	•• •	A.33	SUCTUMENT.		11/10
			CTD 73	22 L ve Ragin:	11/1/20
France	Døle:	enomerate el la summembre o o u	Vod No: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s	Der RAGORICHT I
facilities in the control of the con	CO. DO SASSE A SERVICE OF A BANK A DESCRIPTION		Trucks / livallar or	0	
Lo Lindia a Anjugo Ma: Lo Lindia a Anjugo Ma:	DESERTEVATINATUR		Meko: KI/I CETO	grafia acrosim erramistic nos empresantes acrossimos cares a	G.G 1591
at Mortagula tapa 10 Habari Jampa tab	any arrive (Annexistics to transferences de service presentation de président rigi	CONTRACTOR OF THE PERSON OF TH	Colour	NG: Insu	1800 1 860 1 MI 1 M
e Transmission (Chill)	or connected to the modernments to be seen as \$100.000 and \$100.000 an	d was a most make as two of the Trings Lit.	Sp. Roseing .		BUCAS D ESRES D 598 D 54
The state of the s	Con emine ess pure a sent en an parament management	A CONTRACT OF THE PARTY OF THE	Emp/No:	Q.U	
· PACE TAX CONTRACTOR	CONSTRUCTION AND SECURISE ON A SECURITIES OF	Marille Mengapatra (Ind berket Salt das s part <u>er</u> par	CANO: KMA	5.41.611 5019	940
Today No. Johns No.	D USAN - STORESTON IN AMERICAN D. D. MA. D. S. TO SEARCH STORESTONE D. D. D. D.		Gun, Com: Good I-Pole I Poo	CHALL CONTRACTOR OF STREET	description and the state of th
ing language	Richard Comment	Andrew Commence of the state of	Stauring: hoorder / Jonnmosi /	W .	
(Chair Hann)	Excess:	AND THE RESIDENCE OF THE PROPERTY OF		Locked / Burnt er	and the second
ielo es Veres ielo es Veres		ő	Mon: ON ACCION STO	Alfilm or .	uruddatri ==250075
en de toma, la citatra	Formulation to payd resistantial print two sines annual formula distribute to	PETER SERVICE SECTION SECTION SERVICES	Tyro Blan: 17:	225/45R17	production the metallicans method by a state of
Districtions (Committeened			1 Aug sixes. 1.2	No. of Section 200 and the Contract of the Con	SIMPLEMENT - HETSEREN AL DERSTENSES PROCESS B
(Policy Consilion) ansult: The veh had gomi	manand lee	Nis' 10/6	esidunieknovaigyif	S / LIZA / PAIC / OHYSU	I PIR I SUMI I
	oi inspection.	- The same of the	TOLO LAORO OL E	Mexen.	
		Lancas and the same and the sam	m2	Rear	The state of the s
et, or interfact Veloci	Consistent?: Yes	er ole	- Eval NBal. (C .: m	m Rical. S	
JA: Addicional Roods	- The state of the		O COLOR	· · · · · · · · · · · · · · · · · · ·	SW
IR I IV. 1968.	Consistent7: Yes		Commence of the commence of th	w row 7	alilai
st. Repaire:	tae	or No	· 0.0.A. 8/1/2/	ck & Carriac	11/21
		or No	· Survey hald al		// -
and the same of th	% 3 Val.: Yes		enementale	Merchanist and designation of the second	AND PARTY AND DESCRIPTION OF THE PARTY AND PAR
or. Gen: A TOM FREP. 7	 24 HRS		Dan. of Damegos : Fri 1 Rds	Merchanism of the state of the	AND PARTY AND DESCRIPTION OF THE PARTY AND PAR
A TORM FREP. / S	24 HRS '	Vehicle: IN / OU	on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
A COPY REP. / 1	24 HRS can Contacted:		on of Camegos: Fri 1 Rds	Merchanism of the state of the	Recitor or
A CAM REP. / See	24 HRS on Contacted:		on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
A CAM REP. / S	24 HRS can Contacted:		on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
A CAM REP. / S	24 HRS on Contacted:	Vehicle: IN/OU	on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
A CAM REP. / See	24 HRS on Contacted:	Vehicle: IN/OU	on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
A CAM REP. / See	24 HRS on Contacted:	Vehicle: IN/OU	on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
A CAM REP. / S	24 HRS on Contacted:	Vehicle: IN/OU	on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
A CAM REP. / S	24 HRS on Contacted:	Vehicle: IN/OU	on of Camegos: Fri 1 Rds	ne i ois i wis i we i	Recitor or
Pers Assenti	24 HRS on Contacted:	Vehicle: IN/OU	THE THE THE TENNESS OF THE TENNESS O	ne i ois i wis i we i	Recitor or
Pers Action / I	24 HRS on Contacted:	Vehicle: IN/OU	on of Camegos: Fri 1 Rds	as I OIS I WIS I US I	Bootlop of
POIS JESS - 150 AGENT II JES -	24 HRS an Contacted: V-SON Antiques of the second secon	Vehicle: IN/OU	THE THE THE TENNESS OF THE TENNESS O	Stirvey Food	Rociler or
POIS JESS - 150 AGENT II JES -	24 HRS Ian Contacted: Instruction V- 89K	Vehicle: IN/OU	The UE I Think is the second of the second o	Stirvey Food	Roction of
Pers Dels Au Acton / I	24 HRS Ian Contacted: Instruction V- 89K	Vehicle: IN/OU	Days Of Ropality Roberts William William Control of the Control o	Stirvey Food	Roction of
Personal Action / March 1997	24 HRS Ian Contacted: Instruction V- 89K	Vehicle: IN/OU	Dog Of Ropalis Ropury Mo. of Trips	Stirvey Formula (1972-1972)	Roction of
Pers Tels and Asign / In Tel	24 HRS Ian Contacted: Instruction V- 89K	Vehicle: IN/OU	Days Of Ropally; Robury Mo. of Trips Con incoming the second sec	Stirvey For Wengering Control of	Roction of
Pers Action / I	24 HRS Ian Contacted: Instruction V- 89K	Vehicle: IN/OU	Days Of Ropalis Romany Mo. of Trips Interview (8)	Stirvey For Wengering Control of	Roction of



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	開発力をつけ、ケモトレーバンカー・ラモンの程度が開発	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Reg No/Reg Date Date In/Mileage Chassis No Engine No Make/Model	LCV12372/GOH TZE YUEN GILBERT SJD3322L / 11/06/202

Account No	Terms	Date/Time Pr	inted	CSE	Operato			WIP No	11 27 27 27 27 27	And the second second second
LAX00000	Credit	18/01/2021/	18:52	BLE	261 / E	dwin Cain		27602		
Marie and the second	OTHER PARTY.	Description		s / Services	a control of the cont		Qty	Unit Price	Disc%	Amount 120.00
A 10028901 TO CARRY USING HI-	OUT DIAG	GNOSTIC CHECK	USING H	HI-SCAN PRO) TEST					
A WHEELALIGN	NMENTBP									120.0
33900099		erize Full W					**			400.0
RENEW FRT	U/CARRI	AGE LH INCLU	DING STE	ERING RAC	K & PINION					30.0
54900099 CHECK WIR	RING ELEC	TRICAL SYSTE	M			~				50.0
SUNDRY					п		P=1		-	
Sundries I GEAR ASSY	-STEERIN	ig / BI		sti		200	۱۲ ۵.۶۶		20.00	616.0
KNUCKLE-F	RONT AXL	E,LH		5111		110	1.00		20.00	280.0 348.8
HUB ASSY-	FR WHEEL	. LHF '.'					1.00		20.00	190.4
BAR ASSY- LINK-STAB							1.00	72.00	20.00	57.6
STRUT ASS							1.00		20.00	224.0
BEARING-S	TRUT	Λ					1.00 1.00		20.00	68.8 228.8
ARM COMPL							1.00	1156.00		924.8
I CROSSMEME	SER COMPL									
		URVEYOR NAM URVEYOR SIGN	(tour (L	KK)	19/1/21	1130 0	m		
	S	URVEYOR NAM	E:	1/6/6 6-	1 1 1	- 11/1-7	,			
	C	LIDVEYOR SIGN	ATURE .	90- 1	Not HOL					
		URVETOR SIGN	AIUNE	1= XCKG	_1					
	D	ATE:		n 11		-				
	P	EMARKS:		PIP		_			ı	
				My BL	- Jy					
Contornor	ccepted	e notify		1	dea:					
e Repairer of th	ne following	C:	-	i	ary			Ne	tt	3,659.2
o resurvey befors/ o display damage	/affer opray p	ainting					7% GST o			256.1
arts prices are sul	bject to confir	mation						W.4.1 AL	1.	3,915.3
hird party survey i	is on a "Witho	ut Prejudice" basis	ļ					Total Payab	ie	3,313.0
o illegal modificati	ion(s) is allow s ignator)	and company	stamp							196. 2 2 1 2 2 3

Subject to find a private the second of the windscreen.

Is subject to find a private the second of the windscreen.

It is a computer generated document, no signature is required.

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 any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered any additional parts or labour which may be required that a Signature is required.

Signature is required.

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Note that the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement of the work. Payment for this may be made in cash, credit card or be payable before commencement.



CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED COMPANY NO. 197701469G

CYCLE & CARRIAGE KIA PTE LTD COMPANY NO. 199405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED COMPANY NO. 200609327M

DIPLOMAT PARTS PTE LIMITED COMPANY NO. 196400304H

Accident Statement

Owner / Driver's Signature : _

AGGILLETT	
Accident Details	
Are you claiming under your own Ins Policy?	Yes 3rd Party Reporting Only
Date of Accident	18101 12071
Time of Accident (24hr format)	<u>0°, :00</u> hr
Exact Location of Accident	JUM TANI
Weather Condition	Clear Raining Not In List
Road Surface	Dry Wet Not In List
Was any foreign vehicle involved in accident?	Yes
No. of vehicles involved in the accident	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes No
Was the accident reported to the police?	Yes V No
Was notice of intended Prosecution given?	Yes No
Own Vehicle Details	
Vehicle Registration Number	16655 972
Vehicle Category	Private Car/ Comm Veh / Good Veh / Motorcycle / Others
Vehicle Manufacturer	Mitsubishi / KIA / Citroen / Maxus / Mercedes / Others
Vehicle Model	FIM CERATO GT LINE
Transmission	Manual Auto CC
Exact purpose for which vehicle was being used at	Private Hire Employment Private Use
time of accident	
Number of passengers (including driver)	2 ACHIEV LIM FEMALE
Passenger (Name and Gender)	ACHIEY LINE FEMALE
Own Vehicle Policy	I.
Handling Insurer (Insurance Company)	Alls
Coverage Type	ACT / Comprehensive / Third Party / Third Party Fire and / or Theft
Fleet Policy	Yes No
Policy No / Cover Note No	
	Co.Reg.No NRIC No Passport No / Fin
D of Registered Owner	SVT/G RECYIETE.
lame of Registered Owner	COUNTRY YUTEN COLURERY
mail Address	GILGTY BLUMA
Nobile No	C).
100110 110	

information	Vos	No If yes, only fill up the highlighted part
he Driver the Policy Holder	Yes	EN SUPERT
ne of Driver	GOH THE TO	
der	Male	Female Passport No / Fin
	Co.Reg.No	TIRETTO
of Driver	(S)T/G 8514	186 F
e of Birth	16/01/1985	
ving Pass Date	08/06/2004	and the second s
ntact No	97395649	Alt Contact No (If any)
me Address	77 HOW (HORUM	CE (BERIEM # 11-13
ail Address	bilby by hund	A CM
cupation	17 max	The second secon
Manager with Duran	CONTRACT OF STATE	
	Constitution of the consti	
	A property of the contract of	ins Conceny.
the second desired	Yes	No If no, please leave below part emp
Vas there any other vehicle or property damaged:	CHAR	
Vehicle Registration No	Conse	
Vehicle Manufacturer / Model / Colour	Private Car / Comm	r Veh / Taxi / Bus / Motorcycle / Others
Vehicle Category	Frivate Car / Commi	
Name of Insurance Company		
Name of Driver		
Contact Number	No. 11 D. No.	Name of Driver Contact N
	Vehicle Reg No	Name of Divisi
Damages to Other Vehicles & Property (Other than Vehicles A & B)		
Other than Vehicles A & Dy		
Injured Persons Details		
mured rersons Details	to the second se	
	Yes	No If no, please leave below part empt
Was anybody injured in the accident?		No If no, please leave below part empt
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance?	Yes Yes	
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name		
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained		
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained Injured person in which vehicle?		
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained	Yes	No No
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained Injured person in which vehicle? Were seat belts worn?	Yes	No
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by	Yes	No No No
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by Ambulance?	Yes	No No
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by Ambulance? Witness Details:	Yes Yes Yes	No No No
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by Ambulance? Witness Details Was there any witnesses?	Yes Yes Yes	No No No
Was anybody injured in the accident? Any injured conveyed to hospital by Ambulance? Name Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by Ambulance? Witness Details Was there any witnesses? (Name, Phone, Email)	Yes Yes Yes	No No No

SKETCH PLAN

MPORTANT 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.
- 6. The report will be forwarded by the insurers of the GA 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)

- (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' law yers/law firms, the Monetary Authority of Singapore and any relevant
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to government agency/authority (such as the police), for the purpose(s) of : 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Personnel Policyholder's, Signature / Date & Time

Sketch Plan

	1	was	turnian	e Accident
	1	1000	Interior .	bett into a school of Jalan Tani road. I think
_	CAR	most	Mave	grand and of Comp.
			9	
		2		÷ Company of the Comp

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