

CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



GST Per No + MP_8500111_Y

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

ESTIMATE

Co Reg No : 199405410K

Invoice Name & Address	Owner Name & Vehicle Info				
AIG Asia Pacific Insurance Pte.	Cust No/Name	LCV09400/CLARKE STUART			
Ltd. MOTOR CLAIM DEPARTMENT	Reg No/Reg Date	SMK6452C / 18/04/201			
	Date In/Mileage	/ 20875			
78 SHENTON WAY #09-16 AIG BUILDING	Chassis No	KNAPH81BMK5536544			
SINGAPORE 079120	Engine No	D4HBJH205860			
Contact No 64191000	Make/Model	KIA/SORENTO 2.2 A SR D EGD			
	Colour/Trim	B4U GRAVITY BLUE / WK SATURN BLACK			

Account No	Terms	Date/Time Pri	inted	CSE	Operator			WIP No		
LAX00000	Credit	27/01/2021/	11:30	BLE	261 / Ed	win Caina		28138		
	SELECT OF	Description	of Goods	/ Services			Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FR' RE-ALIGN		, RHF FENDER	& FRT S	UPPORT						2000.00
E PNT98000		D DONNET A								1050.00
E PNT88000		ER , BONNET & ADIATOR ASSY 8								100.00
M SUNDRY TOP UP A		ADIATOR ASST 6	AC CON	IDENSER						80.00
M SUNDRY		RIM & TYRE		_	_	_				30.00
M SUNDRY		· NEXEN NFERA	THE 025			af	16			480.00
A 54900099		TRICAL SYSTEM	$\supset C$) []	ID ATM		7/2	j		30.00
A 10028901	OUT DIAG	NOSTIC CHECK								120.0
A WHEELALIGN	MENTBP	erize Full Wh	Alf	anmant						120.00
E PNT88000	·	RT PARKING ASS		-						60.0
M SUNDRY	בו הטססט	ION ON AFFECT	TEN ADEA	c						80.0
M SUNDRY Sundries	I CORROS	TON ON ALLECT	LU AKLA	J						20.00
M LAMP ASSY	-HEAD RE	;					1.00	2743.00	20 00	2194.40
M PANEL-FEN							1.00	502.00		401.6
M REINF-FEM		PR,RH					1.00		20.00	37.6
M HINGE ASS							1.00		20.00	69.6
M LIFTER-HO	OD RH						1.00	60.00	20.00	48.0
M GUARD ASS	Y-FRONT	WHEEL,RH					1.00	64.00	20.00	51.2
M COVER-FEN	INFO ADDO	M HDD DU					1.00	25 00	20.00	20.0

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.



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209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

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Account No	Terms	Date/Time Printed	CSE	Ope	rator		WIP No		
LAX00000	Credit	27/01/2021/ 11:30	BLE	261	/ Edwin Caina		28138		
		Description of Goods	/ Services	152.6		Qty	Unit Price	Disc%	Amount
M GARNISH		•				1.00		20.00	70.4
M WHEEL AS:						1.00	689.00		551.20
M COVER-FR						1.00	561.00		448.8
		JMPER LWR,RH				1.00		20.00	71.2
		R MOUNTING,RH				1.00		20.00	4.8
M GRILLE-FI M AIR DUCT		PER FOG LAMP,R				1.00 1.00		20.00	64.8 22.4
		PER FOG LAMP.R				1.00		20.00	64.8
M BRACKET-I		-				1.00		20.00	13.6
M GRILLE-FI						1.00	191.00		152.8
			n D	1	1	1.00	117.00		93.6
		BUMPER LWR	\mathcal{S}_{GPL}	I I	mai	1.00	117.00		93.6
M SKID PLA	TE-FR BUN	IPER C	5111			1.00	111.00	20.00	88.8
M WIRING H	ARNESS-F.	P.A.S L	의 [6] L			4.60	257.00	20.00	205.6
M ULTRASON:	IC SENSOF	R-S.P.A.S SIDE				1.00	346.00		276.8
M ULTRASON:						1.00	187.00		149.6
M BEAM COM						1.00	551.00		440.8
M CARRIER A M COOLANT		IT END MODULE				1.00 1.00	760.00	20.00	608.0 20.0
	!	CURVEYOR DAME.							
		SURVEYOR NAME:							
		CURVEYOR SIGNATURE:							
	[ATE:							
	ſ	EMARKS:							
									
Confirm & a	ccepted b	у			Contract design				
					79	GST on	Net 10434.0		10,434.0 730.3
						To	tal Payabl	le	11,164.
Authorized	cianatory	and company stamp					-		
AUCHOL IZEU	o ignatory	and comband around							

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

27/01/2021 10:49 (SGT) 26/01/2021 13:39 (SGT) 95 Portsdown Rd, Singapore 139299 PORTSDOWN ROAD FLYOVER, JUST OFF AYE EXIT 7A Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMK6452C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner Passport No/FIN

Email Address

Mobile Phone No Alternative Phone No No

CLARKE STUART GXXXX370M

STUCLARKE1@GMAIL.COM (Phone) +65-82659420

+65-82659420

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category Kia

Sorento

Yes

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

AIG

Comprehensive

1900083484

DRIVER

Name of Driver

Passport No/FIN

Date Of Birth Occupation

CLARKE ELIZABETH FRANCES

GXXXX818L 01/08/1977

Indoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

Postcode 098329
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse

Does Driver Own Other Vehicles?

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 Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

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)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-65470000

(Fax) +65-65474900

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

07/08/2014

Female

No

6 YEARS AND 5 MONTHS

LIZZYBURGESS@GMAIL.COM

(Phone) +65-82659640

17 COVE DRIVE,#02-18

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SMP2620J

SMP2620J

Private car

Address	-
Address complement	
Postcode	-
nsurance 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.
- This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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.
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- 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)

Lunderstand, 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' 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 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 law yers/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	Circumsta	nces of	the Acci	dent				
P	olice re	port	uas 1	filed				
		•						
							3000000	
			· · · · · · · · · · · · · · · · · · ·					
<u> </u>								

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





No

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210126/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time 26/01/202		ade:	Vide Report No.:					ation Diary No.:
Informant	s Particul	ars						
Name of Ir		H FRANCES	Addre	ss:				
ID Type / II FIN NO / G			Section 1	ct No.: /Office:		Mobile:	82659	640
Nationality BRITISH			Email:	urgess@gm	ail.com	-		
Sex: Female	Age: 43	Date of Birth: 01/08/1977	Type of Driver	of Informan	:			
Race: Caucasian			Langu Englis			Institutio	n / Scl	nool Name:
Occupation: Housewife			Driving Licence Information: Class: Date of Expiry:					
			-					
General Inf	ormation (of the Accident						
Type of Accident:		n-Injury ∶and Run		Drink Drive: No	Drive: Accident:			Type of Location: Tyover
Location:				.1				
NORMANT	ON PARK							
			4					
Weather: Clear			Road Surface: Dry			F	Road Speed Limit:	
Traffic Flov One Way		Traffic Control: Traffic Light - Working				Traffic Volume: Moderate		
Type of Co Between M		icles - Side Swipe	e - Same	Direction		Anyone conveyed by ambulance:		

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
SMK6452C	Car					0	
SMP2620J	Car			White		0	
				-			

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20210126/7034

CONTINUATION OF REPORT

Driver		74 800 TO 180				
Name	CLARKE ELIZABETH FRANCES				q	G 818L
Related Vehicle	SMK6452C (Car)				ct No.	82659640
Hospital/Clinic	NIL		Class Drivin Licene Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

Hit and Run. Other car did not stop!

I was turning right onto the Portsdown Road Flyover from the left lane (at 1.39pm this afternoon) from the AYE Exit 7A Normanton Park when a car in the right hand lane drove straight on (that lane is for right hand turn only), the car crashed straight into my side and drove off ahead returning towards the AYE. The car did slow down but it did not stop. Then it pulled into the bus stop so I also pulled in behind a bus but when I got out of my car to speak to the other driver, the car had already driven off. This was within a matter of minutes. I have full video evidence (the files are exceeding 2MB) of all this including them driving off. The other car was a Blue SG Hire car registration SMP2620J. My car was left with a big dent in the right wing and a big shock to me.

Please contact me so that I can provide you with the full video of the car crashing into me and driving off. I am having problems uploading photos even though they are JPEG..





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

3 of 3 Report No. T/20210126/7034

CONTINUATION OF REPORT

Sketch	Plan	١
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Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2021 16:34
Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:

Authentication Stamp NP168



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: CLARKE STUART

Period of Insurance

: 18 Apr 2019 To 17 Apr 2021

Engine No.

: D4HBJH205860

Chassis No.

: KNAPH81BMK5536544

Vehicle No.

: SMK6452C

Policy No.

Issued Date

: 1900083484

Endorsement No.

: 26 Apr 2019

ABOUT THE COVER

Make/Model

: KIA SORENTO 2.2 A DIESEL

Engine Capacity/Tonnage : 2,199.00 CC **Driver Restriction**

Sum Insured : Market Value

First Year of Registration : 2019

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.

: NA

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.

EXCESS

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)

CLARKE STUART - \$600 (Own Damage)

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

- Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
- Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278600
- 4.Cycle & Carriege Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67481000

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.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

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 TOWN Read Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0504622214

C&CKICP2 - LANCE 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

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

SSCNMD