

ASS. REC. BY:

Steve

REF:

AIG

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / IP 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

Lum Sum: _____ % 3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

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

Truck / Trailer or

Make: _____

Colour: _____

Sp. Reading _____

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Dampt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Modl: Nil / SRM / STD A/RM or

Tyre Size: F: _____

R: _____

BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 3

Front

R/Bal. _____

L/Bal. _____

D.O.A. _____

Survey held at _____

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

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

Rear

R/Bal. _____

L/Bal. _____

D.O.I. _____

Cycl & Collage

Front RH.

Date / Time Action / Instruction

MV-448

Date / Time, File, Date / Time



: Prel. Report



: Final Report

Date / Time, File, Date / Time

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

10/2/21-Typist

Approved: Merimen

Total Sum / L.P. / R: \$7013.66

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

Reg No : 1977014696

ESTIMATE

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 #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name KCV03951/Chew Chuan Mui Reg No/Reg Date SKU3670E / 22/07/201 Date In/Mileage / 60393 Chassis No JMYSRCY1AFU005125 Engine No 4A92CA0564 Make/Model MIT/LANCER EX 1.6 GLS 4A/T (F05) Colour/Trim U01 / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	14/01/2021/ 08:41	BLE	261 / Edwin Caina	61811

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER, BONNET & RHF FENDER REPAIR HEADLAMP SUPPORT PNL, RHF DOOR & LHF FENDER	450X3			1350 2250.00
E PNT98000 RESPRAY FRT BUMPER, BONNET, RHF FENDER, RHF DOOR, LHF FENDER & HL SUPPORT PNL				1750 2100.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM				30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS				80.00
M SUNDRY Sundries				20.00
M HOOD	1.00	913.00	23.00	703.01
M HINGE, HOOD, LH	1.00	64.00	23.00	49.28
M HINGE, HOOD, RH	1.00	64.00	23.00	49.28
M CLIP, HOOD INSULATOR	8.00	3.00	23.00	18.48
M WEATHERSTRIP, HOOD	1.00	18.00	23.00	13.86
M WEATHERSTRIP, HOOD, FR	1.00	31.00	23.00	23.87
M LATCH, HOOD	1.00	58.00	23.00	44.66
M FENDER, FR RH	1.00	688.00	23.00	529.76
M BRACKET, FR FENDER, RH	1.00	16.00	23.00	12.32
M SHIELD, FR FENDER, FR RH	1.00	122.00	23.00	93.94
M HEADLAMP ASSY, RH	1.00	846.00	23.00	651.42
M FACE, FR BUMPER	1.00	1040.00	23.00	800.80
M GARNISH, FR BUMPER, RH	1.00	39.00	23.00	30.03
M GRILLE, FR BUMPER	1.00	96.00	23.00	73.92
M BRACKET, FR BUMPER SIDE, RH	1.00	17.00	23.00	13.09

SURVEYOR NAME: Steve CLKK 14/1/21, 19.19.00

SURVEYOR SIGNATURE: [Signature]

Confirm & accepted by LKK Auto Consultants hence notify the Repairer of the following:

DATE: Excess - ?

REMARKS: P/P

7% GST on	Nett	7,707.72
		539.54

Total Payable	8,247.26
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No illegal or unauthorised signature and company stamp

Supplementary item(s) must be resurveyed and is subject to final approval from insurance company. Estimated costs quoted are excluding GST. This is a computer generated document, no signature is required. 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 13/01/2021 14:09 (SGT)
Date of Accident 12/01/2021 15:25 (SGT)
Exact Location of Accident #01-193 Jurong West Central 1, Block 690, Singapore 640690
Additional Location Information JURONG WEST CENTRAL 1 MSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU3670E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW CHUAN MUI
NRIC No SXXXX774C
Email Address chuanmui@yahoo.com.sg
Mobile Phone No (Phone) +65-97858361
Alternative Phone No +65-97858361

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 2100421707
Cover Note Number -

DRIVER

Name of Driver ONG CHIN TUAN
NRIC No SXXXX669Z
Date Of Birth 19/05/1953
Occupation Indoor

Of Driving Pass
ing experience
nder
obile Number
lt. 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

02/05/1972
48 YEARS AND 8 MONTHS
Male
(Phone) +65-97311077
-
CTUANON@YAHOO.COM
BLK 431 ANG MO KIO AVENUE 10 #11-1463
-
560431
No
Spouse
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collided into Property
CLOUDY
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

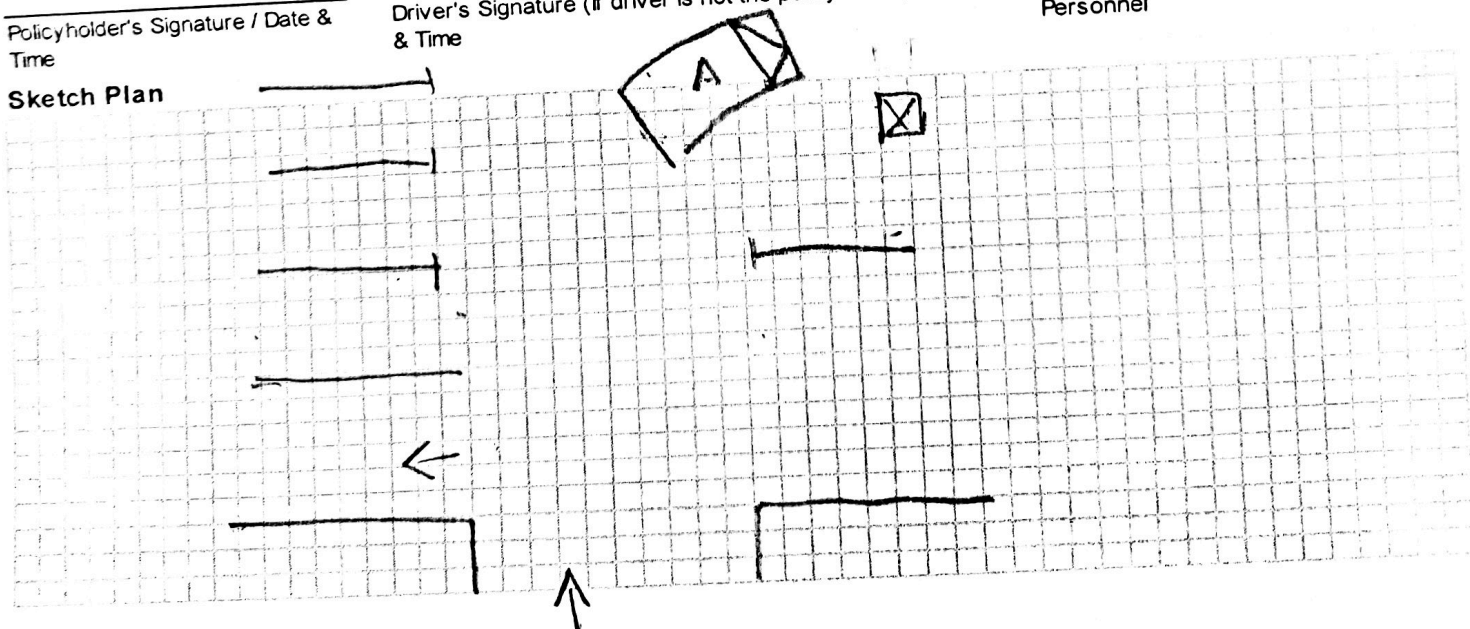
- Please report **correctly** the details of the accident to speed up the claims process.
- This Form must be **completed by the Policyholder and/or the Authorised Driver**.
- Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.**
- 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.
- 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.
- 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

As I enter the gentry to the multi-storey carpark, pass the left turn to the level 2, so I make a turn and bump to the pillar.

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