

ASS. REC. BY:

Steve

REF:

AIG

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

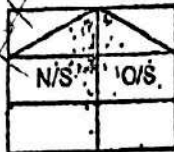
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Turn Sum:

%

3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMD 570X

Yr Regn:

31/7/18

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

Truck / Trailer or

Make:

Mitsubishi Eclipse

c.c.

1499

Colour:

Black

A/C: Insured / Std / NI / N

Sp. Reading

59380

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JMAX TG R: 1WJ2 092793

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:

255 / SSR 18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

5/2/21

D.O.I.

8/2/21

Survey held at

cycle &amp; Carriage

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

FALL

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-848

File/Time, File, Pass to?

☐

: Prel. Report

☐

: Final Report

File/Time, File Return to?

25/2/21-Typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wash and (\$

Survey Fee:

Transportation:

B + RS \$

Photos

Others

TOTAL

APPROVED: Merimen

WIP SUM / I.P. / \$8271.86

## ESTIMATE

Co Reg No : 1977014696

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
MR GOH PUAY KEE	Cust No/Name	KCV08899/Mr Goh Puay Kee
BLK 296D CHOA CHU KANG AVENUE 2	Reg No/Reg Date	SMD570X / 31/07/201
#08-60	Date In/Mileage	/ 0
SINGAPORE 684296	Chassis No	JMAXTGK1WJZ002793
Contact No	Engine No	4840DR0518
	Make/Model	MIT/ECLIPSE CROSS 1.5 T/C 2WD (T12)
	Colour/Trim	X04 BLACK / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KCV08899	CRDVCH	08/02/2021/ 13:52	BLC	442 / CocoLu	62725			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000								2250.00
RENEW FRT <sup>1</sup> BUMPER, FRT <sup>1</sup> FENDER LH, REPAIR FRT WHEELHOSUING LH, FRT <sup>1</sup> DOOR LH, BONNET					2 1/2	X 450		1125
E PNT98000								1750.00
SPRAY PAINT FOR FRT <sup>1</sup> BUMPER, FRT <sup>1</sup> FENDER LH, BONNET, FRT DOOR <sup>1</sup> LH, FRT WHEEL HOUSING LH,					3	X 350		1050
B WHEELALIGNMENT								120.00
To Conduct Computerize Full Wheel Alignment								30.00
A 54900099								450.00
CHECK WIRING & ELECTRICAL SYSTEM								30.00
A 54900099								120.00
RENEW FRT UNDER CARRIAGE								
M SUNDRY								
TRANSFER FRT LEFT RIM								
A 10028901								
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST								
USING HI-SCAN PRO TEST								460.00
M SUNDRY								
SUPPLY FRT LEFT TYRE								20.00
M SUNDRY								
Sundry								
M FACE,FR BUMPER / DO					1.00	714.00	00.00	714.00
M GARNISH,FR BUMPER SIDE (chrome) - CUT					1.00	73.00	00.00	73.00
M GARNISH,FR BUMPER SIDE (chrome) - BR					1.00	214.00	00.00	214.00
M EXTENSION,FR BUMPER ?					1.00	317.00	00.00	317.00
M COVER,FR BUMPER ?					1.00	380.00	00.00	380.00
M BRACKET,FR BUMPER SIDE, LH / BR					1.00	18.00	00.00	18.00
M REINFORCEMENT,FR BUMPER X					1.00	552.00	00.00	552.00
M REINFORCEMENT,FR BUMPER X					1.00	235.00	00.00	235.00
M REINF,FR BUMPER SIDE, LH ?					1.00	35.00	00.00	35.00
M BAR,FR BUMPER GUARD X					1.00	100.00	00.00	100.00
M GRILLE ASSY,RADIATOR ?					1.00	484.00	00.00	484.00
M COVER,FR BUMPER GRILLE X					1.00	302.00	00.00	302.00

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 &amp; 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 : 1977014696

Invoice Name & Address	Owner Name & Vehicle Info
MR GOH PUAY KEE BLK 296D CHOA CHU KANG AVENUE 2 #08-60 SINGAPORE 684296  Contact No	Cust No/Name KCV08899/Mr Goh Puay Kee Reg No/Reg Date SMD570X / 31/07/201 Date In/Mileage / 0 Chassis No JMAXTGK1WJZ002793 Engine No 4B40DR0518 Make/Model MIT/ECLIPSE CROSS 1.5 T/C 2WD (T12) Colour/Trim X04 BLACK / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KCV08899	CRDVCH	08/02/2021/ 13:52	BLC	442 / CocoLu	62725
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M INSULATOR,FR FENDER,LH / TM		1.00	52.00	00.00	52.00
M FENDER,FR LH / OD		1.00	599.00	00.00	599.00
M SHIELD,FR WHEELHOUSE,LH / CRU		1.00	135.00	00.00	135.00
M PAD,FR FENDER X		1.00	57.00	00.00	57.00
M COVER,ENG ROOM UNDER,FR ?		1.00	158.00	00.00	158.00
M MOULDING,FR WHEEL ARCH,LH / CUT		1.00	151.00	00.00	151.00
M GARNISH,SIDE SILL,LH X		1.00	91.00	00.00	91.00
M GARNISH,FR PILLAR,LH ?		1.00	123.00	00.00	123.00
M MIRROR ASSY,DOOR,LH X		1.00	824.00	00.00	824.00
M COVER,DOOR MIRROR,OTR LH X R		1.00	100.00	00.00	100.00
M HEADLAMP ASSY,LH / DR		1.00	1976.00	00.00	1976.00
M BRACKET,HEADLAMP ?		1.00	16.00	00.00	16.00
M BRACKET,HEADLAMP ?		1.00	12.00	00.00	12.00
M WHEEL,DISC / CUT		1.00	1102.00	00.00	1102.00
M SHAFT AS,FR AXLE DRIVE,LH ?		1.00	1106.00	00.00	1106.00
M ARM ASSY,FR SUSP,LWR LH ?		1.00	323.00	00.00	323.00
M CROSSMEMBER,FR AXLE,NO.1 ?		1.00	1114.00	00.00	1114.00
M HUB ASSY,FR WHEEL ?		1.00	383.00	00.00	383.00
M KNUCKLE,LH ?		1.00	346.00	00.00	346.00
M STRUT,FR SUSP,LH / BT		1.00	413.00	00.00	413.00
M LINK,FR SUSP STABILIZER / BT		1.00	137.00	00.00	137.00
M BAR,FR SUSP STABILIZER X		1.00	291.00	00.00	291.00
M BEARING,FR SUSP STRUT / MC		1.00	32.00	00.00	32.00
M INSULATOR,FR SUSP STRUT / BT		1.00	136.00	00.00	136.00
M PAD,FR SUSP SPRING,LWR ?		1.00	15.00	00.00	15.00
M GEAR & LINK ASSY,STEERING ?		1.00	1399.00	00.00	1399.00
M END ASSY,TIE ROD ?		1.00	76.00	00.00	76.00
M SENSOR,FR ABS,LH X		1.00	240.00	00.00	240.00
M ACTUATOR,HEADLAMP WASHER,L ?		1.00	113.00	00.00	113.00

Estimate

Steve (LKK)  
OD-NM AL  
EXCESS - ?  
8/2/21, 4:00pm  
P/P

Confirm &amp; accepted by

LKK Auto Consultants hence notify

the following:

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and

Authorized signatory and company stamp

By Bel SPY  
6 days

Nett 20,174.00  
1412.18  
7% GST on 20174.00  
Total Payable 21,586.18

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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 06/02/2021 12:36 (SGT)  
Date of Accident ..... 05/02/2021 20:00 (SGT)  
Exact Location of Accident ..... Bedok Reservoir, Singapore  
Additional Location Information ..... BEDOK RESERVOIR ROAD NEAR BLK 631  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD570X

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH PUAY KEE  
NRIC No ..... SXXXX927A  
Email Address ..... TONYGOH2003@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-96704192  
Alternative Phone No ..... +65-96704192

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Eclipse cross  
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 ..... 1800090538  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... GOH PUAY KEE  
NRIC No ..... SXXXX927A  
Date Of Birth ..... 13/08/1968  
Occupation ..... Indoor



Years of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

20/10/1987  
 33 YEARS AND 4 MONTHS  
 Male  
 (Phone) +65-96704192  
 +65-96704192  
 TONYGOH2003@YAHOO.COM.SG  
 BLK 296D CHOA CHU KANG AVENUE 2 #08-60  
 -  
 684296  
 Yes  
 -  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
 Weather Conditions .....  
 Road Surface .....

Collision - Head to Rear  
 Clear  
 Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... 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? ..... -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT  
 COLLISION-HEAD TO SIDE

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number ..... SHC4730P  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... TAN QUEE PENG  
 Contact Number ..... (Phone) +65-97986387  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -

Company Name ..... -  
Amount of Damage ..... -  
Amount of property damaged in accident ..... -  
Amount of Passenger (Including Driver) ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

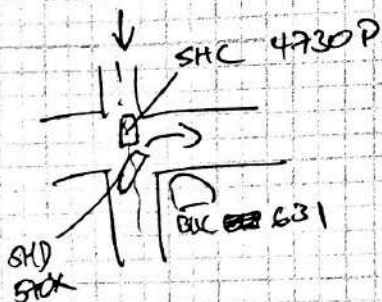
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan




Describe Circumstances of the Accident


stop of traffic light to <sup>turn</sup> right with intent stopping also to  
~~turn~~ turn right at Bridge reservoir road near the 61K  
631


when turning right together with the front car, the tri  
SMC 4930 P hit mine car on the right side front

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



# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : GOH PUAY KEE  
 Period of Insurance : 31 Jul 2020 To 30 Jul 2021  
 Engine No. : 4B40DR0518  
 Chassis No. : JMAXTGK1WJZ002793

Vehicle No. : SMD570X  
 Policy No. : 1800090538-01  
 Endorsement No. :  
 Issued Date : 14 Jul 2020

### ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5  
 Engine Capacity/Tonnage : 1,499.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2018  
 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\* :

Mileage Condition : Unlimited Mileage

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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

GOH PUAY KEE - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 608339 65884501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408850 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 158094 84708888
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 68328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.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: HL Bank

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 the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620207

C&CMICP2 - KERENY

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.