

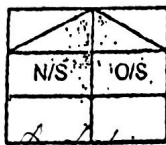
ASS. REC. BY: SteveREF: CC4/AIG 21000187/PA3

## 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: \_\_\_\_\_  
(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: SLM 388541 Yr Regn: 29/3/17  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: KIA Cerato c.c. 1591  
Colour: Grey A/C: Insured / Std / NI / N  
Sp. Reading: 65524 T/Radio: Insured / Std / NI / N  
Eng/No: \_\_\_\_\_  
C/No: KNA EX-441 MHS-696865  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or  
Brake: Inorder / Jammed / Leaked / Burnt or  
Modl: NII / S/Rim / STD A/Rim or  
Tyre Size: F: 205/55ZR16  
R: 11

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

Front		Rear	
R/Bal.	<u>4</u> mm	R/Bal.	<u>4</u> mm
L/Bal.	<u>4</u> mm	L/Bal.	<u>4</u> mm
D.O.A.	<u>11/121</u>	D.O.I.	<u>11/121</u>

Survey held at

Cycle & Carriage

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

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

Date / Time Action / Instruction

MV-57K

Date/Time, File, Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (%) \_\_\_\_\_☐ : Weekend (%) \_\_\_\_\_

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Spec Formed:

Imp Sum / L.R. /



CYCLE &amp; CARRIAGE

**CYCLE & CARRIAGE KIA PTE LTD**  
**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	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name	/LAM LEE LEE
	Reg No/Reg Date	SLM3885H / 29/03/201
	Date In/Mileage	/ 0
	Chassis No	KNAFX411MH5696965
	Engine No	G4FGGH667924
	Make/Model	KIA/CERATO K3 1.6 A EX
	Colour/Trim	MST METAL STREAM / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
L4X00000	Credit	04/01/2021/ 10:17	QUE	261 / Edwin Caina	26617		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW RR BUMPER , BOOTLID & RR END PNL REPAIR RR FLR PNL , LHR FENDER & RHR FENDER				490 X 2			800 2000.00
E PNT98000 RESPRAY RR BUMPER , BOOTLID , RR END PNL , RR FLR PNL , LHR FENDER & RHR FENDER				350 X 2			700 2100.00
E PNT88000 REMOVE & REFIT BOOTLID COMPONENT							120.00
E PNT88000 REMOVE & REFIT RR FLR BOARD, TRIM & CARPET							120.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM							30 / 0.60
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST							120.00
M SUNDRY SUPPLY RR NUMBER PLATE WITH CASING							50.00
E PNT88000 REMOVE & REFIT REVERSE SENSOR							60.00
M SUNDRY SUPPLY REVERSE SENSOR							220.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS							40 80.00
M SUNDRY SUPPLY BODY PNL SEALANT							40 80.00
M SUNDRY SUPPLY C&C BADGE							40.00
M SUNDRY Sundries							20.00
M COVER-RR BUMPER				1.00	688.00	20.00	550.40
M COVER-RR BUMPER, CTR				1.00	315.00	20.00	252.00
M BEAM-RR BUMPER				1.00	318.00	20.00	254.40
M STAY-RR BUMPER LH				1.00	120.00	20.00	96.00

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 KIA PTE LTD 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
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name /LAM LEE LEE Reg No/Reg Date SLM3885H / 29/03/201 Date In/Mileage / 0 Chassis No KNAFX411MH5696965 Engine No G4FGGH667924 Make/Model KIA/CERATO K3 1.6 A EX Colour/Trim MST METAL STREAM / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
LAX00000	Credit	04/01/2021/ 10:17	QUE	261 / Edwin Caina	26617			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	STAY-RR BUMPER RH				1.00	120.00	20.00	96.00
M	BRACKET-RR BUMPER SIDE MTG,LH				1.00	29.00	20.00	23.20
M	BRACKET-RR BUMPER SIDE MTG,RH				1.00	29.00	20.00	23.20
M	GUARD-BUMPER REAR,RH				1.00	17.00	20.00	13.60
M	PANEL ASSY-TRUNK LID				1.00	1570.00	20.00	1256.00
M	HINGE ASSY-TRUNK LID,LH				1.00	68.00	20.00	54.40
M	HINGE ASSY-TRUNK LID,RH				1.00	68.00	20.00	54.40
M	W/STRIP-TRUNK LID OPNG				1.00	100.00	20.00	80.00
M	LATCH ASSY-TRUNK LID				1.00	112.00	20.00	89.60
M	STRIKER ASSY-TRUNK LID				1.00	18.00	20.00	14.40
M	LOGO ASSY-KIA SUB				1.00	37.00	20.00	29.60
M	EMBLEM-CERATO				1.00	35.00	20.00	28.00
M	EMBLEM K3				1.00	15.00	20.00	12.00
M	PANEL ASSY-BACK				1.00	324.00	20.00	259.20
M	TRIM-TRANSVERSE RR				1.00	58.00	20.00	46.40
M	LAMP ASSY-REAR COMB INSIDE,LH				1.00	710.00	20.00	568.00
M	LAMP ASSY-REAR COMB INSIDE,RH				1.00	710.00	20.00	568.00
M	LAMP ASSY-REAR COMBINATION,LH				1.00	788.00	20.00	630.40
M	LAMP ASSY-REAR COMBINATION,RH				1.00	788.00	20.00	630.40

SURVEYOR NAME: Steve CLKK) OD- NY AL  
 SURVEYOR SIGNATURE: EXCERS-?  
 DATE: 11/1/21, 12:00 pm  
 REMARKS: 4 dys  
P/P  
Ry Re L Jy

Confirm &amp; accepted by:

LKK Auto Consultants hence notify

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

Authorized signatory and company stamp

Nett 10,640.20  
 7% GST on 10640.20 744.81  
**Total Payable 11,385.01**

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	02/01/2021 12:19 (SGT)
Date of Accident	01/01/2021 20:11 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	JURONG TOWN HALL ROAD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM3885H

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM LEE LEE
NRIC No	SXXXX118I
Email Address	YEEMENGFONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91839086
Alternative Phone No	(Home) +65-91839086

#### 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?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10345404R00
Cover Note Number	-

#### DRIVER

Name of Driver	KENNETH YEE DE YI
NRIC No	SXXXX301Z
Date Of Birth	01/09/1992
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 .....

22/07/2013  
7 YEARS AND 6 MONTHS  
Male  
(Phone) +65-81634287  
-  
KENNETHYEDEYI@GMAIL.COM  
BLK 447 JURONG WEST ST 42 #03-274  
-  
640447  
No  
Child  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Head to Rear  
Raining  
Wet

#### 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  
Yes

#### PASSENGER 1

Name .....  
Gender .....

LAM LEE LEE  
Female

#### PASSENGER 2

Name .....  
Gender .....

SHANICE ONG XIAO HUI  
Female

#### 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 ATTACHMENTS

##### 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

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....

GBJ9640S  
Nissan  
Cabstar  
-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	AMIN ROHUL
Passport No/FIN .....	GXXXX549R
Contact Number .....	(Phone) +65-90580086
Address .....	EDDIE (BOSS)
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
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)**

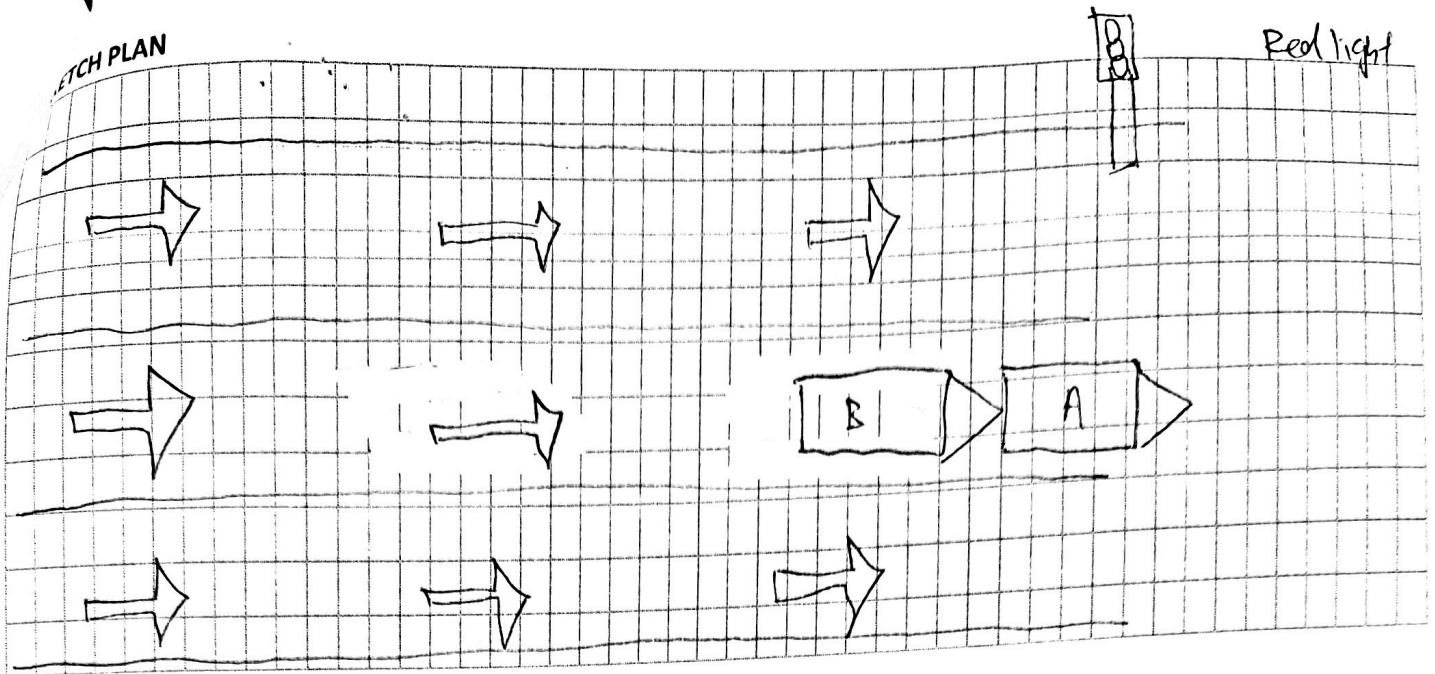
I understand, acknowledge, agree and consent that:

- (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:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

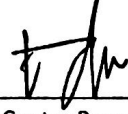
was driving in the middle lane and upon amber light I applied break to stop and in a split second when I stop the ~~car~~<sup>lorry</sup> knock me from the back.

DECLARATION

I/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:

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