

ASS. REC. BY:

Steve

REF:

AIG

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 2070010017

Claims No. 6814790684SG

Sum Insured: _____ Excess: 600

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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

SMS 3376S

Yr Regn:

21/2/20

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

Truck / Trailer or

Make:

Mitsubishi Space Star

c.c. 1193

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Reading

9735

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MMBXTA03ALH 900277

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

175/55R15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

3/10/20

D.O.I.

25/3/21

Survey held at

cycle & callage

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

F-LH

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

Date / Time Action / Instruction

MV-70K

26/03/21 @ 10.36am revert to AIG via Merimen.

26/03/21 @ 6.26pm Kok Chong informed C/A via Merimen.

29/03/21 @ 10.38am Informed Edwin C/A & ex: \$600 by email.

14/04/21 @ 9.44am confirmed with Larry final fig \$3992.06, 4 days. (Red \$5350.39, 57%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Insp

(\$

☐

: Weekend

(\$

S + RS. SI

Photos

Others

TOTAL

App. Form:

MER-OD

Final Fee / LE: /

3992.06



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

Co Reg No : 197701469G

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name /LIM EILYN Reg No/Reg Date SMS3376S / 21/02/202 Date In/Mileage / 0 Chassis No MMBXTA03ALH000277 Engine No 3A92UJ88609 Make/Model MIT/20MY SPACE STAR 1.2 CVT 2WD Colour/Trim PO1 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	21/12/2020/ 16:56	QUE	261 / Edwin Caina	61018
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E PNT88000	RENEW FRT BUMPER & BONNET	1	450 X 1.5	675	2250.00
E PNT98000	REPAIR LHF FENDER & FRT SUPPORT PNL	1	450 X 1.5	675	2250.00
A 54900099	RESpray FRT BUMPER, BONNET, LHF FENDER & FRT SUPPORT PNL	350 X 2		700	1400.00
A 10028901	CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM				30.00
M SUNDRY	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST				120.00
M SUNDRY	USING HI-SCAN PRO TEST				80.00
M SUNDRY	APPLY ANTI CORROSION ON AFFECTED AREAS				50.00
M SUNDRY	SUPPLY FRT NUMBER PLATE WITH CASING				20 30.00
M SUNDRY	Sundries				
M FACE,FR BUMPER		1.00	747.00	23.00	575.19
M CLIP,FR BUMPER		5.00	4.00	23.00	15.40
M BRACKET,FR BUMPER SIDE, LH		1.00	7.00	23.00	5.39
M GRILLE ASSY,RADIATOR		1.00	404.00	23.00	311.08
M MARK,THREE-DIA		1.00	69.00	23.00	53.13
M GARNISH,FR BUMPER SIDE,LH		1.00	173.00	23.00	133.21
M GARNISH,FR BUMPER,CTR		1.00	190.00	23.00	146.30
M GARNISH,FR BUMPER,LH		1.00	53.00	23.00	40.81
M HOOD		1.00	615.00	23.00	473.55
M CLIP,HOOD INSULATOR		8.00	3.00	23.00	18.48
M HEADLAMP ASSY,LH		1.00	1832.00	23.00	1410.64
M BODY KIT, SPACE STAR, A66		1.00	1776.00	20.00	1420.80
M REINFORCEMENT,FR BUMPER		1.00	432.00	23.00	332.64

SURVEYOR NAME:

Confirm & accepted by

SURVEYOR SIGNATURE:

DATE:

REMARKS

Authorized signatory and company stamp

Nett 8,896.62
7% GST on 8896.62 622.76
Total Payable 9,519.38

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.

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 10:49 (SGT)
Date of Accident	03/10/2020 09:00 (SGT)
Exact Location of Accident	Punggol E, Singapore
Additional Location Information	PUNGGOL EAST TOWARDS PUNGGOL CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS3376S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM EILYN
NRIC No	SXXXX377D
Email Address	lim_eilyn01@hotmail.com
Mobile Phone No	(Phone) +65-91059856
Alternative Phone No	+65-91059856

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	SPACE STAR
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	-
Cover Note Number	-

DRIVER

Name of Driver	LIM EILYN
NRIC No	SXXXX377D
Date Of Birth	01/01/1989
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

02/05/2019
1 YEAR AND 5 MONTHS
Female
(Phone) +65-91059856
+65-91059856
lim_eilyn01@hotmail.com
64 UPPER SERANGOON VIEW
#06-06 SINGAPORE
533886
Yes
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?

No
2
No
-
Yes
3
No

PASSENGER 1

Name
Gender

MAY
Female

PASSENGER 2

Name
Gender

ALEXANDER
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
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
No
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SDW755L
Subaru
-
-

Vehicle Colour
Vehicle Category
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)

White
Private car

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.....
.....
.....
.....
.....
.....
.....
.....
.....

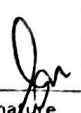
SKETCH PLAN

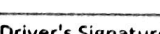
IMPORTANT NOTICE


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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The one vehicle stopped suddenly while waiting for opposite road to clear.
My car unable to stop on time when front vehicle stopped suddenly.

DECLARATION

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

Policyholder's Signature

Date & Time:

19/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: