

ASS. REC. BY:

Steve

REF:

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:

SMK 4652E

Yr Regn:

11/4/19

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

Truck / Trailer or

Make:

KIA Cerato

c.c

1591

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

27435

T/Radio:

Insured / Std / NI / N

Eng/No:

KNAF 3416 MK5032049

C/No:

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ NII / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

205/55R16

R:

11

 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or ☒ Nexen

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

13/1/21

D.O.A.

15/1/21

Survey held at

cycle & carriage

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

From RH, Rear RH,

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

Date / Time

Action / Instruction

MV- 73K

New Car Price - 107K

Pre-Accident Value : S\$ 73,000.00

COE / PARF Rebate : S\$ 31,962.00

Margin for Repair (Pre-Accident Value) : S\$ 41,038.00

submit extensive total loss.

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: -

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

☐

: Weekend (\$

Pop. Form:

Lump Sum / L.E.I.:



Cycle & Carriage Kia Pte Ltd
Kia Customer Service centre
209 Pandan Gardens Singapore 609339
T 6568 4555 F 6569 1056 W kia.com
Company No. 199405410K

15th January 2021

AIG S'PORE INSURANCE PTE LTD
78 SHENTON WAY #08-16
AIG BUILDING
SINGAPORE 079120

Attention: Motor Claim Department

Dear Sir / Madam,

OWN DAMAGE CLAIMS
POLICY NUMBER : 1900083554
VEHICLE REGISTRATION NO : SMK4652E

We regret to inform you that review to the extent of the damage the degree of structure is difficult to restore to original condition as manufactured by factory.

Kindly arrange your surveyor to inspect the above vehicle at our **Service Centre, 209 Pandan Gardens, Singapore 609339** as soon as possible.

Your early reply would be appreciated.

Yours faithfully

CYCLE & CARRIAGE KIA PTE LTD
Kevin Leong
Body & Paint Divison - Aftersales Operations
Pandan Gardens

211F0002 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD
RY DATE & TIME: 15/01/2021 11:18 (SGT)
MITTED BY: TAN SHIEH YUEN
RSION: 1 (15/01/2021 11:18 (SGT))

Your NCD will be affected due to late reporting

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	15/01/2021 11:18 (SGT)
Date of Accident	13/01/2021 10:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE EXIT ANG MO KIO AVE 1 EXIT 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4652E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG DAWEI, KELVIN
NRIC No	SXXXX571D
Email Address	KELVIN_W_DW@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97258289
Alternative Phone No	+65-97258289

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	1900083554
Cover Note Number	-

DRIVER

Name of Driver	WONG DAWEI, KELVIN
NRIC No	SXXXX571D
Date Of Birth	07/07/1981
Occupation	Indoor

Of Driving Pass	18/02/2005
ing experience	15 YEARS AND 11 MONTHS
nder	Male
obile Number	(Phone) +65-97258289
Alt. Phone Number	+65-97258289
Email Address	KELVIN W DW@HOTMAIL.COM
Address	10G BRADDELL HILL #22-25
Address complement	-
Postcode	579726
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KELVIN WONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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

Vehicle Registration Number	SKL8861K
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LUCAS ONG CHEE WEI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDS316S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH YAU LIONG
Contact Number	(Phone) +65-96805395
Address	-
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 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.

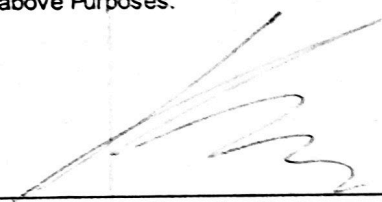
8. Consent under the Personal Data Protection Act (PDPA)

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.


Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

Sketch Plan

— Refer to Attachment —

Describe Circumstances of the Accident

Please refer to Police report

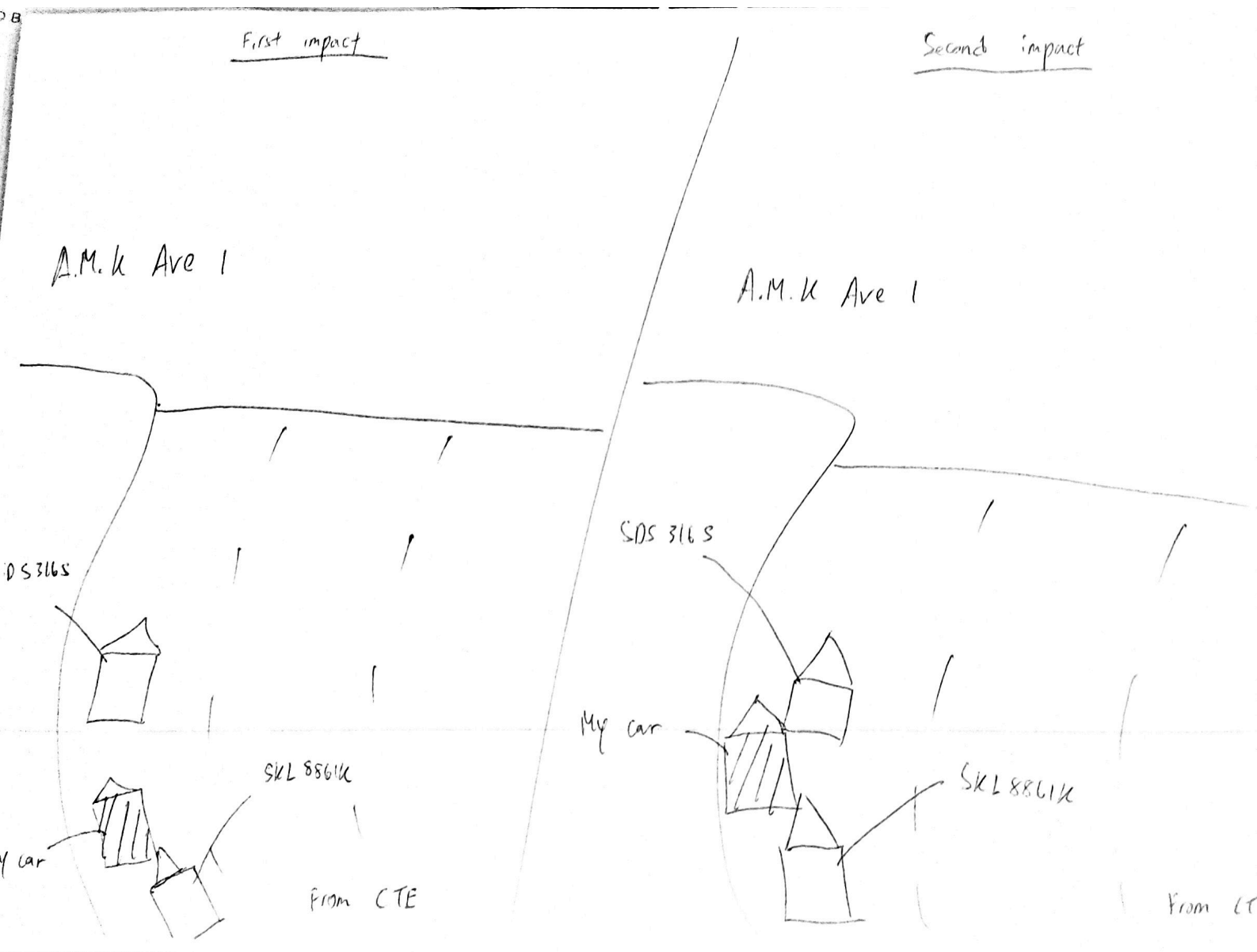
Declaration

We declare the foregoing particulars are true in every respect.

10 13/01/21
14.00
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel



First impact

Second impact

A.M.K Ave 1

A.M.K Ave 1

SDS 316 S

SDS 316 S

SKL 8861K

SKL 8861K

My car

My car

From CTE

From CT



SINGAPORE
POLICE FORCE



T/20210114/2099

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4
Report No. T/20210114/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 18:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG DAWEI, KELVIN			Address: 10G BRADDELL HILL #22-25 BRADDELL VIEW SINGAPORE 579726	
ID Type / ID No.: NRIC NO / S8119571D			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 9725829
			Email:	
Sex: Male	Age: 39	Date of Birth: 07/07/1981	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

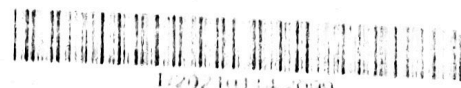
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2021 10:40	Type of Location: Bend
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL8861K	Car	MERCEDES BENZ	CLA200 (R18)		Slightly Damaged	0
SMK4652E	Car	KIA	CERATO 1.6(A) EX	Blue	Slightly Damaged	0
	Car					0
	Car					0
	Car					0



SINGAPORE
POLICE FORCE



T/20210114/2000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210114/2000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	Car					0
	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK4652E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900083554	11/04/2019	10/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG DAWEI, KELVIN		ID No. S8119571D
Related Vehicle	SMK4652E (Car)		Contact No. 9725829
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION,

I WAS DRIVING ALONG CTE EXIT TOWARDS SERANGOON GARDEN BEARING PLATE NUMBER (SMK4652E), AS I WAS ON A COMPLETE STOPPED DUE TO RED TRAFFIC LIGHT THERE'S A VEHICLE INFRONT OF ME. OUT OF A SUDDEN THERES A VEHICLE DROVE RECKLESSLY BEARING PLATE NUMBER (SKL8861K) AND HIT REAR RIGHT SIDE OF MY VEHICLE CAUSING TOTALLY DAMAGE. DUE TO THE BANG CAUSE MY WHOLE VEHICLE TO JERK AND HIT INFRONT REAR LEFT OF THE VEHICLE BEARING PLATE NUMBER (SDS316S). SOMEBODY CALLED THE POLICE AND AMBULANCE TO ATTEND. AFTER THEIR ARRIVAL I REFUSED BEING CONVEYED BY THE AMBULANCE, BUT AFTER THE INCIDENT MY CAR WAS TOWED BY MY DEALER AND I WENT WITH THEM. THEY ADVISED ME TO GO HAVE A CONSULT BY A DOCTOR TO DOUBLE CHECKED ENSURE THERE NO SEVERE INJURY. I TOOK PICTURES AND VIDEOS AS EVIDENCE, I MAKE MY WAY TO TPO TO LODGE POLICE REPORT ACCORDINGLY. THAT'S ALL.

IO IN-CHARGE: IVAN



SINGAPORE
POLICE FORCE



T 20210114 2009

3 of 4

Police Station Of Origin

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No. 65470000

Report No. T20210114 2009

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

Police Station (2 Digits)
 Traffic Section
 2410, Avenue 3 SINGAPORE AIRPORT
 TEL: 65474865

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference.

Signature Of Officer Recording The Report
 (Print)
 DC MUHAMMAD SYAFIQ BIN ABDULLAH

Signature Of Interpreter
 Not applicable

Officer in Charge Of Case
 (Print)
 Sg 2 HO JIE KANG, IVAN
 Contact No: 65476170

Authentication Stamp
 (Print)

Signature Of Informant

(Handwritten Signature)

Date/Time:
 14/01/2021 18 16

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

(Handwritten Signature)

Name of Policyholder : WONG DAWEI, KELVIN
Period of Insurance : 11 Apr 2019 To 10 Apr 2021
Engine No. : G4FGJH723726
Chassis No. : KNAF3416MK5032049

Vehicle No. : SMK4652E
Policy No. : 1900083554
Endorsement No. :
Issued Date : 18 Apr 2019

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2019
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

i. The Policyholder

ii. 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 Driver Inexperienced Driver Excess" ("YIDIE") 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 social, 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.

Limit of Use 1500cc - 1600cc

*Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be construed as a condition precedent.

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Private Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

WONG DAWEI, KELVIN - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS FOR CLAIM-RELATED REPAIRS

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 800 Sin Ming Ave Singapore 575732 65326000

2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 608339 65824501

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 156031 64276600

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408850 67461000

For other Approved Reporting Centres/AIG Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 3G Mobile App. Simply search and download "AIG 3G" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

CS04622200

CSCKICP2 - ALTHAM
259 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE