

ASS. REC. BY: Steve

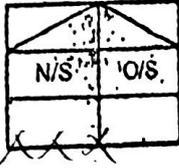
REF: AIG

**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. 2100409544  
 Claims No. 7419341581SG  
 Sum Insured: \_\_\_\_\_ Excess: 0/-  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SKS 4896A Yr Regn: 20/4/15  
 Type:  Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mitsubishi Lancer c.e. 1590  
 Colour: Red A/C:  Insured /  Std /  NI /  N  
 Sp. Reading: 88252 T/Radio:  Insured /  Std /  NI /  N  
 Eng/No: \_\_\_\_\_  
 C/No: JMY SRC 4 T A F U 004 153  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or  
 Brake:  In order /  Jammed /  Leaked /  Burnt or  
 Mod:  Nil /  S/Rim /  STD A/Rim or  
 Tyre Size: F: 215/50R17  
 R: \_\_\_\_\_

(Policy Condition)



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

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

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Sent: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 6 days Res.: Yes or No  
 Turn Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 12/2/21 D.O.I. 16/2/21  
 Survey held at Cycle & Carriage  
 Des. of Damages: Frt /  Rear /  O/S /  N/S /  UIC /  Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision

| Date / Time     | Action / Instruction   |
|-----------------|--|
|                 | <u>MV-43K</u>  |
| <u>16/02/21</u> | <u>@3.15pm revert to AIG via Merimen.</u>  |
| <u>16/02/21</u> | <u>@3.22pm Kok Chong informed C/A via Merimen</u>                                    |
| <u>16/02/21</u> | <u>@3.26pm Informed C&amp;C C/A &amp; ex:\$0/- by email.</u>                         |
| <u>02/03/21</u> | <u>@5:37pm confirmed with Larry final fig \$5150.77, 6 days (Red \$3310.23, 39%)</u> |

Date/Time, File, Pass to?  : Prel. Report  
 : Final Report  
 04/03 Typist  
 Date/Time, File Return to?

Days Of Repair: 6  
 Resurvey No. of Trip: 2

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

|                 |       |
|-----------------|-------|
| Survey Fee:     | _____ |
| Transportation: | _____ |
| S + RS          | _____ |
| Photos          | _____ |
| Others          | _____ |
| TOTAL           | _____ |

Approved: MER-OD  
 Amount / I.E.I. : 5150.77



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 Ong Joo Leong, vehicle registration SKS4896A, and chassis number JMYSRCY1AFU004153.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Includes account CSM00041, terms Cash, and operator AndreChow.

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like 'RESpray ACCIDENT DAMAGED PORTION REAR BUMPER' and 'RENEW ACCIDENT DAMAGED PORTION ON REAR BUMPER'.

Estimate

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.



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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 Ong Joo Leong and vehicle specifications like SKS4896A, 20/04/201, etc.

Summary table with columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Values include CSM00041, Cash, 15/02/2021/ 11:24, QUA, 265 / AndreChow, 62907.

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists items like HINGE, TRUNK LID, WEATHERSTRIP, etc.

Estimate

SURVEYOR NAME: Steve (LKK)
SURVEYOR SIGNATURE: [Signature]
DATE: EXCISI - ?
REMARKS: PIP
My BL sy
5 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
To display damaged part(s) during resurvey
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

Confirm & accepted by subject to confirmation

Summary table with columns: 7% GST on, Net, Total Payable. Values: 8,461.00, 592.27, 9,053.27.

Acknowledged by Repairer
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.

# 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 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. 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.

## VEHICLE REGISTRATION AND ACCIDENT STATEMENT DETAILS

Date of Submission ..... 15/02/2021 17:31 (SGT)  
Date of Accident ..... 12/02/2021 15:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Yishun Ave 4  
Country/State of Loss ..... Singapore

## VEHICLE REGISTRATION AND DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKS4896A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG JOO LEONG  
NRIC No ..... SXXXX000J  
Email Address ..... garyongjl@gmail.com  
Mobile Phone No ..... (Phone) +65-90938093  
Alternative Phone No ..... (Office) +65-90928364

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
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 ..... 2100409544-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ONG JOO LEONG  
NRIC No ..... SXXXX000J  
Date Of Birth ..... 22/11/1971  
Occupation ..... Outdoor

|  |                           |
|--|---------------------------|
| Date Of Driving Pass .....   | 02/12/2003                |
| Driving experience .....   | 17 YEARS AND 2 MONTHS     |
| Gender .....   | Male                      |
| Mobile Number .....  | (Phone) +65-90938093      |
| Alt. Phone Number .....  | (Office) +65-90928364     |
| Email Address .....  | garyongjl@gmail.com       |
| Address .....  | BLK 604 SENJA ROAD #17-21 |
| Address complement .....   | -                         |
| Postcode .....   | 670604                    |
| Is the driver the policyholder? .....                              | Yes                       |
| If No, Relationship of the Driver with the Insured .....           | -                         |
| 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 - Head to Rear |
| Weather Conditions ..... | Raining                  |
| Road Surface .....       | Wet                      |

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) .....   | 5   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

PASSENGER 1

|              |            |
|--------------|------------|
| Name .....   | SANDY SEET |
| Gender ..... | Female     |

PASSENGER 2

|              |            |
|--------------|------------|
| Name .....   | VENUS SEET |
| Gender ..... | Female     |

PASSENGER 3

|              |           |
|--------------|-----------|
| Name .....   | JOYCE ONG |
| Gender ..... | Female    |

PASSENGER 4

|              |              |
|--------------|--------------|
| Name .....   | SOH JONG ENG |
| Gender ..... | Female       |

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 .....             | GBG1969M             |
| Vehicle Manufacturer .....                    | Toyota               |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | ONG LAY TENG         |
| Contact Number .....                          | (Phone) +65-83322391 |
| 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 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.

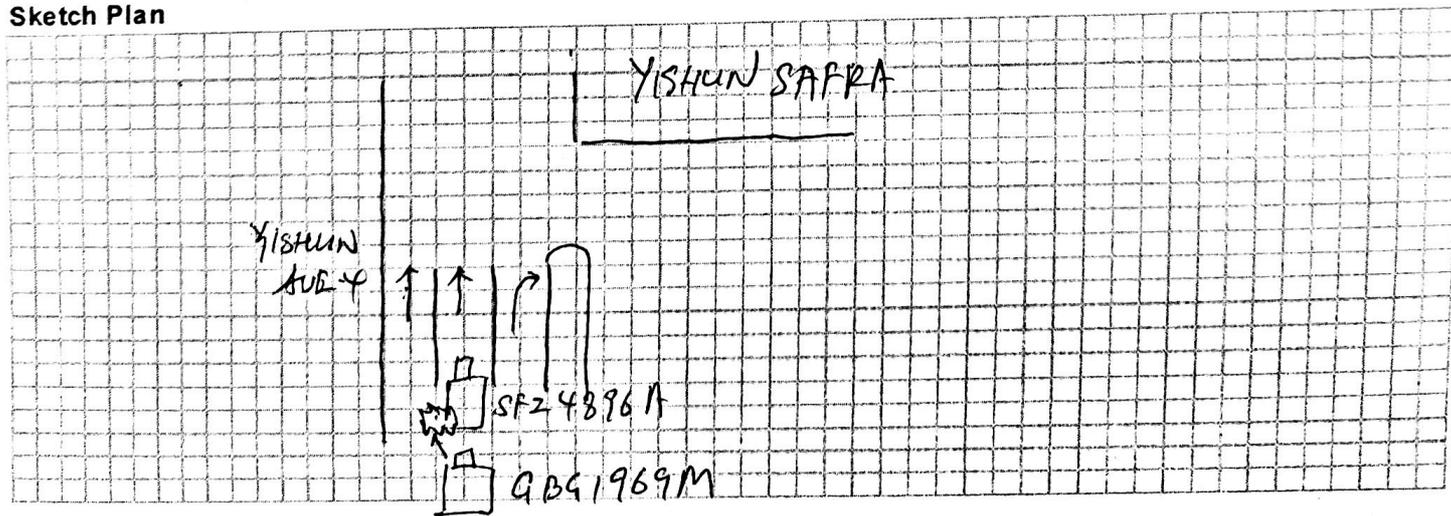
15/2/21, 0930hrs

Policyholder's Signature / Date & Time

15/2/21

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

On 12 Feb 2021, at about 1515 hrs (weather was raining). I was driving my vehicle SFZ 4896A along Yishun Ave 4 and had to slow down at the junction of ~~the~~ Yishun Ave 4 and Yishun Central (Outside SAPA Yishun) due to a vehicle cutting from the right. As I was about to move on, a gray Toyota Van GB4 1969M impact the rear of my vehicle. Both vehicles stopped at a bus stop further up the junction.

Driver of GB4 1969M : Ong Lay Teng NRIC: T0100375C  
Contact No: 9332391.

There was damage to the rear LHS of SFZ 4896A  
Damage was to : a) rear LHS of Bumper  
b) Rear LHS of the Boot

⑤ At about 1550 hrs, I reported the accident to Yishun North NPC but was advised no police report required as there is no injury or damage to government property

⑥ There is in car footage of the accident (front + rear camera) and photo of damage to SFZ 4896A and vehicle involved GB4 1969M

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
15/2/21, 0930hrs.

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 : Ong Joo Leong
Period of Insurance : 20 Apr 2020 To 19 Apr 2021
Engine No. : 4A92BT6268
Chassis No. : JMYSRCY1AFU004153

Vehicle No. : SKS4896A
Policy No. : 2100409544-05
Endorsement No. :
Issued Date : 18 Mar 2020

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EX 1.6L
Engine Capacity/Tonnage : 1,590.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive\* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ong Joo Leong - \$600 (Own Damage), \$600 (Flood Cover)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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

0500720779
CYCLE & CARRIAGE - CKLOH(MIT)
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.