| ASS REC. BY: Steve - NEF: CS/A/G | 21001350/EQF3 |
|--|---|
| ASS NEW BT: | Veh No: - SKZ 6596R Yr Regn: 29/1/16 |
| From: Dale: | Veh No: 1/2 03 /0 K Yr Regn: 211 |
| Estimated Cost: | Type M.Car M.Cycle / Bus / Van / Lorry /.Taxl / Prime Mover / |
| OD TP/WS/JP RES/OD RES/EVA/INV/MV | Truck / Trailer or |
| To Inspect Vehicle No: | Make: KIA Fore c.c. 159 |
| si Workshop m/s | Colour . A/C: Insured / Std / NI / N |
| of | Sp.Reading : 7/9/2 T/Radio; Insured / Std / NI / N |
| insured: | Eng/No: |
| Policy No. 2100450598 | CNO: KN/A F 2.411 MF) 3 /49) |
| Claims No. 9330905178SG | Gen. Cond Good / Fair / Poor / Burnt |
| Sum insured: Excess: 800 | Steering: Injurier / Jammed / Lesked / Burnt or |
| (Client's Record) | Brake: Inorder / Jammed / Leaked / Burnt or |
| Company of the second of the s | Modi: Nil / S/Rim / STO A/Rim or |
| Make of Veh: | 9/5/1152917 |
| + | 1710 01001 |
| (Policy Condition) | R: |
| Remark: The veh had commenced its | BS / DUN / EXNOVA / GY / FS / LIZA J MIC / OHTSU / PIR / SUM! / |
| repair at the time of inspection. | TOYOTYOKO or A NFERA |
| Bail or Market Value; | Front Rear |
| | R/Bal, R/Balmr |
| IDAC Accident Roort: Consistent?: Yes or No Consistent?: Yes or No | UBal. J mm UBal. J mr |
| JIN TTN COOK | D.O.A. 22/1/21 D.O.I. 78/1/21 |
| Est Repairs: 5 days Res.: Yes or No | Cucle 1) Callage |
| Lum Sum: % 3 Val.: Yes or No | Guivey note of |
| CA ! REV ! REP. / 24 HRS | Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or |
| Vehicle: IN/OUT | The U/C / Chasas frame / Body Structure allected due to collision |
| Date:Person Contacted: | The U/C / Chassis frame / Body Structure should |
| Dale / Time Action / Instruction | |
| MV- 49K | |
| 28/01/21@5_48pm revert to AIG via Merimen. | |
| 29/01/21@4.05pm Kok Chong informed C/A via Me | rimen |
| 29/01/21@5.04pm Informed Coco C/A.& ex:\$800 b | |
| 09/02/21@9.53am Confirmed with Larry final fig \$5 | |
| | |
| | |
| 1. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | ays Of Repair: 5 |
| Alexine, rue, russ ur | |
| ; Final Report R | esurvey No. of Trip: 1 Survey red. Transportation: |
| ale/Time, File Return to? | - 1 0.00 St |
| Add Fee: | Site insp |
| | ; Interview (\$) Photos |
| MED OD | : Tech. Invs (8 |
| operiorned: MER-OD | : Wediand (: |
| 1. 5031.20 5031.20 | TOTAL |



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

| 44040E410V | | do neg no . In doubter |
|---|----------------------|---------------------------|
| Reg No : 199405410K Invoice Name & Address | | Owner Name & Vehicle Info |
| invoice Name & Address | Cust No/Name | /Seah Min Fann |
| Seah Min Fann | Reg No/Reg Date | SKZ6596R / 29/01/201 |
| BLK 1 LORONG LEW LIAN | Date In/Mileage | |
| #05-14 | | KNAFZ411MF5537893 |
| SINGAPORE 531001 | | G4FGFH600855 |
| Contact No Mobile: 97809301 | Make/Model | KIA/FORTE K3 1.6 A SX ADQ |
| Contact No Mobile: 97009301 | Colour/Trim SWP / WK | SWP / WK |

| | Tarma | Date/Time Printed | CSE | Operator | | WIP No | | | |
|-------------------------------|--|---|--------------|----------------------------------|--|--|----------------------------------|-----|--|
| Account No | Terms | | | 442 / CocoLu | | 27921 | | | |
| CSM00081 | Cash | 28/01/2021/ 14:23 | - / Carriago | | Qty | Unit Price | Disc% | A | mount |
| | | Description of Good | s / Services | | | | | 800 | 1280.00 |
| | BUMPER | , FRT FENDER LH, | 40011 | | | | | 000 | 100.00 |
| E DNTQRAAA | | PARKING SENSOR | | 250 11 | | | | 700 | 1100.00 |
| SPRAY PA | MENT | FRT BUMPER, FRT FEND | | 359 X2 | | | | | 120.00 |
| To Condu | ct Compu | terize Full Wheel Al | ignment | | | | | | 30.00 |
| TOANCEED | FRT LEF | TRIM | П | | Л | | | | 30.00 |
| CHECK WI A 10028901 | RING & E | ELECTRICAL SYSTEM AGNOSTIC CHECK USING RO TEST | DI-SCAN PR | | U(e) | | | 120 | 200.00 |
| A 90000001 RENEW FF | | RO TEST CARRAIGE | | band force | | | | ? | 350.00 |
| M GUARD A M LAMP AS M HUB ASS | -FR BUMP ENDER,LH SSY-FRON SY-HEAD, Y-FR WHE | TER SIDE MIG, EN / ON | | Steve (LKK) | 1.00 1.00 1.00 1.00 1.00 1.00 | 728.00 13.00 435.00 109.00 1870.00 150.00 958.00 | 00.00 00.00 00.00 00.00 | | 728.00 13.00 435.00 109.00 1870.00 150.00 958.00 |
| the Repair To resurvey | er of the fo before/after lamaged part | s hence notify illowing: spray painting (s) during resurvey to confirmation | | 28/1/21, 3-30 pm p/p M OLM | | | | | |
| Confirm & | caccepted | e Anglipent Etalegies paere | | 5 dys | 7% GST on | Ne 7473. | | | 7,473.0 523.1 |
| Acknowledge | d by Repaire | er | | Exress_1 | т | otal Payab | 1e | | 7,996.1 |

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 GSI. 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.

Page 1 of 1

N0002-01 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD DATE & TIME: 23/01/2021 12:33 (SGT) TTED BY: TAN SHIEH YUEN ON: 2 (28/01/2021 14:33 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date of Submission

- MPORTANT 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 3. Information provided must be as truthrul and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to repudiat 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.

and the copies 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.

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 23/01/2021 12:33 (SGT)

| Date of Accident | 22/01/2021 17:38 (SG1) |
|--|--|
| Exact Location of Accident | 1027 Upper Serangoon Rd, Singapore 534765 UPPER SERANGOON ROAD JUNCTION WITH BRADDELL |
| Additional Location Information | |
| | ROAD |
| Country/State of Loss | Singapore |
| DETAILS OF | OWN VEHICLES |
| · · · · · · · · · · · · · · · · · · · | |
| Vehicle Registration Number | SKZ6596R |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | SEAH MIN FANN |
| NRIC No | SXXXX058G |
| Email Address | CMJGC@SINGNET.COM.SG |
| Mobile Phone No | (Phone) +65-97809301 |
| Alternative Phone No | +65-97809301 |
| VEHICLE PARTICULARS | |
| Manufacturer | Kia |
| Model | Forte |
| Variant | - |
| Exact purpose for which vehicle was being used at time of | |
| accident | • |
| Are you claiming under your own insurance policy for repair to | Yes |
| your vehicle? Vehicle Category | Private car |
| Veriliae Category | T TIVALE CO. |
| INSURANCE COMPANY | |
| Name of Insurance Company | AIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100450598 |
| Cover Note Number | • |
| DRIVER | |
| Name of Driver | JOHN LEO CAINES |
| NRIC No | SXXXX093J |
| | |

25/04/1990

| on | Indoor |
|--|--|
| Driving Pass | 18/06/2014 |
| experience | 6 YEARS AND 7 MONTHS |
| der | Male |
| Lie Number | (Phone) +65-91179730 |
| Phone Number | * IOUNI EGGANIES G GALLE A SAL |
| Email Address | JOHNLEOCAINES@GMAIL.COM |
| 1. 1. OSS | BLK 1 LORONG LEW LIAN #05-14 |
| Address complement | - 531001 |
| Postcode Is the driver the policyholder? | No No |
| Is the driver the policyholder? If No, Relationship of the Driver with the Insured | Child |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | 110 |
| | |
| Insurance Company of Other Vehicle Owned by Driver | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| | |
| Type of Accident | Collision - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| | |
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| 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) | 1 |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |
| ii yoo, agamat wiisiii | |
| CIRCUMSTANCES OF ACCIDENT | |
| CIRCUMS TANCES OF ACCIDENT | |
| REFER TO ATTACHMENT | |
| ATTACHMENT(S) | |
| | razar (tako isa repiné sa 20 km mineré di kamana termasa mana menasa. Manana harin, iki mmenasata menengan men |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |
| | |
| ! DETAILS OF OTHER | VEHICLE PROPERTY 11 |
| Vahiala Basistratian Number | ODDICOSII |
| Vehicle Registration Number Vehicle Manufacturer | GBB1685H |
| Vehicle Model | Toyota |
| Vehicle Variant | • |
| Vehicle Colour | • |
| Vehicle Category | Commercial vehicle |
| Name of Driver | TAN ENG LAI |

(Phone) +65-97261291

Contact Number

Address
Address complement
Postcode

of property damaged in accident
of Passenger (Including Driver)

SKETCH PLAN

ORTANT NOTICE

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

- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 2 This round provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may a incurance companies to repudiate policy liability. 3 Illow insurance companies to repudiate policy liability.
- allow instance 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
- 6. The report Will be reported in Surance 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)

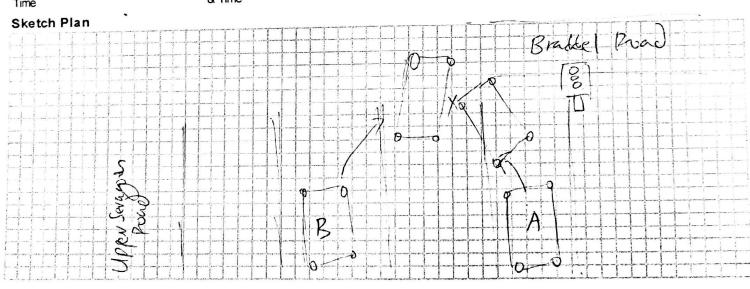
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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.
- (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

- 23/1/219:5Jam Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel



| Circu | mstances of the Accident |
|-------|--|
| | |
| | my rehicle was in the right mast lane. |
| | they sometime to the left |
| | The other relicle was two lanes to my left. |
| | I was in the process of changes lines to my left. |
| | The other relicle was attempting to change languate his right |
| | The other relicle was affectioning to early |
| | The Royt-left of my car was collided into by a westell bar on the right side of his track. |
| | hav Duthe yout sike of his truck. |
| | Please see video and photos for details. |
| | Please see Malo and property |
| | |
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| | |

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



RIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder period of Insurance

; Soah Min Fann

: 29 Jan 2020 To 28 Jan 2021

Engine No.

4-G4FGFH600855

Chassis No. ; KNAFZ411MF5537893 Vehicle No.

: SKZ6596R

Policy No. Issued Date 1 2100450598-04

Endorsement No.

: 16 Jan 2020

ABOUT THE COVER

Make/Model

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

Off Peak Car : No

: NA

Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive":

other person who is driving on the Policymolder's index or v

Age Condition

: All Age Condition Limitation as to use

Loss of Use 1500cc - 1600cc * Lembations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189), Section 95 of the (Amendment) Act 2019, are not to be included under these headings.

are - 50 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Seah Min Fann - \$800 (Own Damage), \$800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELIATED

Ay 6.

rde & Carnage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501 2 Cycle & Carnage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 330 Util Rtl 3 Singapore 408550 67461000.

3 Cycle & Carnage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 241 Alaxandra Road Singapore 159931 64278800.

4 Cycle & Carnage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accidence of Significant Control of Significant

Hire Purchase Company/Employer's Loan: MayBank

if 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. 169), Part IV of 7 the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709299

CYCLE & CARRIAGE - MIMILE(KIA)

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.