

REC. BY: SteveREF: A16

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. _____

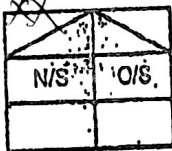
Claims No. _____

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 Sent: _____ 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: SMV 19506 Yr Regn: 21/9/20Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: KIA Niro c.c. 1580Colour: Red A/C: Insured / Std / NI / NSp. Reading: 5802 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KNACC81CVL538060

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SRIm / STD A/RIm, orTyre Size: F: 205/60R16R: CL

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

TOYO / YOKO or 3

Front Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 10/1/21 D.O.I. 12/1/21Survey held at Cycle & Carriage

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooflop or

FL LH

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

Date / Time Action / Instruction

MV-1068ale/Tine, File, Date to? ☐ : Prel. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Phone

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$☐ : Weekend (\$

22/1/21-Typist

Approved: Merimen

IMP SUM / L.P. : \$3204.40



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
LEW YIP KEONG LAWRENCE	Cust No/Name /LEW YIP KEONG LAWRENCE
451B BUKIT BATOK WEST AVENUE 6	Reg No/Reg Date SMV1950G / 21/09/202
#07-691	Date In/Mileage / 0
SINGAPORE 652451	Chassis No KNACC81CVL5361060
Contact No Mobile: 96544848	Engine No G4LEKS600328
	Make/Model KIA/NIRO 1.6 A SX SR ASY PE
	Colour/Trim CR5 RUNWAY RED / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	12/01/2021/ 10:50		442 / CocoLu	27218

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER LOWER PANEL, FRT BUMPER, FRT SKID PLATE	1			400.00
E PNT98000 SPRAY PAINT FOR FRT BUMPER, SKID PLATE	1			350.00
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
M SUNDRY Sundry				20.00
P COVER-FR BUMPER UPR	1.00	637.00	00.00	637.00
M LOGO ASSY-KIA SUB	1.00	51.00	00.00	51.00
M COVER-FR BUMPER, LWR	1.00	373.00	00.00	373.00
M SKID PLATE-FR BUMPER	1.00	60.00	00.00	60.00
M GRILLE ASSY-RADIATOR	1.00	441.00	00.00	441.00
M ABSORBER-FRONT BUMPER ENERGY	1.00	68.00	00.00	68.00
M LAMP ASSY-FRONT FOG, LH	1.00	223.00	00.00	223.00
M COVER-DAYTIME RUNNING LIGHT, LH	1.00	46.00	00.00	46.00
M LAMP ASSY-DAY RUNNING LIGHT, LH	1.00	619.00	00.00	619.00
M GRILLE-FRONT BUMPER	1.00	131.00	00.00	131.00
M STIFFNER-FR BPR LWR	1.00	116.00	00.00	116.00
M BEAM COMPLETE-FR BUMPER	1.00	661.00	00.00	661.00

Estimate

Steve CLKK)
12/1/21, 2.00pm
OD - AL+ AL
EXCERS - ?
3 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 modifications are allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Authorized signatory and company stamp

7% GST on **4346.00** **304.22**
Nett 4,346.00
Total Payable 4,650.22

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 GlA 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	12/01/2021 13:58 (SGT)
Date of Accident	10/01/2021 22:00 (SGT)
Exact Location of Accident	630 Bukit Batok Central, Singapore 650630
Additional Location Information	CARPARK OF 630 BUKIT BATOK CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV1950G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW YIP KEONG LAWRENCE
NRIC No	SXXXX846C
Email Address	LAW8247@GMAIL.COM
Mobile Phone No	(Phone) +65-96544848
Alternative Phone No	+65-96544848

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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	2070136307
Cover Note Number	-

DRIVER

Name of Driver	LEW YIP KEONG LAWRENCE
NRIC No	SXXXX846C
Date Of Birth	01/11/1963
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

08/02/1982
38 YEARS AND 11 MONTHS
Male
(Phone) +65-96544848
+65-96544848
LAW8247@GMAIL.COM
BLK 451B BUKIT BATOK WEST AVENUE 6 #07-691
-
652451
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collided into Property
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
1
No
-
No
1
No
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

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

SKETCH PLAN

IMPORTANT NOTICE

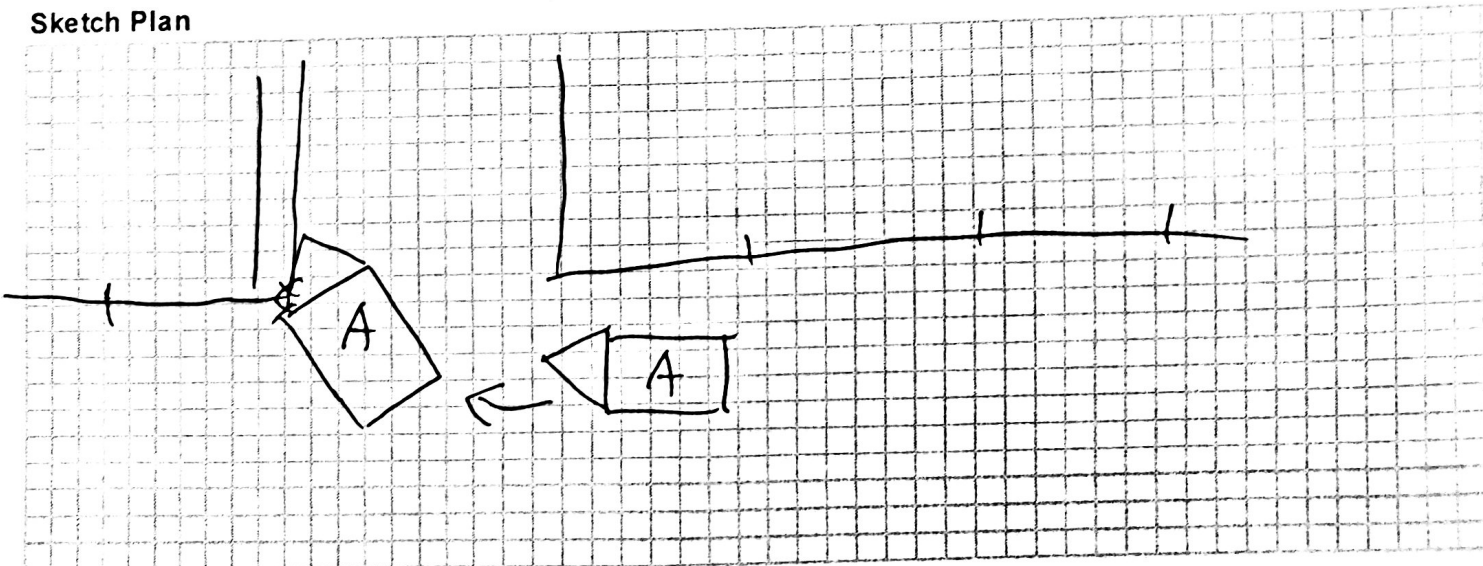
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

I was driving my car at car park of 630 Pt. Satok Central,
accidentally hit onto the side wall. No body was injured.

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



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

MOTOR ACCIDENT INTERVIEW FORM

NAME
VEHICLE NUMBER
DATE/ TIME OF ACCIDENT
PLACE OF ACCIDENT
THIRD PARTY VEHICLE (IF ANY)

: LEW YIP KEONG LAURENCE
: SMV 1950 G
: 10/01/2021 / 2200 hrs
: West mall ^{next to} car park, Bk 630 Bukit Batok Central
: -

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

Home to westmall

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?

Hit onto the side wall (left)

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

NO

NAME: Lew Yip keong Laurence

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Lew Yip Keong Lawrence, (NRIC No. S1619846C), hereby confirm that the Singapore Accident Statement lodged by me on 12/01/2021 at 10.40am hours pertaining to the accident involving motor car Reg. No: SMV 1950 GT, 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

:

Lew Yip Keong Lawrence

Nric No.

:

S1619846C

Date

:

12/01/2021

Signature

:



Name of Policyholder

:

Lew Yip Keong Lawrence

Nric No.

:

S1619846C

Date

:

12/01/2021