

ASS. REC. BY: Steve

REF: ATA

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 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.

N/S	O/S

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
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLJ 4313R Yr Regn: 21/1/21
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KIA NIRO cc: 1580
 Colour: White A/C: Insured / Std / NI / N
 Sp. Reading: 775 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: KNA CC81CVL 5315873
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: 11
 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. 10/2/21 D.O.I. 10/2/21
 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>MP-108K</u>

Date/Time, File, Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (%) _____
 : Weekend (\$) _____

Survey Fee:	_____
Transportation:	_____
\$ + RS. \$	_____
Photos	_____
Others	_____
TOTAL	_____

Approved: _____
 Date/Time, File, Pass to?



CYCLE & CARRIAGE

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

Reg No : 199405410K

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name	LCV13767/KOH JIA HUI VICTOR (XU JIAHUI,
	Reg No/Reg Date	SLJ4313B / 21/01/202
	Date In/Mileage	/ 0
	Chassis No	KNACC81CVL5365873
	Engine No	G4LEKS605743
	Make/Model	KIA/NIRO 1.6 A SX SR ASY PE
	Colour/Trim	SWP SNOW WHITE PEAR/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	10/02/2021/ 14:30	QUD	247 / DonBong	28859

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW ACCIDENT DAMAGED PARTS ON LH REAR DOOR, REAR BUMPER FACE, CUT/WELD LH REAR FENDER PANEL	5 X 400			2000 2400.00
E PNT88000 REMOVE AND INSTALL REAR PARKING ASSIST				60.00
E PNT88000 REMOVE AND TRANSFER LH REAR DOOR GLASS, TRIM, MECHANISM AND OTHERS TO NEW DOOR PANEL				120.00
E PNT88000 REMOVE AND REPLACE GLASS & MOULDING ASSY-QUARTER				120.00
M SUNDRY APPLY GLASS & MOULDING ASSY-QUARTER SEALANT				60.00
E PNT98000 PAINT WORK SPRAY LH REAR DOOR, LH REAR FENDER, REAR BUMPER AND AFFECTED PORTION	3 X 350			1050 1400.00
M SUNDRY APPLY BODY SEALANT				40 80.00
A 54900099 CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM				30.00
M SUNDRY PERFORM RUST PREVENTION				80.00
A WHEELALIGNMENTBP To Conduct Computerize Full Wheel Alignment				120.00
M SUNDRY RENEW LH REAR WHEEL INCLUDING BALANCING				30.00
A 13900099 REMOVE AND INSTALL FUEL TANK ASSY (photo)				400.00
M SUNDRY SUNDRIES				20 50.00
M PANEL ASSY-REAR DOOR, LH / DD	1.00	1542.00	20.00	1233.60
M FILM-ANTI CHIPPG LH / nec	1.00	15.00	20.00	12.00
M TAPE-RR DR BLACK FRAME FR, LH / nec	1.00	11.00	20.00	8.80
M TAPE-RR DR BLACK RR, LH / nec	1.00	9.00	20.00	7.20

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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Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name LCV13767/KOH JIA HUI VICTOR (XU JIAHUI, Reg No/Reg Date SLJ4313B / 21/01/202 Date In/Mileage / 0 Chassis No KNACCB1CVL5365873 Engine No G4LEKS605743 Make/Model KIA/NIRO 1.6 A SX SR ASY PE Colour/Trim SWP SNOW WHITE PEAR/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	10/02/2021/ 14:30	QUD	247 / DonBong	28859

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M MOULDING ASSY-RR DR FRAME, LH ^{1pc}	1.00	33.00	20.00	26.40
M W/STRIP ASSY-RR DR BELT O/S LH [?]	1.00	50.00	20.00	40.00
M MOULDING ASSY-SIDE SILL, LH ^X	1.00	201.00	20.00	160.80
M MOULDING ASSY-RR DR W/LINE, LH [?]	1.00	113.00	20.00	90.40
M GARNISH ASSY-QTR SIDE, LH [?]	1.00	144.00	20.00	115.20
M MOULDING ASSY-RR BUMPER SIDE, L ^{CUT}	1.00	15.00	20.00	12.00
M BRACKET ASSY-RR BUMPER SIDE, LH [?]	1.00	25.00	20.00	20.00
M BRACKET ASSY-RR BUMPER SIDE, RH ^X	1.00	25.00	20.00	20.00
M COVER-RR BUMPER, UPR ^{BR}	1.00	486.00	20.00	388.80
M COVER-RR BUMPER LWR ^{BR}	1.00	392.00	20.00	313.60
M PANEL ASSY-QUARTER OUTER, LH ^{DN}	1.00	1207.00	20.00	965.60
M GLASS & MOULDING ASSY-QUARTER ^{DN}	1.00	368.00	20.00	294.40
M CAP ASSY-WHEEL HUB ^{CUT}	1.00	216.00	20.00	172.80
M WHEEL ASSY-ALUMINIUM ^X	1.00	629.00	20.00	503.20
M HANDLE ASSY-DOOR OUTSIDE ^{CUT}	1.00	42.00	20.00	33.60
M COVER-FR DR O/S HDL, PASSENGER ^{CUT}	1.00	24.00	20.00	19.20
M GUARD ASSY-REAR WHEEL, LH ^{TAI}	1.00	158.00	20.00	126.40
M GUARD ASSY-REAR MUD, LH ^{CUT}	1.00	16.00	20.00	12.80

Estimate

Steve (LKK)
10/2/21, 2.00pm
OO - MY AL
EXCESS - ?
PIP
By B.L. Sry

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
- No illegal modification(s) is allowed

Confirm & accepted by _____
Acknowledged by Repairer _____
Signature: _____
Date: _____

9 days

	Nett	9,526.80
7% GST on	9526.80	666.88
Total Payable		10,193.68

Authorized signatory and company stamp

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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 10/02/2021 13:05 (SGT)
Date of Accident 10/02/2021 10:20 (SGT)
Exact Location of Accident West Coast Vale, Singapore
Additional Location Information WEST COAST VALE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ4313B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH JIA HUI, VICTOR
NRIC No SXXXX736G
Email Address VICTORKOH1982@GMAIL.COM
Mobile Phone No (Phone) +65-90709437
Alternative Phone No +65-90709437

VEHICLE PARTICULARS

Manufacturer Kia
Model Niro
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 7210005257
Cover Note Number -

DRIVER

Name of Driver TEO CHIN PUAY
NRIC No SXXXX593J
Date Of Birth 08/06/1984
Occupation Indoor

Date Of Driving Pass 27/11/2003
 Driving experience 17 YEARS AND 3 MONTHS
 Gender Female
 Mobile Number (Phone) +65-96856554
 Alt. Phone Number -
 Email Address JASCELYN@GMAIL.COM
 Address 101 WEST COAST VALE #26-05
 Address complement -
 Postcode 126753
 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 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? -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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 WC5950L
 Vehicle Manufacturer Isuzu
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Blue
 Vehicle Category Goods vehicle
 Name of Driver BOOLOGAM KARIKALAN
 Contact Number (Phone) +65-91959960
 Address -
 Address complement -
 Postcode -
 Insurance 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 :

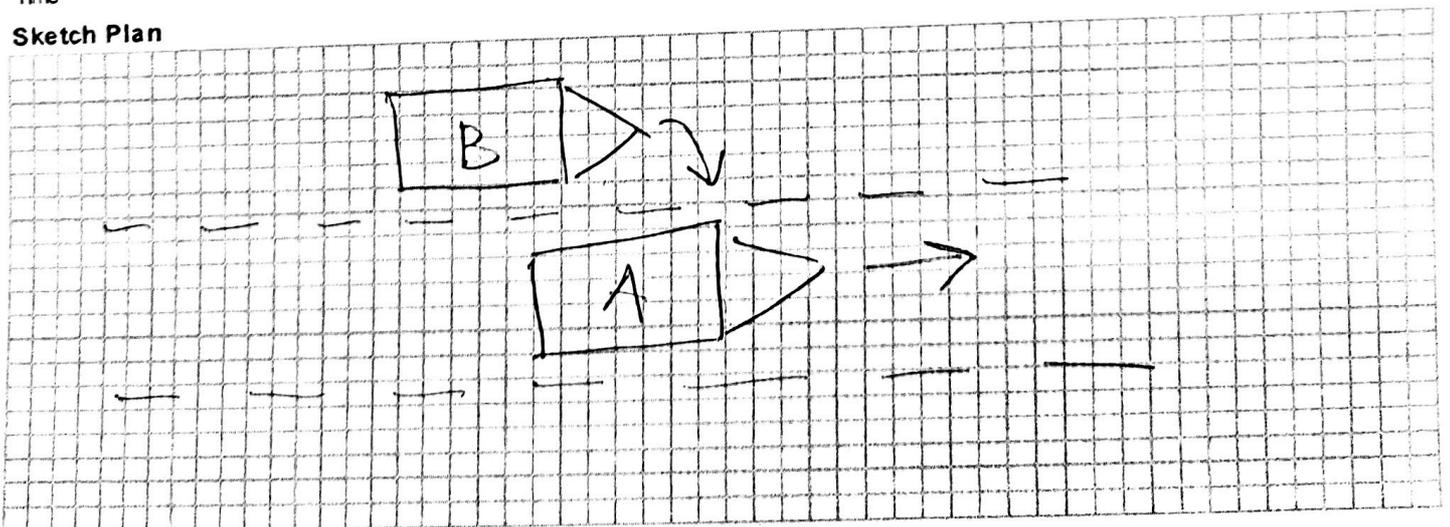
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

- I was travelling on a straight road along West Coast Vaie
- A cement truck was stopped on the left lane but appeared to be preparing to move
- The bystander spotter signalled ~~the~~ truck driver to stop and me to proceed
- While continue driving straight, cement truck moved to turn right
- I pressed on the horn to warn the truck but truck continued to move
- My vehicle passed the truck and truck collided with my rear passenger door while turning right

Declaration

We declare the foregoing particulars are true in every respect.



10/2/2021 11:30am



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

