

ASS. REC. BY:

Steve

REF:

CS/A1621200040/ET03

## 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.

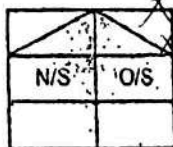
Claims No.

Sum Insured: Excess: 600

(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

Veh No:

SMR 6242 K

Yr Regn:

27/11/19

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

Truck / Trailer or

Make:

Mitsubishi Attrage

c.c 1193

Colour:

Grey

A/C: Insured / Std / NI / N

Sp. Reading

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MMRSTA ISAKH-003433

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R15

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.

11/1/20

D.O.I.

4/1/20

Survey held at

cycle &amp; Carriage

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

F1 RM

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

Date / Time Action / Instruction

MV- 60K

Confirm final figure at \$9664.99 before excess and gst

red: 2154.52: 18%

Date/Time, File, Pass to?

☐

: Prelim. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Approved/Forwarded:

Signature / Date / Time



CYCLE &amp; CARRIAGE

# CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

## PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



### ESTIMATE

Co Reg No : 197701469G

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 /SUZANA BTE ABDOUL RAHIM Reg No/Reg Date SMQ6242K / 27/11/201 Date In/Mileage 04/01/2021/ 0 Chassis No MMBSTA13AKH003433 Engine No 3A92UJB2056 Make/Model MIT/19MY ATTRAGE 1.2 CVT Colour/Trim U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	04/01/2021/ 09:51	QUK	282 / Kevin Leong	61392

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 REPLACE FRT BUMPER, BONNET, FRT RH FENDER & AFFECTED AREA 450x 3-5 REPAIR ON FRT RH WHEEL HOUSING 1/2				1575 2250.00
E PNT98000 PAINT WORK ON FRT BUMPER, BONNET, FRT RH FENDER, FRT RH WHEEL HOUSING FRT RH DOOR, BODY, KIT & RH WING MIRROR COVER - 80				2180 2450.00
M SUNDRY PERFORM RUST PREVENTION				40 80.00
A 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYSTEM				30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
M SUNDRY TO APPLY ZERTONA COATING ON AFFECTED AREA				320 400.00
M SUNDRY SUNDRIES				20 50.00
M HEADLAMP ASSY, RH BR	1.00	660.00	23.00	508.20
M LAMP ASSY, FOG, FR LH	1.00	303.00	23.00	233.31
M FACE, FR BUMPER BR	1.00	703.00	23.00	541.31
M MARK, THREE-DIA +	1.00	69.00	23.00	53.13
M GRILLE, FR UNDER	1.00	165.00	23.00	127.05
M AIR DAM, SIDE, FR RH X	1.00	18.00	23.00	13.86
M BRACKET, FR BUMPER, RH BR	1.00	13.00	23.00	10.01
M GARNISH, FR BUMPER, RH CUT	1.00	127.00	23.00	97.79
M HOOD OD	1.00	734.00	23.00	565.18
M HINGE, HOOD, RH X	1.00	56.00	23.00	43.12
M HINGE, HOOD, LH X	1.00	56.00	23.00	43.12
M FENDER, FR RH OD	1.00	497.00	23.00	382.69
M REINFORCEMENT, FR BUMPER ?	1.00	466.00	23.00	358.82
M SHIELD, FR WHEELHOUSE, RH ?	1.00	98.00	23.00	75.46
M COVER, DOOR MIRROR, OTR RH X R	1.00	114.00	23.00	87.78
M EMBLEM ECO RKL	1.00	17.00	00.00	17.00

Confirm &amp; 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 &amp; CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	04/01/2021/ 09:51	QUK	282 / Kevin Leong	61392			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M UNPAINTED BODYKITS					1.00	1643.00	20.00	1314.40
M LAMP ASSY,SIDE T/SIG,FR RH					1.00	129.00	23.00	99.33

## Estimate

Stere (LKK)

4/1/21, 5.00pm

OD Not Ash  
Excess - ?

P/P

By Bel SN  
5 days

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

Confirmed & accepted by  
Signature:

Date:

	Nett	9,951.56
7% GST on	9951.56	696.61
Total Payable		10,648.17

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	04/01/2021 10:12 (SGT)
Date of Accident	01/01/2021 20:00 (SGT)
Exact Location of Accident	245A Pasir Ris Street 21, Singapore 511245
Additional Location Information	245A PASIR RIS STREET 21 MSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6242K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SUZANA BTE ABDUL RAHIM
NRIC No	SXXXX805H
Email Address	ENDONRAHIM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94575614
Alternative Phone No	+65-94575614

### 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	1900247510
Cover Note Number	-

### DRIVER

Name of Driver	SUZANA BTE ABDUL RAHIM
NRIC No	SXXXX805H
Date Of Birth	19/03/1969
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

16/05/2000

20 YEARS AND 8 MONTHS

Female

(Phone) +65-94575614

+65-94575614

ENDONRAHIM@HOTMAIL.COM

BLK 243 PASIR RIS STREET 21 #10-111

510243

Yes

No

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collided into Property

Raining

Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No

Number of vehicles involved in the accident

1

Was anybody injured in the Accident?

No

Was any injured conveyed to hospital by ambulance?

-

Was any other material or property damaged?

No

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

#### ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

No

Was there any audio recorded?

No



## 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 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.

(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

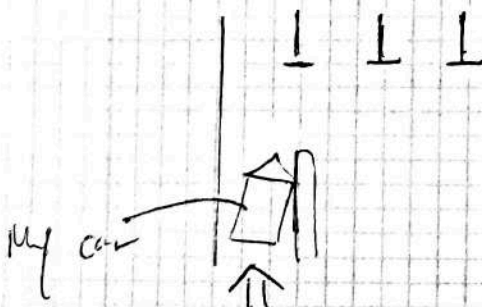
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

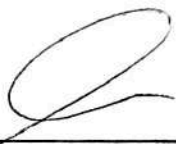


**Describe Circumstances of the Accident**

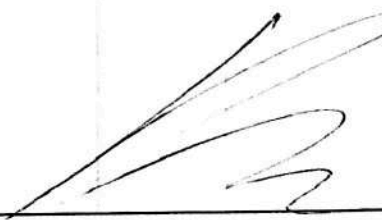
On 1/1/21 at 8pm, I was driving into my carpark, driving upwards and from level 2B to 3A. The surface was very wet because it was raining the whole day. While on the slope turning towards the right, I lost control and hit the side of the carpark.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

# WHEEL & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SUZANA BTE ABDUL RAHIM  
 Period of Insurance : 27 Nov 2019 To 26 Nov 2021  
 Engine No. : 3A92UJB2056  
 Chassis No. : MMBSTA13AKH003433

Vehicle No. : SMO6242K  
 Policy No. : 1900247510  
 Endorsement No. :  
 Issued Date : 04 Dec 2019

## ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT  
 Engine Capacity/Tonnage : 1,193.00 CC Sum Insured : Market Value First Year of Registration : 2019  
 Driver Restriction : NA Off Peak Car : No 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 private, 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 150000 - 160000

\* 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.

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)

SUZANA BTE ABDUL RAHIM - \$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 65684501
- 2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408660 67461000
- 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64706688
- 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](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## ENDORSEMENTS

Hire Purchase Company/Employer's Loan: NA

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).

0504820220

C&CMCP2 - RANDY

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.

SSCASS