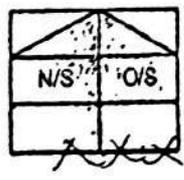


REP: Steve REF: CS/AIG21000446/EQF3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 (OD) TP/WB/TP RES/OD RES/EVA/INV/MI  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. 2070153495  
 Claims No. 3125356525SG  
 Sum Insured: \_\_\_\_\_ Excess: 0/-  
 (Client's Record) \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.



Pat. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 SA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repair: 7 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMV 99160 Yr Regn: 29/10/20  
 Type: M.Ca / 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: 3895 T/Radio: Insured / Std / NI / N  
 Eng/No: \_\_\_\_\_  
 C/N: KNAF 3416 MLS 069507  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 205/55R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Kumho  
 Front R/Bal. 4 mm Rear R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 11/1/21 D.O.I. 11/1/21  
 Survey held at Cycle & Collage  
 Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-86K</u>
<u>12/01/21 @ 2.41pm</u>	<u>revert to AIG via Merimen.</u>
<u>12/01/21 @ 2.50pm</u>	<u>Kok Chong informed C/A via Merimen.</u>
<u>12/01/21</u>	<u>Informed Don Bong C/A &amp; ex:\$0/-</u>
<u>08/02/21 @ 12.25pm</u>	<u>confirmed with Ms Loi final fig \$8844.20, 7 days (Red \$2853.20, 24%)</u>

Days Of Repair: 7  
 Resurvey No. of Trip: 2  
 Add Fee:  Site Insp (\$ \_\_\_\_\_)  
 Interview (\$ \_\_\_\_\_)  
 Tech. Inva (%) \_\_\_\_\_  
 Weekend (%) \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \$ \_\_\_\_\_  
 Police: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

Prell. Report   
 Final Report

WFO: MER-OD  
 Total: 8844.20



CYCLE & 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

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for AIG Asia Pacific Insurance Pte. Ltd. and vehicle information for a KIA CERATO 1.6 A EX G333.

Table with 4 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Includes account details for LAX00000 and operator DonBong.

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like 'RENEW ACCIDENT DAMAGED PARTS ON REAR BOOT LID', 'REAR BUMPER', 'REAR BODY KITS', etc., with handwritten notes and quantities.

Estimate

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.



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
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name LCV13209/NG WEE WEE SOPHIA (HUANG HUIHUI) Reg No/Reg Date SMV9916D / 29/10/202 Date In/Mileage / 3894 Chassis No KNAF3416ML5069507 Engine No G4FGKH755599 Make/Model KIA/CERATO 1.6 A EX G333 Colour/Trim ABT PLATINUM GRAPHI/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	11/01/2021/ 13:49	QUD	247 / DonBong	27193

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M PANEL ASSY-TRUNK LID	1.00	1297.00	20.00	1037.60
M HINGE ASSY-TRUNK LID,LH	1.00	97.00	20.00	77.60
M HINGE ASSY-TRUNK LID,RH	1.00	97.00	20.00	77.60
M LOGO ASSY-KIA SUB	1.00	32.00	20.00	25.60
M EMBLEM-CERATO	1.00	28.00	20.00	22.40
M BRACKET ASSY-RR BPR SIDE UPR,L	1.00	25.00	20.00	20.00
M BRACKET-ASSY RR BPR SIDE UPR,R	1.00	31.00	20.00	24.80
M COVER-RR BUMPER UNDER,RH	1.00	33.00	20.00	26.40
M STAY-RR BUMPER LH	1.00	65.00	20.00	52.00
M STAY-RR BUMPER RH	1.00	65.00	20.00	52.00
M ANTENNA ASSY-SMARTKEY	1.00	46.00	20.00	36.80
M BEAM-RR BUMPER	1.00	318.00	20.00	254.40
M BRACKET-RR BEAM UPR MTG,LH	1.00	9.00	20.00	7.20
M BRACKET-RR BEAM UPR MTG,LH	1.00	9.00	20.00	7.20
M BRACKET-RR BEAM LWR,CTR	1.00	6.00	20.00	4.80
M BRACKET-RR BEAM LWR MTG	2.00	6.00	20.00	9.60
M EXTN WIRING ASSY-BWS	1.00	207.00	20.00	165.60
M LAMP ASSY-SIDE T/SIGNAL,LH	1.00	181.00	20.00	144.80
M LAMP ASSY-SIDE T/SIGNAL,RH	1.00	181.00	20.00	144.80
M COVER-RR BUMPER FOG LAMP,LH	1.00	19.00	20.00	15.20
M COVER-RR BUMPER FOG LAMP,RH	1.00	19.00	20.00	15.20
M GROMMET ASSY-SCREW	2.00	2.00	20.00	3.20
M CLIP BUMPER	10.00	1.00	20.00	8.00
M COVER-RR BUMPER	1.00	651.00	20.00	520.80
M COVER-RR BUMPER LWR	1.00	241.00	20.00	192.80
M COVER-RR BUMPER UNDER,LH	1.00	33.00	20.00	26.40
M CLIP	10.00	1.00	20.00	8.00
M NEW K3 2020 BODY KITS	1.00	1721.00	00.00	1721.00
M TRIM ASSY-RR TRANSVERSE	1.00	41.00	20.00	32.80

Estimate

SURVEYOR NAME: Stere CLKIK  
SURVEYOR SIGNATURE: OD-Not App  
DATE: 11/1/21, 4:30pm

Confirm & accepted by  
LKX 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

REMARKS:	Nett	10,955.40
<u>PIP</u>	7% GST on	766.88
<u>7 days</u>	<b>Total Payable</b>	<b>11,722.28</b>

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 commenced. Additional parts may be needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 60% 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 ..... 11/01/2021 10:55 (SGT)  
Date of Accident ..... 11/01/2021 06:20 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... AROUND THE BEND FROM CTE TO AYE AFTER OUTRAM PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV9916D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG WEE WEE, SOPHIA  
NRIC No ..... SXXXX312Z  
Email Address ..... KC\_SOPH@YAHOO.CO.UK  
Mobile Phone No ..... (Phone) +65-97106338  
Alternative Phone No ..... +65-97106338

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... 2070153495  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG WEE WEE, SOPHIA  
NRIC No ..... SXXXX312Z  
Date Of Birth ..... 11/08/1978

Occupation	Indoor
Date Of Driving Pass	24/08/2011
Driving experience	9 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97106338
Alt. Phone Number	+65-97106338
Email Address	KC_SOPH@YAHOO.CO.UK
Address	BLK 291C COMPASSVALE STREET #06-258
Address complement	-
Postcode	543291
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN KOK CHOON
Gender	Male

PASSENGER 2

Name	BRIELLE TAN
Gender	Female

PASSENGER 3

Name	HANNAH TAN
Gender	Female

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?	Yes
Was there any audio recorded?	No

**DETAILS OF OTHER VEHICLE PROPERTY 11**

Vehicle Registration Number	SHD1265E
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YIN SOO FUNG
Contact Number	(Phone) +65-91158690
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
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 willful 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.

*[Signature]*  
11/1/24

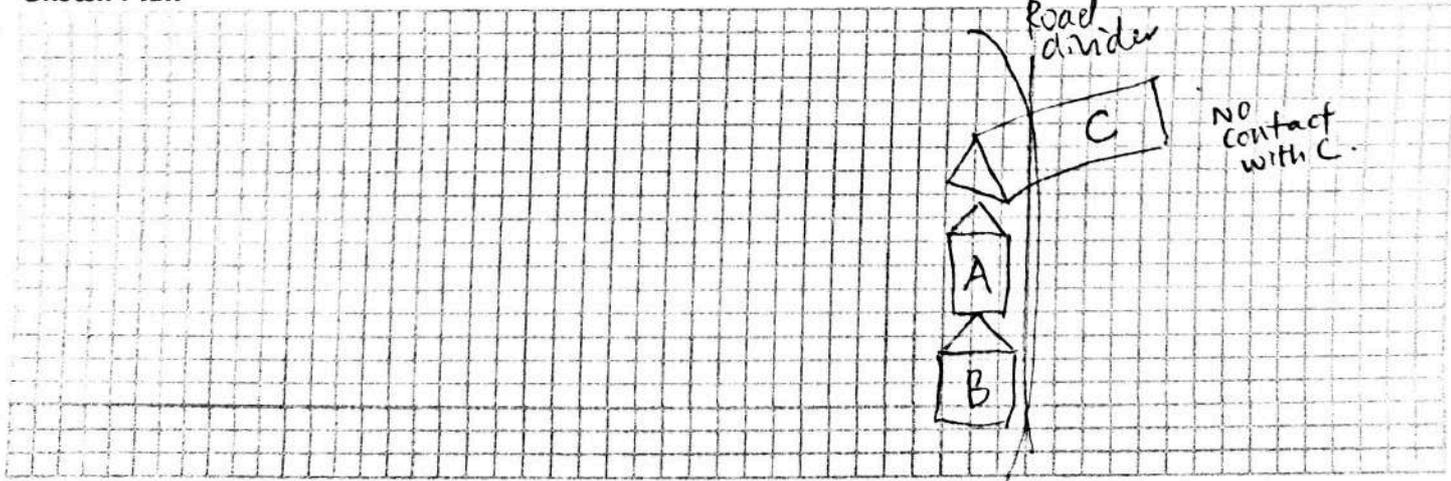
Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

At about 0620h on 11/01/2021, I was driving on ~~lane~~ lane 1 of CTE on the way to AYE. I saw an accident vehicle on the road divider and it was in my way, so I stopped my car as I was unable to ~~cross over~~ change lane to lane 2. After I stopped, and about to move off to lane 2, the car was hit by a taxi. It was drizzling and the ground was very wet.

**Declaration**

We declare the foregoing particulars are true in every respect.

 11/1/21

Policyholder's Signature / Date & Time 0851h.

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



Witnessed by Reporting Centre Personnel



## UNDERTAKING

I, Ng Wee Wee Sophia, (NRIC No. S7877312Z), hereby confirm that the Singapore Accident Statement lodged by me on 11/1/2021 at 0834 hours pertaining to the accident involving motor car Reg. No: SMV9916D, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

:



Name of Insured / Driver

:

Ng Wee Wee Sophia

Nric No.

:

S7877312Z

Date

:

11/1/2021

Signature

:



Name of Policyholder

:

Ng Wee Wee Sophia

Nric No.

:

S7877312Z

Date

:

11/1/2021



AIG Asia Pacific Insurance Pte. Ltd  
 AIG Building  
 78 Shenton Way  
 #07-16

**MOTOR ACCIDENT INTERVIEW FORM**

NAME : Ng Wee Wee Sophia  
 VEHICLE NUMBER : SMV9916 D  
 DATE/ TIME OF ACCIDENT : 0620h  
 PLACE OF ACCIDENT : Found the bend from CTE to AYE after Outram Exit  
 THIRD PARTY VEHICLE (IF ANY) : SHD1265 E

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

291 Compaanvale Street was the start and intended destination was ACS(1) Dover Rd.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

The taxi hit my car from the back. The bumper is broken and the boot/trunk cannot be closed.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No visible injury to the passengers nor myself. No traffic police was called in for investigation.

NAME: Sophia Ng

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE