Val No:	A.S.S. REC. BY:		ASSIGNMENT
Type: M.C. op 1		. a	1
Eggine and Code:   Truck   Track   T	From:	Date:	
Make: IM (Prof a cc   S   9   Color   Prof   AyC: Insured Std IN IN   Sp. Rending   Prof   AyC: Insured Std IN IN   Prof   AyC: Insured Std IN IN   AyC: Insured Std IN IN   AyC: Insured Std IN IN   AyC: Insured Std In In Insured:   Color Record   AyC: Insured Std In In Insured:   Stemaris:   For   AyC: Insured Std In In Insured:   Stemaris:   For   AyC: Insured Std In In Insured:   Stemaris:   For   AyC: Insured Std In Insured:   Stemaris:   For   AyC: Insured Std In Insured:   For			Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To inspect Vehicle Nec  at Verkindor mile  at Verki	OD TP I WS I TP RES	O OD RES / EVA / INV / MY	Truck / Trailer or
at Workshop mb  of  insulast:    Color			Make: KIA (Prato - c.c. 1591
Sp.Rending Trisadic Insured 18 Id IN IN IN Insured:    Policy No.			
Eng/No: Color's Record  Make of Veh:  (Clon's Record)  Make of Veh:  (Policy Condition)  Nomaric The veh had commenced its repair at the time of impection.  Policy Repairs:  Gan, Candi Good Fabri Poor I Burnt or Streke in looks / Jammed / Leaked / Burnt or Modi:  NII 16R/m / STO ARChm or Tyre Size:  F: 705   SS / L  R: SI DUN I Exhiova I Gy / FS I LEAJ MIC I OHTSU I PIR I SUMI / TOYO I YORO or \$\frac{8}{3} \text{ from } \frac{1}{3} \text{ from } \frac{1}{3			TO de la lace de lace de la lace de
Policy No.  Claims No.  Claims No.  Claims No.  Sum instruct:  (Cinor's Record)  Make of Voh:  (Policy Condition)  Nome of Vohicy  Condition of Trys Size:  Policy Nome of Vohicy  Nome of Voh			
Claims NO.  Sum insured:  Excess:  (Cloat's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commissioned its repair at the time of inspection.  Pall or Mentel Value:  IDAC Accident Rport:  Consistent?: Yes or No.  Claid I PR Sean:  Consistent?: Yes or No.  A I REV I REP. I 24 HRS  Vehicle: IN / OUT.  Person Contacted:  Person Contacted:  Vehicle: IN / OUT.  Person Contacted:  Person Contacted:  Vehicle: IN / OUT.  Person Contacted:  The "Uit I Chaissis frame I Body Structure affected due to collis frame. File Researed.  Call I Time. Accident Instruction  Add Fee:  Sile Inap (\$ ) Ress.  Survey Fee:  Inflant Report  Resurvey No. of Trip:  Transposition:  Transposition:  Add Fee:  Sile Inap (\$ ) Procise  Sile Inap (\$ ) Procise  Consistent? Searced.  Survey Fee:  Inflant/lew (\$ ) Procise  Consistent? Searced No.  Inflant/lew (\$ ) Procise  Consistent? Searced No.  Sierreg Fee:  Consistent? Searced No.  Consistent?	Insured:		KNIKETHILLANGOLA TO
Sum Insured:  (Cition's Record)  Make of Veh:  (Petry Condition)  (Petry Stze: F: 205   Survey   February   Februa	Policy No.		
Brake   Inode of Jammed / Leaked / Burnt or   Modi: NII / Errym / Sto Arrive   Store   Fill of Record   Modi: NII / Errym / Sto Arrive   Store   Fill of Record   Modi: NII / Errym / Store   Fill of Record   Fill of Record   Fill of Record   Modi: NII / Errym / Fill of Record   Fill o	Claims No.		
Make of Veh:    Modi: Nill	Sum Insured:	Excess:	
Modi: NII / File / Res No.   Profil. Report   Profile Return 107   Profile Report   Profile Return 107   Profile Return 107   Profile Report   Profile Return 107   Profile Report   Profile Return 107   Profile Return 107   Profile Report   Profile Return 107   Profile Return 107   Profile Return 107   Profile Report   Profile Return 107   Profile Report   Profile Return 107   Profile Return 107   Profile Report   Profile Return 107   Pro	(Client's Record)		Brake: Inorde//Jammed/Leaked/Burnt or
Tyre Size   F:   JOS   SS   6	87		Modi: Nil 18/Rim 1 STO A/Rim or
Remarks   The veh had commenced its repair at the time of inspection.   Ristroperion   Remarks   Ristroperion   Remarks   Re			- One Ite-Pil
Nemaric The veh had commissioned its repair at the time of inspection.   N/S'   Vols.		A Sant	<del>\</del>
repair at the time of inspection.  Ball or Market Value:  IDAC Accident Root:  Consistent?: Yes or No SIA / PR Seet:  Consistent?: Yes or No Survey held at  Consistent?: Yes or No Survey held at  Consistent Press / O'S / N/S / U/C / Roottop or  The U/C / Chassis frame / Body Structure affected due to collis  Consistent Press / O'S / N/S / U/C / Roottop or  The U/C / Chassis frame / Body Structure affected due to collis  Consistent Press / O'S / N/S / U/C / Roottop or  The U/C / Chassis frame / Body Structure affected due to collis  Consistent Press / O'S / N/S / U/C / Roottop or  The U/C / Chassis frame / Body Structure affected due to collis  Consistent Press / O'S / N/S / U/C / Roottop or  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to c	(Policy Condition)		
Ball, or Market Value:  IDAC Accident Roort:  Consistent?: Yes or No  GIA / PR Seer:  Consistent?: Yes or No  DOA. 14   Val.   V		Annie no control	
DACA Accident Route:   Consistent? : Yes or No   Consistent?   Consistent? : Yes or No   Consistent :	repair of the tir	ne of inspection.	TOYOTYOKO or S KAM NO
IDAC Accident Rport  Consistent?: Yes or No SIA / PR Saen:  Consistent?: Yes or No SIA / PR Saen:  Obys Res.: Yes or No Survey held st  Oes. of Damages Fry / Res. / O/S / N/S / U/C / Rooftop or  The U/C / Chastes frame / Body Structure offected due to collis  Cate / Yims Action / Instruction  Days Of Repair:  Person Contacted:  Days Of Repair:  Resurvey No. of Trip:  Transportation:  Add Fee:  Site Insp (\$	Bal or Market Value	72	Front Rear
Consistent?: Yes or No  Survey held at  Des. of Damages Fri / Reir / O/S / N/S / U/C / Rooftop or  The U/C / Chiasas frame / Body Structure affected due to collis  Date: Person Contacted: The U/C / Chiasas frame / Body Structure affected due to collis  Date: Person Contacted: Days Of Repair:  Collis / Yime Action / Instruction  Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:  Survey Fee: Survey Fee: Transportation: Transport	CONTROL (VIII. 1984)	Consistent? : Yes or No	
Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA I REV I REP. I 24 HRS  Date: Person Contacted: The 'U/C I Charasts frame I Body Structure affected due to collis  Cata / Time Action / Instruction  MV — 75 /	ILIAC Accident Roon: _	The state of the s	luist 1
Est. Repairs:  days Res.; Yes or No  No. 1. REV / REP. / 24 HRS  Vehicle: IN/OUT  Des. of Damages Fit / Res. / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collis  Date: Person Contacted:  Days Of Repair:  Resurvey No. of Trip:  Transportation:  Survey Fee: Survey Fee: Transportation:  Add Fee: Site Insp. (\$ )  Interview, File Return for Survey Fee: Transportation:  Add Fee: Site Insp. (\$ )  Interview	GIA / PR Seen:		15/1/1
Des. of Damages Fit / Repr / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collis  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collis  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collis  Days Of Repair:  Resurvey No. of Trip: Survey Fee: Transportation:  Survey Fee: Survey Fee: Survey Fee: Transportation:  Add Fee: Stite Insp (\$ ) Fee: See: Stite Insp (\$ ) Fee: Survey Fee: Transportation:  Interview (\$ ) Fee: Survey Fee: Transportation:  Transportation: Transportation:  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / B	Est. Repairs:	days Res.: Yes or No	. 10.0.A. 14/1/E
Des. of Damages Fr.) Report   Days Of Repair:   Survey Foo:   Transportation:   Final Report   Site Interview (\$ )   S + RS Si   Site Interview (\$ )   Froite   Site Inverse (\$ )   Site I	Lum Sum:	% 3 Val.: Yes or No	College Hall
Vehicle: IN/OUT  The U/C / Chassis frame / Body Structure affected due to collis  Date: Person Contacted:  Date: Person Contacted:  Date: Person Contacted:  Date: The U/C / Chassis frame / Body Structure affected due to collis  Date: Person Contacted:  Date: The U/C / Chassis frame / Body Structure affected due to collis  The U/C / Chassis frame / Body Structure affected due to collis  Date: Person Contacted:  Date: P			Des. of Damages Frt   Rear   O/S   N/S   U/C   Rooftop of
Date: Person Contacted: The 'U/C / Chassis frame / Body Structure affected due to come  Date / Yime   Action / Instruction	CA I REV I REP. I	24 HRS	
Date / Yime   Action / Instruction   My - 7]   Days Of Repair:    Instruction   Prell   Report   Days Of Repair:	Nulai Pe		The U/C / Chasals frame / Body Structure affected due to collision
Days Of Repair:    Prell. Report   Days Of Repair:   Survey Fee:			
Days Of Repair:    Prell. Report   Days Of Repair:   Resurvey No. of Trip:   Survey Fee:   Survey Fe	Dale / Time   Action /	Instruction	
Days Of Repair:    Prell. Report   Days Of Repair:   Resurvey No. of Trip:   Survey Fee:   Survey Fe		<u>                                     </u>	
Days Of Repair:    Prell. Report   Prell. Report   Prell. Report   Prell. Report   Prell. Resurvey No. of Trip:   Survey Fee:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   President			
Days Of Repair:    Prell. Report   Prell. Report   Prell. Report   Prell. Report   Prell. Resurvey No. of Trip:   Survey Fee:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   President			
Days Of Repair:    Prell. Report   Prell. Report   Prell. Report   Prell. Report   Prell. Resurvey No. of Trip:   Survey Fee:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   President			
Days Of Repair:    Prell. Report   Prell. Report   Prell. Report   Prell. Report   Prell. Resurvey No. of Trip:   Survey Fee:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   President			
Days Of Repair:    Prell. Report   Prell. Report   Prell. Report   Prell. Report   Prell. Resurvey No. of Trip:   Survey Fee:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   President			
Days Of Repair:    Prell. Report   Prell. Report   Prell. Report   Prell. Report   Prell. Resurvey No. of Trip:   Survey Fee:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   President			
Days Of Repair:    Prell. Report   Prell. Report   Prell. Report   Prell. Report   Prell. Resurvey No. of Trip:   Survey Fee:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   Transportation:   Prell. Resurvey No. of Trip:   Prell. Resurvey No. of Trip:   President			
Resurvey No. of Trip:    Survey Fee:   Survey Fee:   Transportation:   See RS_SI			Dave Of Pensir
Final Report  Add Fee: Site Insp (\$ ) 8 + RS St  Interview (\$ ) Froice  Transportation:  8 + RS St  Transportation:  1	ne/Time, File Pass 107	: Prell. Report	Current Form
Add Fee: Slife Insp (\$ ) _8 + RS _SI : Interview (\$ ) Enough Street Inverse: Supplies the street Invers	F	: Final Report	Resulted its. of the
Add Fee: Site Insp (\$)	RIE/Tina File Return to?		The state of the s
: Interview (\$ ) From the state of the state	LICE ISHO, FAG IS ALOHI (D)	Add Fo	99: Site Insp (\$ )_8 +RS_SI
Specifornia : : Tech Invs (% ) Others		70011	
aperisonnes:		-	
:Westand in	ancestornes:		POOLS INVO
		)	

.



## 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

No : 199405410K		Owner Name & Vehicle Info
Invoice Name & Address  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	LCV09632/LIN CHENGWEI, DAVID SMK789X*KC17P/ 08/05/201

			CSE	Operator		WIP No			
Account No	Terms	Date/Time Printed		247 / DonBong		27973			
AX00000	Credit	25/01/2021/ 13:12	QUD		Qty	Unit Price	Disc%	Ar	nount
		Description of Goods	s / Services	S					2000.00
FRONT BOI	NNET, RH	AMAGED PARTS ON FRONT FRONT, FENDER, LH FRO	SUPPORT ONT FENDER	PANEL, 490 X 4				1600	100.00
FRONT BUN	IPER FACE	307							100.0
PNT88000	INSTAL	L RADIATOR AND A/COM	CONDENSE	R TO FACILITATE					
REPAIR WO							la la		80.0
SHNDRY		5770345500. 102 <b>45323</b> 2	2222				9		
TOP UP A/	CON GAS	AND CHECK A/CON SYST	EM	U 4 x 480	CCPS	(welc)		. ~ ~	3360.0
PNT98000		FRONT BONNET FRONT	RIMPER	T 4 × 480	n .	::- <i>K</i>		192	IJ
PAINT WOR	K SPRAY	LH FRONT FENDER, RH	FRONT DOC	The state of the s	576	9			
RHIFRONI	DOOD AN	D AFFECTED PORTION	511		11 (=				1200.0
		A Description of the last of t	2) (					800	
RENEW ACC	IDENT DA	MAGED PARTS ON REAR	BOOT LID,	REAR' BUMPER FACE,	420 X2		1	000	
REPAIR RE	AR END P	ANEL							60.0
PNT88000		TOLOGO ACCICT						1	
	D INSTAL	PARKING ASSIST						!	120.0
PNT88000	D THETAL	L REAR CABIN TO FACI	LITATE RE	PAIR WORK			1	ĕ	1920.0
								960	1920.0
DAINT WOR	K SPRAY	REAR END PANEL, REAR	BOOT LID	. 480 X2 (CRS	(mdo)			145	
REAR BUMP	ER FACE	AND AFFECTED PORTION						60	80.0
DNITOODOO				T D					
REMOVE AN	D INSTAL	L REAR SPOILER LIP A	FIER KEPA	IK .				?	220.0
SUNDRY	AD DADET	NC SENSOD							40.0
SUPPLY RE	AK PAKKI	NG SENSOR							40.0
SUNDRY SUPPLY C&	0.000								30.0
54900099									55.0
CHECK WIR	ING AND	CHASSIS ELECTRICAL S	YSTEM				- 1		120.0
10029001		NOSTIC CHECK USING H		A TEST					
TO CARRY	DIA DIAG	MOSTIC CHECK USING H	I-NIAN PR	0 1631					

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. the rubber seal or other repair requiring the removal of the windscreen. Page 1 of 4



SINGAPORE 079120

Contact No 64191000

## CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



GST Reg No : MR-8500111-X

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE** 

Co Reg No : 199405410K Owner Name & Vehicle Info Invoice Name & Address LCV09632/LIN CHENGWEI, DAVID Cust No/Name AIG Asia Pacific Insurance Pte. Reg No/Reg Date SMK789X\*KC17P/ 08/05/201 Itd. 28527 Date In/Mileage MOTOR CLAIM DEPARTMENT KNAF3416MK5040753 78 SHENTON WAY #09-16 Chassis No AIG BUILDING

G4FGJH720099 Engine No KIA/CERATO 1.6 A EX G333 Make/Model CR5 RUNWAY RED / WK SATURN BLACK Colour/Trim

	-	Date/Time Brinted	CSE	Operator		WIP No			
Account No	Terms	Date/Time Printed	OUD	247 / DonBong		27973			
LAX00000	Credit	25/01/2021/ 13:12 Description of Goods	XYYYYYY	Ear / Domosting	Qty	Unit Price	Disc%	Am	ount
			7 Services						
USING HI	-SCAN PRO	) TEST							50.0
M SUNDRY		SO OF ATE LITTLE FOAME	200					1	
	RONT NUME	BER PLATE WITH FRAME	$\mu$ o				9		400.
20000001	ITENIA AC	CV INTAVE						82732	252520
	VIFULU AS	SSY-INTAKE						30	50.
SUNDRY								/A.€./	1000000000000
SUNDRIES	CCV EDON	IT END MODULE / 8K	?		1.00	675.00	20.00		540.
BEAM COMP	STE ED	RIMPER 1	V2		1.00	497.00			397.
BLOWER AS	CV CE	n com). = - GR			1.00	656.00			524.
CAP ASSY-		X	- r	9			20.00		19.
RADIATOR		- OT 5	25 F	ima	1 2.00	646.00			516
CONDENSER		OLED OF THE	2111	110012	1.00	687.00			549
GUARD-AIR		OCCER > OF L	<u>ا ۱</u> ۱ (ک	111111(9	1 (4.60-		20.00		22
GUARD-AIR		Commission of the Commission o			1.00		20.00		22
COOLANT (		- K(			1.00		23.00		20
LAMP ASSY		O.O.			1.00	1219.00		ľ	975
LAMP ASSY		- 00			1.00	1219.00			975
PAD-HOOD		- 4 1			1.00	156.00			124
ROD ASSY-					1.00		20.00		28
LATCH ASS		4 ~			1.00	103.00			82
PANEL ASS		/ 00			1.00	1502.00			1201
HINGE ASS		H - OT			1.00		20.00		34
HINGE ASS					1.00	43.00	20.00	9	34
INSULATOR					1.00	27.00	20.00		21.
PANEL-FEN					1.00	430.00	20.00		344
INSULATOR		200 mm - 120 420 mm			1.00		20.00	j,	21.
PANEL-FEN		~ 00 a			1.00	430.00			344.
BRACKET-F	R BUMPER	UPR SIDE MTG			1.00		20.00		17.
BRACKET-F	R BUMPER	UPR SIDE MTG ?		8	1.00		20.00	j	17.
STIFFNER-		WR X			1.00	114.00			91.
ABSORBER-	FRONT BU	IMPER ÉNERGY / OR			1.00		20.00		67.
AIR DUCT-					1.00	14 00	20.00	M. Control	11.

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 KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

## **ESTIMATE**

GST Reg No : MR-8500111-X

MUD No

o : 199405410K Invoice Name & Address		Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING	Reg No/Reg Date Date In/Mileage Chassis No	LCV09632/LIN CHENGWEI, DAVID SMK789X*KC17P/ 08/05/201 / 28527 KNAF3416MK5040753 G4FGJH720099
SINGAPORE 079120 Contact No 64191000	Make/Model	KIA/CERATO 1.6 A EX G333
Contact no 64151000		CR5 RUNWAY RED / WK SATURN BLAC

Assount No.	Terms	Date/Time Printed	CSE	Opera	tor		WIP No		
Account No	Credit	25/01/2021/ 13:12	QUD	247 /	DonBong		27973		
LAX00000	Credit	Description of Goods				Qty	Unit Price	Disc%	Amount
	ED 01010		37 00111000			1.00		20.00	11.2
M AIR DUCT						1.00	143.00	20.00	114.4
M LAMP ASS	Y-SIDE R	EPEATER, LH -				1.00	143.00	20.00	114.4
M LAMP ASS	Y-SIDE K	EPEATER, RH				1.00		20.00	28.8
M MOULDING	- I KON I	0111 -111				1.00		20.00	28.8
M MOULDING						1.00	303.00	20.00	242.
M LAMP ASS						1.00	303.00	20.00	242.
M LAMP ASS	Y-FRUNI I		(OVEC)			1.00		20.00	30.4
		그러워서 있었다. 내가 아이는 그래요	,			6.00		20.00	4.8
M CLIP	DAD!	ATOR / OR				1.00	328.00		262.4
		ATOR OF UK	sti	9		□1.00	633.00		506.4
M COVER-FR		OR DO	$\sim$ $\Lambda$ $\stackrel{\vdash}{\vdash}$	í r		5.99	262.00		209.
M GRILLE-FF		PER / WILL (	2771	110	0191	1.66		20.00	7.3
1 CAP-FRONT			D		11(01	4.60-7		20.00	12.0
M COVER-FR	BOWLER I	FOG LAMP, LH		ו ט נ		1.00		20.00	12.0
		FOG LAMP,RH X				1.00		20.00	44.0
DUCT ASSY	-AIR /	_ <sup>ይ</sup> ን				1.00		20.00	7.2
A SHIELD-AI		- n				1.00		20.00	4.0
1 DUCT-EXTE	NSTON	COUED NEC / NEC				2.00		20.00	3.2
		COVER MTG / PC				1.00	906.00		724.8
MANIFOLD						1.00	1297.00		1037.6
1 PANEL ASS						1.00		20.00	22.4
M EMBLEM-CE	RATO	~ NP(				1.00	25.00		20.0
M BRACKET	1221-KK	BPR SIDE UPR,L				1.00		20.00	24.8
		BPR SIDE UPR,R ?				1.00	65.00		52.0
M STAY-RR		.,				1.00	65.00		52.0
M STAY-RR						1.00	46.00		36.8
M ANTENNA		1				1.00	318.00		254.4
M BEAM-RR		UDD MTC IH 4				1.00		20.00	7.2
		UPR MTG, LH				1.00		20.00	7.20
[위] - [전경기(2] (1) [기(1] [H		UPR MTG, RH				1.00		20.00	4.80
		- (1)				2.00		20.00	9.60
M BRACKET-		N. 1988 N. 198				1.00	207.00		165.60
M EXTN WIR	1140 H221	-DW3 入				1.00	207.00	-3.00	O.E. E. O.E. (2010)

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 KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

### **ESTIMATE**

GST Reg No : MR-8500111-X

: 199405410K	Owner Name & Vehicle Info			
Invoice Name & Address  AIG Asia Pacific Insurance Pte.	Cust No/Name Reg No/Reg Date	LCV09632/LIN CHENGWEI, DAVID SMK789X*KC17P/ 08/05/201		
Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16	Date In/Mileage Chassis No			
AIG BUILDING	Engine No	G4FGJH720099		
SINGAPORE 079120	Make/Model	KIA/CERATO 1.6 A EX G333		
Contact No 64191000	Colour/Trim	CR5 RUNWAY RED / WK SATURN BLAC		

			005	Operator	W	WIP No	
Account No	Terms	Date/Time Printed	CSE	247 / DonBong		27973	
LAX00000	Credit	25/01/2021/ 13:12	QUD		Qty	Unit Price Disc?	
		Description of Good	s / Service	S	1.00	181.00 20.00	144.8
M LAMP ASS	Y-SIDE T	/SIGNAL, LH			1.00	181.00 20.00	144.8
M LAMP ASS	Y-SIDE T	/SIGNAL, RH X			1.00	19.00 20.00	77.00000
M COVER-RR	BUMPER	FOG LAMP, LH			1.00	19.00 20.00 2.00 20.00	7
M COVER-RR	BUMPER	FOG LAMP, RH X			4.00	2.00 20.00	3.
M RETAINER	ASSY-SCR	EW - NPC			2.00 8.00	1.00 20.00	6.
M CITD	- 1180	-2010			1.00	651.00 20.00	520.
M COVER-RR	BUMPER	- UK an			1.00	241.00 20.00	192.
COVER-RR	BUMPER	LWR / QR			(7) (A (200)		
			п		$\Lambda \sim$		
		1-1	250	ima	ነነ <i>ተ(</i> 🗅 )		1
			311		114		
			90				1
							1
				Steve (LKK)  DRE: 00- NI  FXOIS	25/1/21	3.100-	1
				Steve (LNK)	13[1]	, - ,	1
		SURVEYO	JR NAIVIE:	00- N	II Aul		i
		SURVEY(	OR SIGNATU	IRE:	11/10		
				EXUI	1 - 1		
		DATE: _		010			1
		REMARK	ç		07		
		REWARN	J. —	R	Be L Sh	Ĭ	
				<del>-</del>	<del></del> 1)		
				ſſ	days		
				12	J		T.
		- une to honce notify					
	LKKAU	to Consultants hence notify pairer of the following:					
	7	ACTION DE OFFICE AND ADDRESS OF THE PERSON O					
Confirm &		damaged part(s) during resurv	ey				75955 - VENERALII 0
	• Parts	prices are subject to confirmation party survey is on a "Without Preju	dice" basis			Nett	22,189.
	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- I was differentiables in a support			7% GST on	22189.22	1553.
			yed and		<b>-</b>	al Payable	23,742.4
	is sub	lementary item(s) must be resurve, bject to final approval from Insuranc	e Company		TOT	ai rayable	**************************************
Authorized	1	ry and company stamp					
Author 12et	7.3	**************************************			No. 10 To a Carlo Salara Capital	signature is requi	had

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.

SC1A211P0005 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD SUBMITTED BY: TAN SHIEH YUEN VERSION: 1 (25/01/2021 13:49 (SGT))



## SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

 Please report contexts.
 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 witholding 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 o. This report will be lorwarded by the insurers of the GIA records management certified established by the General management 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 25/01/2021 13:49 (SGT) 24/01/2021 12:30 (SGT) Date of Accident **Exact Location of Accident** CTE, Singapore ALONG CTE LANE 1 TOWARDS YISHUN DIRECTION, ITE AMK Additional Location Information IS WITHIN SIGHT Country/State of Loss Singapore

#### IDETAILS OF OWN VEHICLE

Vehicle Registration Number **SMK789X** INSURED/POLICYHOLDER Is company? No Name Of Registered Owner LIN CHENGWEI, DAVID NRIC No SXXXX8991 Email Address LINCWDAVID@GMAIL.COM Mobile Phone No (Phone) +65-97537606 Alternative Phone No. +65-97537606

#### 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 Policy Number 1900085679 Cover Note Number

### DRIVER

Name of Driver LIN CHENGWEI, DAVID NRIC No SXXXX8991 Date Of Birth 23/06/1990

Non	
ation	Indoor
Of Driving Pass	18/03/2013
ing experience	7 YEARS AND 10 MONTHS
I day	Male
ender Mobile Number	(Phone) +65-97537606
Alt. Phone Number	+65-97537606
Alt. Phone Number	
Email Address	LINCWDAVID@GMAIL.COM
	BLK 664 YISHUN AVENUE 4 #05-281
Address complement	700004
Postcode	760664
Is the driver the policyholder?	Yes
Polationship of the Driver with the Insured	• • • • • • • • • • • • • • • • • • •
Dags Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Birror	
GENERAL INFORMATION OF THE ACCIDENT	
X	Chain Collision
Type of Accident	
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
was any foreign vehicle involved in the accident	110
	4
Number of vehicles involved in the accident	7075
Number of vehicles involved in the accident Was anybody injured in the Accident?	4
Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	4 Yes
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?	4 Yes No
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)	4 Yes No Yes
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?	4 Yes No Yes
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)	4 Yes No Yes 1
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?  DETAILS OF POLICE ACTION	4 Yes No Yes 1 Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police?	4 Yes No Yes 1 Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given?	4 Yes No Yes 1 Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police?	4 Yes No Yes 1 Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given?	4 Yes No Yes 1 Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	4 Yes No Yes 1 Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT	Yes No Yes  No No No No -
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT  ATTACHMENT(S)	Yes No Yes 1 Yes No No -
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT  ATTACHMENT(S)  Are accident photos available for attachment?	Yes No Yes  No No No -  Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No Yes  No No No -  Yes  Yes Yes
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?  DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT  ATTACHMENT(S)  Are accident photos available for attachment?	Yes No Yes  No No No -  Yes

Vehicle Registration Number	SKB5238H
Vehicle Manufacturer	Toyota
Vehicle Model	
Vehicle Variant	Fortuner
	-
Vehicle Cotago	Gray
Name of Driver	Private car
	HO HSIU YEN
Contact Number	(Phone) +65-91816987
Address	-
Address complement	
Postcode	

nce Company Name	FWD
Of Damage	-
/ / -vaparty damaged in accident	
of Passenger (Including Driver)	-

## BIDETAILS OF OTHER VEHICLE PROPERTY 211

Vehicle Registration Number	SLM2925H
Vehicle Manufacturer	
Vehicle Model	-
vehicle Variant	•
vehicle Colour	•
Vehicle Category	Private car
Name of Driver	CHAN KONG FOOK VICTOR (Phone) +65-91058912
Contact Number	(Filone) 103-31030312
Address	<u></u>
Address complement	•
Postcode	<u>.</u>
Insurance Company Name	
Nature Of Damage	•
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	•

## DIDETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMU631P
Vehicle Manufacturer	8 <b>=</b> 10
Vehicle Model	<b>*</b>
Vehicle Variant	•
Vehicle Colour	<b></b>
Vehicle Category	Private car
Name of Driver	ANG SZE HWEE
Contact Number	(Phone) +65-96276573
Address	N=
Address complement	% <b></b>
Postcode	9 <del>=</del> 9
Insurance Company Name	72
Nature Of Damage	•
Details of property damaged in accident	(1985年) 対金社
No. Of Passenger (Including Driver)	i <b>a</b> r

## HINJURED PERSONS DETAILS

#### INJURED 1

-
35
335
88

## SKETCH PLAN

## ORTANT NOTICE

report correctly the details of the accident to speed up the claims process.

mis Form must be completed by the Policyholder and/or the Authorised Driver. This Form thus.

In Formation provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may information provided must be as truthful and accurate as possible. allow insurance companies to repudiate policy liability.

allow insurance and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance

- 5. Any false reporting may be referred to the Police for Investigation. 6. Any raise.

  6. The report will be forwarded by the insurers of the GW Records Management Centre established by the General Insurance Association for report will be forwarded by the insurance Association for archiving and that copies of this report will for a fee be made available upon application by interested. 6. The report will be derived and that copies of this report will for a fee be made available upon application by interested parties, of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties,
- of Singer.

  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 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
- (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.

Time

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

Witnessed by Reporting Centre Personnel

TE Lane 1 SLM292	SH/ SMUGSIP/	[SMX 789X]	15kB\$28H/	
		171111		
		<del>                                      </del>		
make				
avels				144
1064				
E HDB with	Class Class			

<b>A</b>		
mstant	tane !	
circumsea	Lane 1 Land Vishim direction. ITE I HDB are WILL si	c1.1.
Padi	CIE hearing would be it set relately	
Jul Spot	4 Vehicles involved, I'm the 3rd vehicle.	e galo dylver
/	His and Welsele actions of the of land land	which rouse
for the crack	111 2925 H. Waste 1 1 11. 11. 11. 11.	according to
1 100	In. Have The lane is clear ind, and of the fings however	
the accid	3.	
was well	,	

### Declaration

We declare the foregoing particulars are true in every respect.

Dent 25/1/2021 1000 hus

Policyholder's Signature / Date &

Time

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

Duft.

Witnessed by Reporting Centre Personnel AUTO PROTECTOR PRIVATE VEHICLE

e of Policyholder

: LIN CHENGWEI, DAVID

riod of Insurance

: 08 May 2019 To 07 May 2021

ngine No. chassis No.

: G4FGJH720099 : KNAF3416MK5040753 Vehicle No.

: SMK789X : 1900085679

Policy No.

ed drawlf plad by " of"

Endorsement No. **Issued Date** 

: 15 May 2019

## ABOUT THE COVER

Make/Model

: KIA Cerato

Sum Insured : Market Value

First Year of Registration : 2019

Engine Capacity/Tonnage: 1,591.00 CC Driver Restriction

· NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

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.

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

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.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative 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 included under these headings.

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIN CHENGWEI, DAVID - \$600 (Own Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Dycic & Certiege Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

Contract to the second second second

2.Cycle & Cerrisge Sody & Paint Centre Acid: 209 Pandan Gardens Singapore 609339 65684501
3.Cycle & Cerrisge Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
4.Cycle & Cerrisge Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubl Rd 3 Singapore 408650 67461000

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

### IMPORTANT MOTES

Hire Purchase Company/Employer's Loan: MayBank

I/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 State (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622237

C&CKICP2 - GORDON 239 ALEXANDRA ROAD SINGAPORE 159930

Jnderwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE**