

A.S.S. REC. BY:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ QD / ☐ TP / ☐ WS / ☐ TP RES / ☐ QD 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 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:

SMR 8654L

Yr Regn:

29/1/20

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

Truck / Trailer or

Make:

KIA Stonic

c.c

998

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

444

T/Radio: Insured / Std / NI / N

Eng/No:

KNAD 6811VL 6326726

C/No:

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ NII / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

205/55R17

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

25/12/20

D.O.I.

28/12/20

Survey held at

Cycle & carriage

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

Frt R/L

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

Date / Time

Action / Instruction

MV-76K

Date/Time, File, Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Approved:

Signature / Date:



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
LIM SI JIE	Cust No/Name /LIM SI JIE
BLK 82A CIRCUIT ROAD	Reg No/Reg Date SMR8654L / 29/01/202
#12-54	Date In/Mileage / 0
SINGAPORE 371082	Chassis No KNAD6811VL6326726
Contact No Mobile: 96204319	Engine No G3LCKP080193
	Make/Model KIA/STONIC 1.0 A SX BJ3 W SUNROOF
	Colour/Trim EU3 SMOKE BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	28/12/2020/ 12:02		442 / CocoLu	26313

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER, FRT FENDER RH, FRT DOOR RH 400 X3				1200 1600.00
E PNT88000 REMOVE & INSTALL FRT DOOR TRIMS AND GLASS				180.00
E PNT98000 SPRAY PAINT FOR FRT BUMPER, FRT FENDER RH, FRT DOOR RH 350 X3				1050.00
B WHEELALIGNMENT To Conduct Computerize Full Wheel Alignment				120.00
M SUNDRY TRANSFER FRT RIM				30.00
A 90000001 CHECK WIRING & ELECTRICAL SYSTEM				30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
A 90000001 RENEW FRT UNDER CARRIAGE				400.00
M SUNDRY APPLY SEALANT FOR ACCIDENT PORTION				40.00
M SUNDRY Sundry				20.00
M SUNDRY APPLY RESEAL FRT NUMBER PLATE FROM LTA				80.00
M SUNDRY FRT NUMBER PLATE WITH FRAME				50.00
M COVER-FR BUMPER, LWR CUT	1.00	367.00	00.00	367.00
M COVER-FR BUMPER UPR X R	1.00	476.00	00.00	476.00
M BRACKET-FR BUMPER SIDE, RH OR	1.00	13.00	00.00	13.00
M PANEL-FENDER, RH DO ?	1.00	401.00	00.00	401.00
M INSULATOR-FENDER RH ?	1.00	27.00	00.00	27.00
M GUARD ASSY-FRONT WHEEL, RH ?	1.00	56.00	00.00	56.00
M PANEL ASSY-FRONT DOOR, RH DO	1.00	858.00	00.00	858.00
M TAPE-FR DR BLACK FRAME RR, RH APC	1.00	13.00	00.00	13.00

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.



CYCLE & CARRIAGE

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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
LIM SI JIE BLK 82A CIRCUIT ROAD #12-54 SINGAPORE 371082 Contact No Mobile: 96204319	Cust No/Name /LIM SI JIE Reg No/Reg Date SMR8654L / 29/01/202 Date In/Mileage / 0 Chassis No KNAD6811VL6326726 Engine No G3LCKP080193 Make/Model KIA/STONIC 1.0 A SX BJ3 W SUNROOF Colour/Trim EU3 SMOKE BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00081	Cash	28/12/2020/ 12:02		442 / CocoLu	26313			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	BLACK TAPE-FR DR FRAME UPR,RH	✓ REC			1.00	13.00	00.00	13.00
M	MOULDING ASSY-SIDE SILL,RH	X			1.00	248.00	00.00	248.00
M	WHEEL ASSY-ALUMINIUM	✓ cut			1.00	790.00	00.00	790.00
M	HUB ASSY-FR WHEEL	✓ REC			1.00	145.00	00.00	145.00
M	BEARING-FRONT WHEEL HUB	✓			1.00	131.00	00.00	131.00
M	KNUCKLE-FRONT AXLE,RH	✓ Jammed			1.00	340.00	00.00	340.00
M	LINK-STABILIZER	?			1.00	94.00	00.00	94.00
M	GEAR ASSY-STEERING	?			1.00	923.00	00.00	923.00
M	STRUT ASSY-FR,RH	?			1.00	269.00	00.00	269.00

Estimate

Steve CLKK)
28/12/20, 12:00pm
OO-NM AL
Excess - ?
P/P
Ry Bel sm
6 dys

LKK Auto Consultants hence notify
the Repairer of the following:

- 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

Acknowledged by Repairer

Confirm & accepted by

Date:

7% GST on Nett 8,884.00
8884.00 621.88
Total Payable 9,505.88

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	26/12/2020 12:17 (SGT)
Date of Accident	25/12/2020 13:10 (SGT)
Exact Location of Accident	82A Circuit Rd, Singapore 371082
Additional Location Information	82A CIRCUIT ROAD MSCP DECK 3A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8654L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SI JIE
NRIC No	SXXXX176D
Email Address	LIM_SIJIE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96204319
Alternative Phone No	+65-96204319

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Stonic
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	2070009194
Cover Note Number	-

DRIVER

Name of Driver	JEKKIE GEOBELLA PERRY
NRIC No	SXXXX657G
Date Of Birth	16/08/1987
Occupation	Indoor

Driving Pass
g experience
der
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

02/03/2013
7 YEARS AND 9 MONTHS
Male
(Phone) +65-92748090
-
JEKKIE_PERRY@HOTMAIL.COM
BLK 82A CIRCUIT ROAD #12-54
-
371082
No
Spouse
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
1
No

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 COLLISION-HEAD TO SIDE

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 II

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode

SFL1230L
BMW
-
-
-
Private car
KELLIE CHANG
(Phone) +65-96661230
-
-
-

Insurance Company Name
Amount of Damage
Value of property damaged in accident
Cost of Passenger (Including Driver)

Etiqua

-
-
-

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: 26/12/2020 11:33am

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

PLAN

MULTI STORY CARPARK LEVEL 3A

carpark stairs

CAR A: SMR 8654 L

CAR B: SFL 1230 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A (DOWN) WAS driving on level 3A on the multistory carpark of 82A CIRCUIT ROAD (S) 371082. VEHICLE A was going straight. VEHICLE B was going up towards level 3A. VEHICLE B hit onto the right driver side of vehicle A.

DECLARATION

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

[Signature]

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/12/2020 11:43am

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

KIA AUTO PROTECTOR PRIVATE VEHICLE
Name of Policyholder : LIM SI JIE
Period of Insurance : 29 Jan 2020 To 28 Jan 2022
Engine No. : G3LCKP080193
Chassis No. : KNAD6811VL6326726

Vehicle No. : SMR8654L
Policy No. : 2070009194
Endorsement No. :
Issued Date : 03 Feb 2020

ABOUT THE COVER

Make/Model : KIA Stonic
Engine Capacity/Tonnage : 998.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : Yes

First Year of Registration : 2020
Insuring with COE/PARF : 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), 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)

LIM SI JIE - \$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 65884501
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 64278000
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: 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).

0504622215

C&CKICP2 - MIMILE

239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCNMD

1002976887/ACA Doc