

ASS. RES. BY: Steve REF: N16 CS/AIG20014722/Evd3

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. 1900008302
Claims No. 4689486116SG
Sum Insured: _____ Excess: 0
(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
SIA / 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

N/S	O/S

Veh No: SMH 5718K Yr Regn: 28/1/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mitsubishi Attrage c.c. 1193
Colour: Silver A/C: Insured / Std / NI / N
Sp.Reading: 23097 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: MMBSTA 13 AKH 090503
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/R/m / STD A/R/m or
Tyre Size: F: 185/55 R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 29/12/20 D.O.I. 30/12/20
Survey held at Cycle & Carriage
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Frt RM.
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-53K</u>
30/12/20	Seek mandate via merimen
30/12/20	Rece approved from Kok Chong via merimen
31/12/20	Informed Don C/A excess \$0
12/1/21	Final fig \$6052.89 confirmed by email (Red 1020.30,14%)

File/Time, File Pass to? : Prell. Report
 : Final Report
File/Time, File Return to?
13/1/21-Typist
Approved: Merimen
Total Sum / L.B. / C: \$6052.89

Days Of Repair: 5
Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)
 : West end (\$ _____)

Survey Fee:

Transportation:	_____ \$ + RS. _____ \$
Photos:	_____ \$
Others:	_____ \$
TOTAL:	_____ \$



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 columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for AIG Asia Pacific Insurance Pte. Ltd. and vehicle information for KCV10306/CHOONG WENG YEW.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Includes account details for KAX00008.

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like fender, bumper, and electrical system checks with handwritten notes and quantities.

Estimate

SURVEYOR NAME: Steve (LKK)
DATE: 30/12/20, 11:00am

Confirm & accepted by

SURVEYOR SIGNATURE: PIP, Ry Bel sy

REMARKS: 5 days

REMARKS: OO- N/A Auth

REMARKS: EXCESS - ?

Summary table with 2 columns: Description, Amount. Shows Net 6,721.49, 7% GST on 470.50, and Total Payable 7,191.99.

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts price are subject to change without notice
- Third party survey is subject to change without notice
- No illegal use 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 30/12/2020 10:20 (SGT)
Date of Accident 29/12/2020 17:43 (SGT)
Exact Location of Accident Lor 7 Geylang, Singapore
Additional Location Information LORONG 7, GEYLANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH5778K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOONG WENG YEOW
NRIC No SXXXX472J
Email Address CHOONG_AARON@HOTMAIL.COM
Mobile Phone No (Phone) +65-83399602
Alternative Phone No +65-83399602

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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 1900008302
Cover Note Number -

DRIVER

Name of Driver CHOONG WENG YEOW
NRIC No SXXXX472J
Date Of Birth 29/12/1964
Occupation Indoor

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Model Attrage
Variant -
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Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900008302
Cover Note Number -

DRIVER

Name of Driver CHOONG WENG YEW
NRIC No SXXXX472J
Date Of Birth 29/12/1964
Occupation Indoor

Year 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

25/06/2015
 5 YEARS AND 6 MONTHS
 Male
 (Phone) +65-83399602
 +65-83399602
 CHOONG_AARON@HOTMAIL.COM
 46A,ZION ROAD
 -
 247777
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 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) 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
COLLISION-HEAD TO SIDE

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 SHD1136U
 Vehicle Manufacturer Hyundai
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver SEE SIEW LAM
 Contact Number -
 Address -
 Address complement -
 Postcode -

Insurance Company Name -
Amount Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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.

8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:

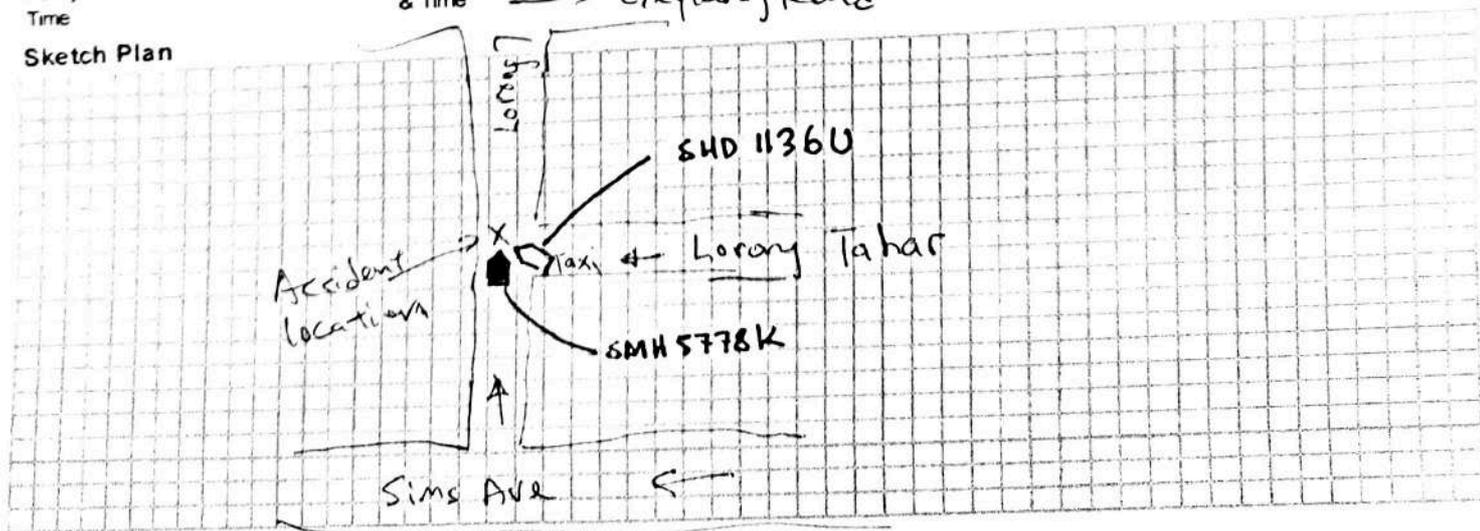
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

301220 0859
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
→ Greylang Road


Witnessed by Reporting Centre Personnel

Sketch Plan



The Circumstances of the Accident

On 29/12/20, 1743 hrs.

I was driving along Lor 7 Geylang (one way street) and was hit by a taxi coming out from Lorong Tahar.

There was a stop ~~the~~ white line at Lorong Tahar. The taxi did not stop at the white line to check traffic is clear before driving into Lorong 7 Geylang.

As a result, the taxi hit the right side (driver side) of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


30/12/20 0859
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHOONG WENG YEW
 Period of Insurance : 28 Jan 2019 To 27 Jan 2021
 Engine No. : 3A92UHL8461
 Chassis No. : MMBSTA13AKH000503

Vehicle No. : SMH5778K
 Policy No. : 1900008302
 Endorsement No. :
 Issued Date : 08 Feb 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
 Engine Capacity/Tonnage : 1,193.00 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. 169) 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

Windscreens : \$100

Named Driver and Excess (where applicable)
 CHOONG WENG YEW - \$600 (Own Damage)

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

- Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 800 Bin Ming Ave Singapore 675733 69328000
 - Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
 - Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
 - Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- 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: HL Bank

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504820208

C&CMICP2 - FLOREN
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

88C490

1001919846A/C4/D008