FR DR BELT O/S RH					1.00	64.00	20.00	51.20

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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LAX00000	Credit	21/12/2020/ 12:07	QUD	247 / DonBong	26096		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
M	GLASS ASSY-FRONT DOOR,RH			1.00	207.00	20.00	165.60
M	PANEL ASSY-FRONT DR MODULE,LH			1.00	241.00	20.00	192.80
M	MOTOR ASSY-FRONT POWER WDW,RH			1.00	362.00	20.00	289.60
M	BLACK TAPE-FR DR RR,RH			1.00	13.00	20.00	10.40
M	BLACK TAPE-FR DR RR,RH			1.00	13.00	20.00	10.40
M	BLACK TAPE-RR DR FRAME RR OTR,			1.00	8.00	20.00	6.40
M	PANEL ASSY-REAR DOOR,RH			1.00	1377.00	20.00	1101.60
M	W/STRIP ASSY-RR DR BELT O/S RH			1.00	60.00	20.00	48.00
M	MOULDING ASSY-RR DR FRAME,RH			1.00	44.00	20.00	35.20
M	FILM-ANTI CHIPPG RH			1.00	27.00	20.00	21.60
M	MIRROR ASSY-OUTSIDE RR VIEW,RH			1.00	559.00	20.00	447.20
Estimate							
SURVEYOR NAME : _____							
SURVEYOR SIGNATURE : _____							
DATE : _____							
REMARKS : _____							

Confirm & accepted by

	Nett	9,101.20
7% GST on	9101.20	637.08
Total Payable		9,738.28

Authorized signatory and company stamp

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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	21/12/2020 13:56 (SGT)
Date of Accident	20/12/2020 10:14 (SGT)
Exact Location of Accident	Bedok South Ave 1, Singapore
Additional Location Information	BEDOK SOUTH AVENUE 1 TOWARDS NEW UPPER CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD622D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEW CHIN SENG
NRIC No	SXXXX634F
Email Address	maxcty@gmail.com
Mobile Phone No	(Phone) +65-90293688
Alternative Phone No	+65-90293688

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	1900007951
Cover Note Number	-

DRIVER

Name of Driver	CHEW TIAN YEOW
NRIC No	SXXXX629E
Date Of Birth	18/01/1983

Occupation	Indoor
Date Of Driving Pass	17/01/2004
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98411983
Alt. Phone Number	-
Email Address	maxcty@gmail.com
Address	BLK. 187A BEDOK NORTH STREET 4
Address complement	#12-32 SINGAPORE
Postcode	461187
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MERRI
Gender	Female

PASSENGER 2

Name	CASPER CHEW
Gender	Male

PASSENGER 3

Name	CAMILLE CHEW
Gender	Female

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	SHC994X
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	TEO SA WAH
Contact Number	(Phone) +65-96724517
Address	-
Address complement	-
Postcode	-
Insurance Company Name	First Capital
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: 21/12/2020
1040H

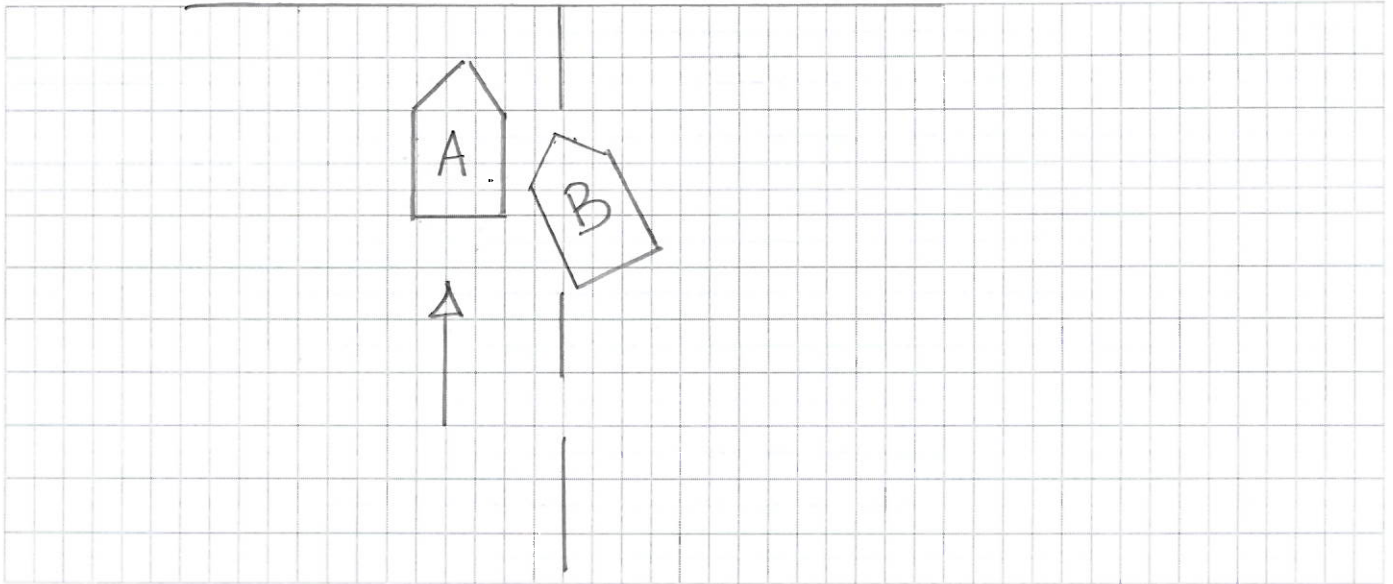
Driver's Signature

(If driver is not the policyholder)
Date & Time: 21/12/2020
1040H

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO Attachment.

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Brief Details

On the 20/12/2020 at about 1014 hrs, I was driving my vehicle (SKD622D, vehicle A) along Bedok South Ave 1 towards New Upper Changi Rd on the left lane. As I was approaching the traffic light, another vehicle (SHC994X vehicle B), which was on the right lane, suddenly swerved into my lane and collided onto the right portion of my vehicle. We then stopped at the roadside and vehicle B's driver and I come down. We then exchanged particulars and we left the scene.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/12/2020
1040H

Driver's Signature

(If driver is not the policyholder)
Date & Time: 21/12/2020
1040H

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHEW CHIN SENG
Period of Insurance : 23 Jan 2019 To 22 Jan 2021
Engine No. : G4FGJH716014
Chassis No. : KNAF3416MK5027328

Vehicle No. : SKD622D
Policy No. : 1900007951
Endorsement No. :
Issued Date : 30 Jan 2019

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 : 2019
Insuring with COE/PAFF : 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

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)

CHEW CHIN SENG - \$600 (Own Damage), CHEW TIAN YEOW - \$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 Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278600
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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: Standard Chartered Bank (Singapore) 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622215

C&CKICP2 - MIMILE

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCN:M'D

1001900764/AC4/Decal