

ASS. REC. BY:

Steve

REF:

A12

## 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: \_\_\_\_\_

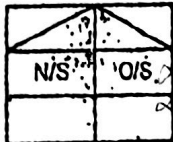
Excess: \_\_\_\_\_

(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

Cum Sum: \_\_\_\_\_

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: \_\_\_\_\_

SMN 93586

Yr Regn: \_\_\_\_\_

3/9/19

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

Truck / Trailer or

Make: \_\_\_\_\_

KIA Stonk

c.c.

998

Colour: \_\_\_\_\_

Yellow

A/C: Insured / Std / NI / N

Sp. Reading: \_\_\_\_\_

27849

T/Radio: Insured / Std / NI / N

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

KNA D 6811 VL 634

7813

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

295/55R17

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal. \_\_\_\_\_

5

mm

R/Bal. \_\_\_\_\_

5

mm

L/Bal. \_\_\_\_\_

5

mm

L/Bal. \_\_\_\_\_

5

mm

D.O.A. \_\_\_\_\_

8/2/21

D.O.I. \_\_\_\_\_

9/2/21

Survey held at

Cycle &amp; Carriage

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MK-77K

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: \_\_\_\_\_

: Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Photos

Others

TOTAL

30 days

ump Sum / L.P. /



CYCLE &amp; CARRIAGE

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

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
YEAP HOOI KEA (YE HUIJIE)	Cust No/Name LCV11013/YEAP HOOI KEA (YE HUIJIE)
BLK 301 CLEMENTI AVENUE 4	Reg No/Reg Date SMN9358G*ECB1/ 03/09/201
#04-553	Date In/Mileage / 0
SINGAPORE 120301	Chassis No KNAD6811VL6347613
Contact No	Engine No G3LCKP112184
	Make/Model KIA/STONIC 1.0 A SX BJ2 W 2 TONE RO
	Colour/Trim BMY BLACK ROOF W MO/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LCV11013	CRDVCH	08/02/2021/ 18:02	BLC	442 / CocoLu	28737

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW REAR DOOR RH, SIDE SILL RH, REPAIR FRT DOOR RH	1 1/2 X 400			600 1200.00
E PNT88000 REMOVE & INSTALL REAR DOOR TRIMS AND GLASS				150.00
E PNT98000 SPRAY PAINT FOR FRT DOOR RH, REAR DOOR RH	2 X 350			700.00
A 90000001 CHECK WIRING & ELECTRICAL SYSTEM				30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
M SUNDRY APPLY SEALANT FOR ACCIDENT PORTION				40.00
M SUNDRY Sundry				20.00
P PANEL ASSY-REAR DOOR, RH	1.00	768.00	00.00	768.00
M TAPE-RR DR BLACK FRAME FR, RH	1.00	13.00	00.00	13.00
M BLACK TAPE-RR DR FRAME UPR, RH	1.00	7.00	00.00	7.00
M TAPE-RR DR FRAME BLACK RR, RH	1.00	6.00	00.00	6.00
M MOULDING ASSY-SIDE SILL, RH	1.00	248.00	00.00	248.00
M GARNISH ASSY-FR DR SIDE RH	1.00	82.00	00.00	82.00
M GARNISH ASSY-RR DR SIDE, RH	1.00	92.00	00.00	92.00
M GARNISH-QTR SIDE RH	1.00	50.00	00.00	50.00
M REGULATOR ASSY-FR DR WDO RH	1.00	195.00	00.00	195.00

# Estimate

Steve (LKK) 9/2/21, 12.00pm  
 OO- AM AL  
 EXPRS - ?  
 PIP  
 My REL sy

LKK Auto Consultants hence notify  
 the Registrar of the following:

- Confirm & accepted by**
- 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 is subject to final approval from Insurance Company

Authorized signatory and company stamp

4 days

7% GST on	Nett 3,721.00	3,721.00
		260.47
	<b>Total Payable</b>	<b>3,981.47</b>

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.

1 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD  
& TIME: 08/02/2021 16:35 (SGT)  
BY: TAN SHIEH YUEN  
(08/02/2021 16:35 (SGT))

## 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 ..... 08/02/2021 16:35 (SGT)  
Date of Accident ..... 08/02/2021 13:13 (SGT)  
Exact Location of Accident ..... Bukit Timah Rd, Singapore  
Additional Location Information ..... BUKIT TIMAH ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN9358G

INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YEAP HOOI KEA  
NRIC No ..... SXXXXX616D  
Email Address ..... RYANYEAP@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96450249  
Alternative Phone No ..... +65-96450249

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Stonic  
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 ..... 1900153043  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANGEL LING  
NRIC No ..... SXXXXX422B  
Date Of Birth ..... 17/04/1983  
Occupation ..... Indoor

Driving Pass .....  
 Experience .....  
 Number .....  
 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 .....

14/05/2004  
 16 YEARS AND 9 MONTHS  
 Female  
 (Phone) +65-96450365  
 -  
 ANGELSARAHLING@GMAIL.COM  
 BLK 8 JELEBU ROAD #06-02  
 -  
 677671  
 No  
 Spouse  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

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

Collision - Change/cross lane  
 Clear  
 Dry

#### OTHER INFORMATION

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

No  
 2  
 No  
 -  
 Yes  
 2  
 No

#### PASSENGER 1

Name .....  
 Gender .....

NAOMI ANN YEP  
 Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
 Was notice of intended Prosecution given? .....  
 If yes, against whom? .....

No  
 No  
 -

#### 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? .....

Yes  
 Yes  
 No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....  
 Vehicle Manufacturer .....  
 Vehicle Model .....  
 Vehicle Variant .....  
 Vehicle Colour .....  
 Vehicle Category .....  
 Name of Driver .....  
 Contact Number .....

GBH2623Z  
 Toyota  
 -  
 -  
 Yellow  
 Commercial vehicle  
 ANTON TAN SOON HOW  
 (Phone) +65-83454800


Complement  
Fire Company Name  
Amount Of Damage  
Amount of property damaged in accident  
Amount Of Passenger (Including Driver)

-  
-  
-  
-  
-  
-  
-

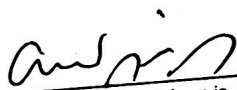
## SKETCH PLAN

### 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 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 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.
  - (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.

 8/2/2021 2:55pm

Policyholder's Signature / Date & Time



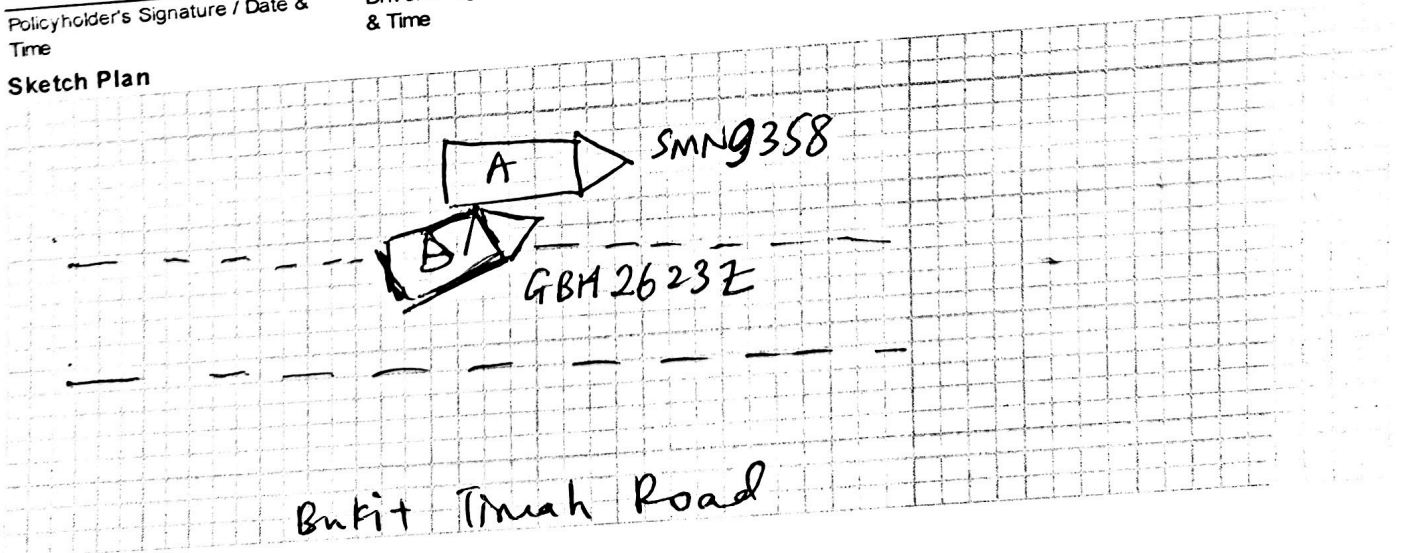
2:55pm  
8/2/2021

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



Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident


Vehicle was changing lane and knocked onto my vehicle as I drove pass.

Declaration

We declare the foregoing particulars are true in every respect.

 8/2/21 2:55pm

Policyholder's Signature / Date & Time

 8/2/21 2:55pm

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



Witnessed by Reporting Centre Personnel

## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YEAP HOOI KEA (YE HUIJIE)  
Period of Insurance : 03 Sep 2019 To 02 Sep 2021  
Engine No. : G3LCKP112184  
Chassis No. : KNAD6811VL6347613

Vehicle No. : SMN9358G  
Policy No. : 1900153043  
Endorsement No. :  
Issued Date : 06 Sep 2019

### ABOUT THE COVER

Make/Model : KIA Stonic  
Engine Capacity/Tonnage : 998.00 CC  
Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2019  
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.

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), 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 - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

YEAP HOOI KEA (YE HUIJIE) - \$800 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159831 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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: DBS BANK LTD

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

0504622210

C&CKICP2 - JAMES  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Y. J. Tan*  
AIG Asia Pacific Insurance Pte.  
AUTHORISED REPRESENTATIVE