

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. _____

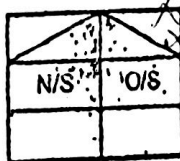
Sum Insured: _____ Excess: 3300

(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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMR 574L Yr Regn: 17/12/19

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

Truck / Trailer or

Make: Mitsubishi Outlander c.t. 1998

Colour: Grey A/C: Insured / Std / NI / N

Sp. Reading: 33076 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: GF 7W 0:690199

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: _____

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

TOYO / YOKO or Tajo

Front R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 9/2/21 cycle & damage

Survey held at

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

F.A. RM.

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

Date / Time Action / Instruction

MV-198K

Confirm final figure at \$4,706.81, 3days before gst and excess
red: 3346.8;41%

Date/Time, File, Pass id?

Prell. Report

Final Report

Date/Time, File Return id?

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: _____

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Wash and (\$ _____)

Survey Fee:

Transportation:

R + RS \$ _____

Photo

Others

TOTAL

Date/Time, File, Pass id?

Date/Time, File, Pass id?



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

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name KCV12557/ISMANI BIN KASIMI Reg No/Reg Date SMR574L / 17/12/201 Date In/Mileage / 33076 Chassis No GF7W0600199 Engine No 4J11AA2736 Make/Model MIT/19MY OUTLANDER 2.0 MODERN(995) Colour/Trim U01 TITANIUM GREY M/ BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	11/02/2021/ 11:30	BLE	261 / Edwin Caina	62875		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							450 1800.00
RENEW FRT BUMPER							
REPAIR / ALIGN RH FENDER							350 700.00
E PNT98000							
RESPRAY FRT BUMPER & RH FENDER							30.00
M SUNDRY							30.00
RENEW RH SPORT RIM & TRANSFER TYRE							
A 54900099							120.00
CHECK WIRING ELECTRICAL SYSTEM							
A 10028901							
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST							120.00
USING HI-SCAN PRO TEST							
A WHEELALIGNMENTBP							80.00
To Conduct Computerize Full Wheel Alignment							
M SUNDRY							20.00
APPLY ANTI CORROSION ON AFFECTED AREAS							
M SUNDRY							
Sundries							
M FACE,FR BUMPER / BR				1.00	851.00	23.00	655.27
M EXTENSION,FR BUMPER (Silver) - CUT				1.00	509.00	23.00	391.93
M CLIP / AKC				10.00	3.00	23.00	23.10
M GARNISH,FR BUMPER,RH (fry bp) - mis				1.00	48.00	23.00	36.96
M BRACKET,FR BUMPER SIDE,RH / BR				1.00	18.00	23.00	13.86
M COVER,FR BUMPER / CUT (Black)				1.00	359.00	23.00	276.43
M GARNISH,FR BUMPER SIDE / BR (chrome)				1.00	48.00	23.00	36.96
M GARNISH,FR BUMPER SIDE / BR (chrome)				1.00	220.00	23.00	169.40
M GARNISH,FR BUMPER SIDE / BR (chrome)				1.00	112.00	23.00	86.24
M REINFORCEMENT,FR BUMPER				1.00	490.00	23.00	377.30
M BAR,FR BUMPER GUARD X				1.00	130.00	23.00	100.10
M HEADLAMP ASSY,RH / CUT				1.00	1938.00	23.00	1492.26
M LAMP ASSY,FOG,FR RH / BR				1.00	348.00	23.00	267.96
M SHIELD,FR WHEELHOUSE,RH / TAI				1.00	164.00	23.00	126.28
M MOULDING,FR BUMPER,RH / AKC				1.00	116.00	23.00	89.32

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 & 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
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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	11/02/2021/ 11:30	BLE	261 / Edwin Caina	62875			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M MOULDING,FR WHEEL ARCH,RH					1.00	160.00	23.00	123.20
M TANK,WINDSHIELD WASHER					1.00	86.00	23.00	66.22
M WHEEL,DISC RHF					1.00	974.00	23.00	749.98

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
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Estimate

SURVEYOR NAME: Steve (LKK)
 SURVEYOR SIGNATURE: 15/2/21, 1-00pm
 DATE: 00-AM AL
 REMARKS: Excess - ?
P/P
By Bel SM
3 days

Confirm & accepted by

	Nett	7,982.77
7% GST on	7982.77	558.79
Total Payable		8,541.56

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 15:08 (SGT)
Date of Accident 09/02/2021 16:31 (SGT)
Exact Location of Accident 169 Upper Paya Lebar Rd, Singapore 534860
Additional Location Information TURNING LEFT TO MAIN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR574L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ISMANI BIN KASIMI
NRIC No SXXXX849B
Email Address ismani.kasimi@gmail.com
Mobile Phone No (Phone) +65-96177756
Alternative Phone No (Home) +65-96177756

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Outlander
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
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 1900259856-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SUBHI BIN ISMANI
NRIC No SXXXX494B
Date Of Birth 18/08/1986
Occupation Indoor



Date Of Driving Pass	12/03/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98268885
Alt. Phone Number	-
Email Address	mdsubhi@gmail.com
Address	Blk 714 Bedok Reservoir Road #02-3018 Singapore
Address complement	-
Postcode	470714
Is the driver the policyholder?	No
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	-
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 THE 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	SMQ8118Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENG YUAN XIN
NRIC No	SXXXX081J
Contact Number	(Phone) +65-82188118
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

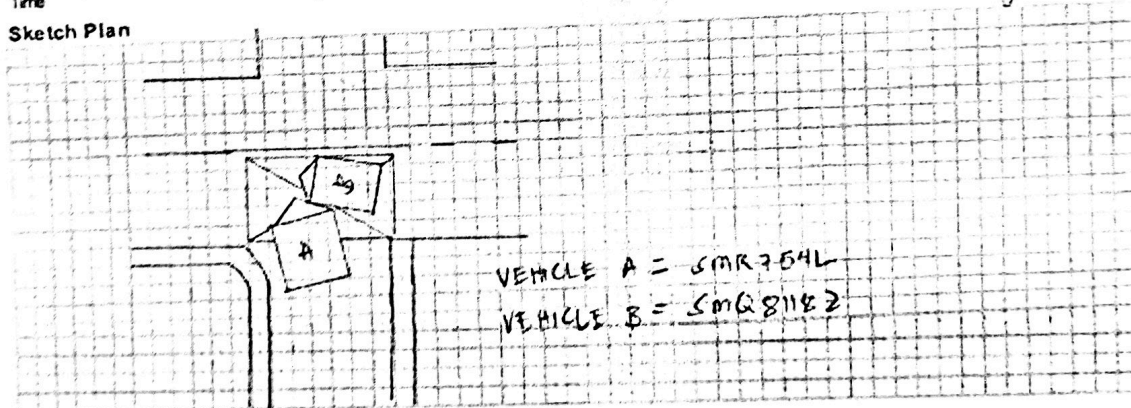
1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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/small 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.

[Signature] 10/02/21
12:52pm
Policyholder's Signature / Date & Time

[Signature] 10/02/21
@ 12:55pm
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


turn left

On the 09/02/2021 at 1630 hours, I was driving straight to merge ~~into~~ into the main road. I did not realise there was a car coming from the right as I was looking at the main road. By the time I turned ~~right~~ right a black mercedes was already hit & already hit me in the front.


Declaration

We declare the foregoing particulars are true in every respect.

 10/02/21 @ 1250pm
Policyholder's Signature / Date & Time

 10/02/21 @ 1250pm
Driver's Signature (If driver is not the policyholder) / Date & Time




Witnessed by Reporting Centre Personnel

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : ISMANI BIN KASIMI
 Period of Insurance : 17 Dec 2020 To 16 Dec 2021
 Engine No. : 4J11AA2730
 Chassis No. : GF7W0600199

Vehicle No. : SMR574L
 Policy No. : 1900259586-01
 Endorsement No. :
 Issued Date : 11 Nov 2020

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* :

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 authorized 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" ("YIDER") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

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 160000 - 160000

* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 160), Section 85 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 - \$500 Theft - \$0 Flood Cover - \$500

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ISMANI BIN KASIMI - \$500 (Own Damage), \$500 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65584501
2. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 332 Ubi Rd 3 Singapore 405850 67461030
3. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708588
4. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 800 Sin Ming Ave Singapore 575733 68328000

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, you may refer to AIG website 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: MayBank

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

0500720810

CYCLE & CARRIAGE - MEGEN

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.

AIGSGMOBILEAPP