

ASS. REC. BY:

Steve

REF:

CS/AIG 2100-1030/VF3

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. _____

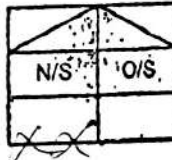
Sum Insured: _____

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: _____

SMU 9028Y

Yr Regn: _____

3/9/20

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

Truck / Trailer or

Make: _____

Mitsubishi Outlander

c.c. 1998

Colour: _____

White

A/C: Insured / Std / NI / N

Sp. Reading: _____

6274

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: _____

GFZW 0700518

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: _____

225/55R18

R: _____

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

TOYO / YOKO or

TOYO

Front

Rear

R/Bal. _____

S

mm

R/Bal. _____

S

mm

L/Bal. _____

S

mm

L/Bal. _____

S

mm

D.O.A. _____

11/1/21

D.O.A. _____

26/1/21

Survey held at

cycle & carriage

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

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

Date / Time

Action / Instruction

MV-102K

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

17/2/21-Typist

Performed: Merimen

Total Sum / L.B. / C. \$4024.08

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Provice

Others

TOTAL



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

Co Reg No : 197701469G

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
LINUS LOO KAH MENG	Cust No/Name KCV15963/LINUS LOO KAH MENG
2 PANDAN VALLEY	Reg No/Reg Date SMU9028Y / 03/09/202
#03-209	Date In/Mileage / 0
SINGAPORE 597626	Chassis No GF7W0700518
Contact No Mobile: 92984208	Engine No 4J11CL0583
	Make/Model MIT/20MY OUTLANDER 2.0 STYLE (999)
	Colour/Trim W01 WHITE PEARL / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00041	Cash	19/01/2021/ 09:55	QUK	282 / Kevin Leong	61971		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000	REPLACE REAR BUMPER, TAILGATE & AFFECTED AREA			450 X 2			900 2560.00
	REPAIR ON REAR END PANEL						
E PNT98000	PAINT WORK ON REAR BUMPER, TAILGATE & END PANEL			350 X 2			700 2200.00
E PNT88000	REMOVE & INSTALL REAR PARKING ASSIST						120 150.00
E PNT88000	REMOVE & INSTALL REAR BOOT COMPARTMENT FOR FACILITATE REPAIR						? 180.00
E PNT88000	TO TRANSFER REAR BOOT ATTACHMENTS TO NEW PANEL						? 160.00
E PNT88000	REPLACE REAR WINDSCREEN GLASS						240.00
M SUNDRY	TO APPLY WINDSCREEN SEALANT						80.00
A 54900099	CHECK WIRING & CHASSIS ELECTRICAL SYSTEM						31 120.00
A 10028901	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST						120 280.00
	USING HI-SCAN PRO TEST						40 60.00
M SUNDRY	TO SUPPLY C & C EMBLEM						50.00
M SUNDRY	TO SUPPLY REAR NUMBER PLATE WITH FRAME						20 50.00
M SUNDRY	SUNDRIES						
M BRKT,R/BMPR FACE SIDE,LH				1.00	12.00	00.00	12.00
M BRKT,R/BMPR FACE SIDE,RH				1.00	12.00	00.00	12.00
M FACE,RR BUMPER				1.00	807.00	00.00	807.00
M EXTENSION,RR BUMPER				1.00	292.00	00.00	292.00
M PANEL,RR END				1.00	324.00	00.00	324.00
M W/STRIP,TAILGATE OPENING				1.00	213.00	00.00	213.00
M PANEL ASSY,TAILGATE				1.00	984.00	00.00	984.00

Estimate

* Ceramic Coating 80X2 = 160
(provide sales agreement)

DO CUT

X DO

Estimate

* Ceramic coating 80X2 = 160
(provide self agreement)

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. 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.



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

GST Reg No : MR-8500111-X

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00041	Cash	19/01/2021/ 09:55	QUK	282 / Kevin Leong	61971			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	GARNISH, TAILGATE	X			1.00	494.00	00.00	494.00
M	DAM, TAILGATE, LWR	/ APC			1.00	41.00	00.00	41.00
M	STOPPER, WINDSHIELD GLASS	/ APC			2.00	3.00	00.00	6.00
M	DAM, TAILGATE SIDE	/ APC			2.00	27.00	00.00	54.00
M	FASTENER, WINDSHIELD	/ APC			2.00	6.00	00.00	12.00
M	DAM, TAILGATE, UPR	/ APC			1.00	13.00	00.00	13.00
M	GLASS, TAILGATE WINDOW	X			1.00	654.00	00.00	654.00
M	MARK, OUTLANDER	/ APC			1.00	95.00	00.00	95.00
M	TRIM, RR END	X			1.00	113.00	00.00	113.00
M	BODY KIT, OUTLANDER	X			1.00	1554.00	00.00	1554.00

Estimate

Steve CLKK) 00-114 AL
26/1/21, 10.10a EX GRS - ?
P/P
My BL Sm
5 dys

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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Confirm & accepted by

Date:

7% GST on **Nett** 11,810.00
11810.00 826.70
Total Payable 12,636.70

Authorized signatory and company stamp

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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	12/01/2021 12:19 (SGT)
Date of Accident	11/01/2021 16:20 (SGT)
Exact Location of Accident	Clementi Rd & Clementi Ave 2, Singapore
Additional Location Information	JUNCTION OF CLEMENTI RD AND CLEMENTI AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9028Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LINUS LOO KAH MENG
NRIC No	SXXXX952F
Email Address	LINUSLOO@YAHOO.COM
Mobile Phone No	(Phone) +65-92984208
Alternative Phone No	+65-92984208

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2070128113
Cover Note Number	-

DRIVER

Name of Driver	LINUS LOO KAH MENG
NRIC No	SXXXX952F
Date Of Birth	27/02/1973
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

23/08/1995
25 YEARS AND 5 MONTHS
Male
(Phone) +65-92984208
+65-92984208
LINUSLOO@YAHOO.COM
2 PANDAN VALLEY #03-209

597626

Yes

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear

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

2

No

-

Yes

1

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

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name

SLN975X

Honda

Vezel

-

-

Private car

TAN HOCK KUAN

-

-

-

-

-

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 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

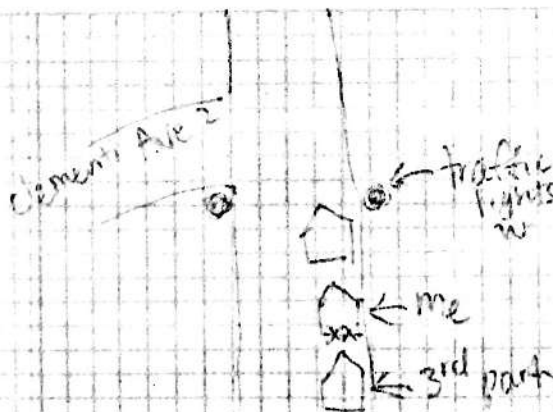
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 had stopped at the traffic light's at junction of Clementi Road and Clementi Ave 2.

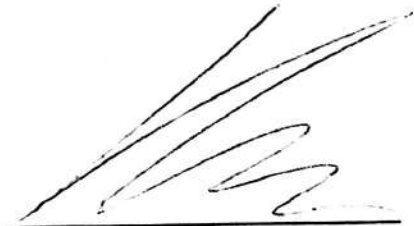
My car was stationary. 3rd party's car moved forward and hit my car at the rear. Throughout my car was stationary.

Declaration

We declare the foregoing particulars are true in every respect.

 12/1/21
Policyholder's Signature / Date & Time
9:10am

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


Witnessed by Reporting Centre Personnel

OD Claim SMU9028Y - Final Excess

From: Azlan, Syazairdina
To: Mabel Tan Shieh Yuen
Cc: Parthiban, Theerthan, Mohd Rizal, Nur Mariah Huibrechts
Sent: 22/1/2021 9:16:27 AM

Dear Mabel,

Please be informed that excess has been fully waived for this case and the final excess is \$0.

Excess:	\$0.00
---------	--------

Thanks and regards,

Syaza Irdina Azlan

AIG

Express Claims Adjuster II, Singapore FNOL, Claims Operations – Auto
SG Claims Operations | AIG Asia Pacific Insurance Pte. Ltd.
Tel: 8001206556 | Ext: 1012205

Syazairdina.Azlan@aig.com | www.aig.sg

IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

CYCLE & CARRIAGE AUTO PROTECTION PRIVATE VEHICLE

Name of Policyholder : LINUS LOO KAH MENG
Period of Insurance : 03 Sep 2020 To 02 Sep 2022
Engine No. : 4J11CL0583
Chassis No. : GF7W0700518

Vehicle No. : SMU9028Y
Policy No. : 2070128113
Endorsement No. :
Issued Date : 23 Sep 2020

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PAF : Yes

a. The Policyholder
b. 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 and/or Inexperienced Driver Excess" ("YIDR") 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

Mileage Condition : Unlimited Mileage

Limitation as to use* :

Use only for aerial, 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.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LINUS LOO KAH MENG - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS FOR CLAIMS-RELATED REPAIRS

1. Cycle & Carriage Body & Paint Centre Add: 208 Pandan Gardens Singapore 609339 65664501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 406660 67481003
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64700688
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 68326000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

MORE PAY NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that this 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

050-875217

CYCLE & CARRIAGE - ANNAL

229 ALEXANDRA ROAD

SINGAPORE 159030

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

820AS