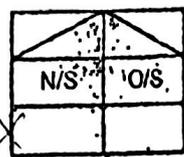


ASS. REC. BY: Steve REF: ATG

**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  
 SIA / PR Seen: \_\_\_\_\_ 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: \_\_\_\_\_



Veh No: SMT 5913B Yr Ragn: 13/3/19  
 Type:  M.Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  Truck /  Trailer or  
 Make: Mitsubishi Outlander cc 1998  
 Colour: Red A/C:  Insured /  Std /  NI /  N  
 Sp. Reading: 11358 T/Radio:  Insured /  Std /  NI /  N  
 Eng/No: \_\_\_\_\_  
 C/No: 6F7W 49067  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or  
 Brake:  In order /  Jammed /  Leaked /  Burnt or  
 Modl:  Nil /  S/Rim /  STD A/Rim or  
 Tyre Size: F: 225/55R18  
 R: c1  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Toyo  

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>4</u> mm
D.O.A. <u>1/2/21</u>	D.O.I. <u>1/2/21</u>

 Survey held at Cycle & Carriage  
 Des. of Damages:  Frt /  Rear /  O/S /  N/S /  UIC /  Rooftop or  
Rear LH  
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-99K</u>

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Add Fee:  Site Insp (\$ \_\_\_\_\_)  S + RS \$ \_\_\_\_\_  
 Interview (\$ \_\_\_\_\_)  Police  
 Tech. Invs (\$ \_\_\_\_\_)  Others  
 Weekend (\$ \_\_\_\_\_)  TOTAL



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

Co Reg No : 197701469G

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for IGOR RYABCHIKOV and vehicle KCV10680/IGOR RYABCHIKOV.

Summary table with columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Values include KCV10680, CRDVCH, 01/02/2021/ 11:06, Bod, 442 / Cocolu, 62517.

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes items like RENEW REAR BUMPER, SPRAY PAINT, SUNDRY, etc. Total amount 450 675.00.

Estimate

Steve (LKK) 1/2/21, 12:00pm

Handwritten notes: 00-NM A/L, Excess-?, P/P, My ML say, 4 days

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
• Additional modification(s) is allowed

Confirm & accepted by
Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Authorized signatory and company stamp

7% GST on 2,990.00 = 209.30
Total Payable 3,199.30

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.

# 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 ..... 01/02/2021 13:26 (SGT)  
Date of Accident ..... 01/02/2021 08:20 (SGT)  
Exact Location of Accident ..... 59 Compassvale Bow, Singapore 544922  
Additional Location Information ..... CONDO PARKING, 59 COMPASSVALE BOW  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ5913B  
  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... IGOR RYABCHIKOV  
NRIC No ..... SXXXX211Z  
Email Address ..... IGOR.RYABCHIKOV@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97232174  
Alternative Phone No ..... +65-97232174

## 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 ..... 1900017695  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... VOLIKOVA VICTORIA  
NRIC No ..... SXXXX165A  
Date Of Birth ..... 26/01/1980  
Occupation ..... Indoor

Driving Pass	18/12/2015
Driving experience	5 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93742957
Alt. Phone Number	-
Email Address	IGOR.RYABCHIKOV@GMAIL.COM
Address	59 COMPASSVALE BOW #02-20
Address complement	-
Postcode	544988
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

**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")

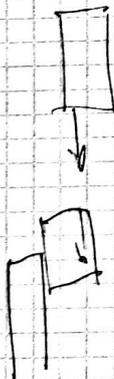
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the 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**



Circumstances of the Accident

I was reversing my car and hit a pole.

**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

COVER NOTE

# CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : IGOR RYABCHIKOV / 13 Mar  
 Period of Insurance : 28 Feb 2019 to 27 Feb 2021  
 Engine No. : 4J11AC4847  
 Chassis No. : GF7W0600617



Vehicle No. : SMJ5913B  
 Cover Note No. : 1900017695  
 Endorsement No. :  
 Issued Date : 28 Feb 2019



## 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 : 2019  
 Insuring with COE/PARF : 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  
 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)  
 IGOR RYABCHIKOV - \$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 Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
  - Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
  - Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- 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](http://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: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
 We hereby certify that this Cover Note 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504620225  
 CYCLE & CARRIAGE-IZAAC  
 239 ALE  
 SINGAPORE 159930

*Manik*

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORIZED REPRESENTATIVE Beng-Choo Ang

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME : Wolihora Victoria  
VEHICLE NUMBER : SUNJ 5913 B  
DATE/ TIME OF ACCIDENT : 8.20 Am / 01.02.2021  
PLACE OF ACCIDENT : 59 Compassvale Blvd  
THIRD PARTY VEHICLE (IF ANY) : no

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from my parking going to the childreque

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

no

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

my car has a few scratches, I hit the pole on the parking while reversing my car.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

no

Wolihora Victoria 

NAME:

**I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE**

## UNDERTAKING

I, Nolikova Victoria, (NRIC No. S8087165A), hereby confirm that the Singapore Accident Statement lodged by me on 01.02.2021 at 08.20 hours pertaining to the accident involving motor car Reg. No: PMJ5913 B, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature	:		
Name of Insured / Driver	:	<u>Nolikova Victoria</u>	
Nric No.	:	<u>S8087165A</u>	
Date	:	<u>01.02.2021</u>	
Signature	:		x
Name of Policyholder	:	<u>Igor Ryabochikov</u>	
Nric No.	:	<u>S74862112</u>	
Date	:	<u>01.02.2021</u>	