

ASSIGNMENT

Front: _____ Date: _____
 Estimated Cost: _____
 TP / WS / RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No. 1800029180
 Claims No. 7057997707SG
 Sum Insured: _____ Excess: 300
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 CIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 6 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: SLX 4466U Yr Regn: 28/3/18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Space Star c.c. 1193
 Colour: Black A/C: Insured / Std / Nil / N
 Sp. Reading: 28943 T/Radio: Insured / Std / Nil / N
 Eng/No: _____
 C/No: MMEXTA03AJH 020666
 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: 175/55R15
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or \$
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 14/2/21 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
	MV-51K
16/02/21 @ 2.59pm	revert to AIG via Merimen.
17/02/21 @ 9.44am	Kok Chong informed C/A via Merimen
17/02/21 @ 10.05am	Informed C&C C/A & ex.\$300 by email
17/02/21 @ 10.15am	2nd revert to AIG via Merimen (supplementary)
17/02/21 @ 2.10pm	Kok Chong informed proceed supplementary via Merimen.
22/02/21 @ 12.18pm	Informed Coco proceed the supplementary by email.
25/02/21 @ 12.11pm	confirmed with Larry final fig \$7269.48, 6 days (Red \$3068.81, 30%)

File/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 3

Survey Fee:	
Transportation:	
\$ + RS \$	
Phone	
Others	
TOTAL	

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

Formal: MER-OD
 Sum / I.E.I: 7269.48



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for Sia Tze Yin (Xie Zhiyun) and vehicle specifications like SLX4466U, MMCXTA03AJH020666, and MIT/18MY SPACE STAR 1.2 CVT (T83).

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Row 1: CSM00041, Cash, 15/02/2021/ 09:37, 442 / CocoLu, 62889

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like 'RENEW FRT BUMPER, FRT FENDER RH, BONNET, REPAIR FRT FENDER LH' and 'SRPAY PAINT FOR FRT AIRDAM, FRT BUMPER, BONNET, FRT FENDER RH & LH'. Includes handwritten notes and a large 'Estimate' watermark.

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.



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ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

Invoice Name & Address	Owner Name & Vehicle Info	
Sia Tze Yin (xie Zhiyun)	Cust No/Name	/Sia Tze Yin (Xie Zhiyun)
B1k 202 Clementi Avenue 6	Reg No/Reg Date	SLX4466U / 28/03/201
#05-4	Date In/Mileage	/ 0
Singapore 120202	Chassis No	MMCXTA03AJH020666
Contact No Mobile: 96810801	Engine No	3A92UGT8993
	Make/Model	MIT/18MY SPACE STAR 1.2 CVT (T83)
	Colour/Trim	X08 BLACK MICA / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00041	Cash	15/02/2021/ 09:37		442 / Cocolu	62889

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M PANEL ASSY,FR END	1.00	797.00	00.00	797.00
M PANEL,AIR GUIDE SIDE,RH	1.00	8.00	00.00	8.00
M HEADLAMP ASSY,RH / CR4	1.00	1832.00	00.00	1832.00

Star (LKK) 15/2/21, 10.30am

00-NM AL

Estimate

Exp...
pp

Ry B/L Sp

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
- 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:

Confirm & accepted by

Nett	10,096.00
7% GST on	10096.00
Total Payable	10,802.72

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.

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	15/02/2021 13:15 (SGT)
Date of Accident	14/02/2021 11:33 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	ENTRY TO PIE HIGHWAY AT CLEMENTI AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4466U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIA TZE YIN (XIE ZHIYUN)
NRIC No	SXXXX137B
Email Address	mdsteph03@gmail.com
Mobile Phone No	(Phone) +65-96810801
Alternative Phone No	+65-96810801

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	SPACE STAR
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	1800029180
Cover Note Number	-

DRIVER

Name of Driver	SIA TZE YIN (XIE ZHIYUN)
NRIC No	SXXXX137B
Date Of Birth	03/09/1976
Occupation	Indoor

Age 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

20/07/2016
4 YEARS AND 7 MONTHS
Female
(Phone) +65-96810801
+65-96810801
mdsteph03@gmail.com
BLK. 202 CLEMENTI AVENUE 6
#05-49 SINGAPORE
120202
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?
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
4
No

PASSENGER 1

Name
Gender

ADRIAN LIM
Male

PASSENGER 2

Name
Gender

ASHER LIM
Male

PASSENGER 3

Name
Gender

ALICIA LIM
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

Vehicle Registration Number	SMW1472P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FAZIL BIN ABDUL RAHMAN
Contact Number	(Phone) +65-90025011
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.

SMH 15/2/21

Policyholder's Signature / Date & Time

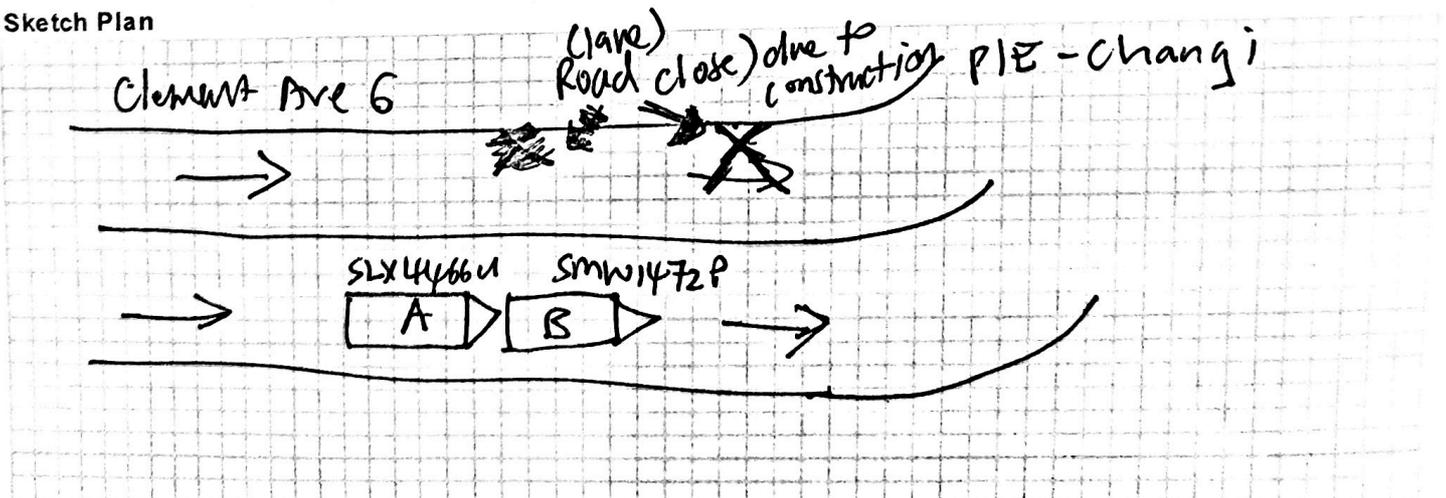
SMH

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

While proceeding to the PIE Changi Highway @ the entry, the other lane was closed for construction, the car in front was suddenly slowed down, my car was not in time to stop due to the sudden stop of the other car, though I have safely slow down & stop but as it was too near the car in front, my car was hit slightly onto the rear of the car in front causing a few scratches onto the car in front. But, my car has bigger damage. It was dented on the front of my car. No one was injured on both cars.

Declaration

We declare the foregoing particulars are true in every respect.

SM 15/2/21 8:45 am

Policyholder's Signature / Date & Time

SM 15/2/21 8:45 am

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 : SIA TZE YIN (XIE ZHIYUN)
Period of Insurance : 28 Mar 2020 To 27 Mar 2021
Engine No. : 3A92UGT8993
Chassis No. : MMCXTA03AJH020666

Vehicle No. : SLX4488U
Policy No. : 1800029180-01
Endorsement No. :
Issued Date : 03 Mar 2020

ABOUT THE COVER

Make/Model : MITSUBISHI Space Star 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 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 "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)
SIA TZE YIN (XIE ZHIYUN) - \$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: 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 of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620216
C&CMICP2 - SAGLEE
239 ALEXANDRA ROAD
SINGAPORE 159930

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.