

CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

ESTIMATE

Co Reg No : 199405410K ESTIMATE GST Reg No : MR-8500111-X

| Invoice Name & Address | Owner Name & Vehicle Info | |
|----------------------------------|---------------------------|----------------------------------|
| LUO JUNYANG | Cust No/Name | /LUO JUNYANG |
| 200 001171110 | Reg No/Reg Date | SMS9269D / 23/03/202 |
| 417 CLEMENTI AVENUE 1 #13-269 | Date In/Mileage | / 0 |
| | Chassis No | KNAF3416ML5069456 |
| SINGAPORE 120417 | Engine No | G4FGKH755439 |
| Contact No Mobile: 98390627 | Make/Mode1 | KIA/CERATO 1.6 A EX G333 |
| | Colour/Trim | CR5 RUNWAY RED / WK SATURN BLACK |

| Account No | Terms | Date/Time Printed | CSE | Operator | | WIP No | | |
|--------------|----------|-----------------------|-------------|--------------------|--------------------|-------------------|-------|---------|
| CSM00081 | Cash | 19/02/2021/ 10:59 | | 442 / CocoLu | | 29149 | | |
| | | Description of Goods | / Services | | Qty | Unit Price | Disc% | Amount |
| I WWCV-Z | | | | | | | | 46.00 |
| | , Clean, | Vacuum & Partial Ze | rton. | | | | | |
| E PNT88000 | | | | | | | | 2000.00 |
| | | , BOOTLID, REAR END | | LAMP HOUSING RH | | | | |
| | AK FENDE | R RH & LH, REAR COMP. | ARIMENT | | | | | |
| E PNT88000 | INCTALL | PARKING SENSOR | | | | | | 100.00 |
| E PNT88000 | INSTALL | PARKING SENSUR | | | | | | 000 00 |
| | LIATZNI | REAR COMPARTMENT TRI | ws. | | | | | 200.00 |
| E PNT98000 | INDIALL | NEAR CONFARTMENT TRI | 13 | | | | | 3360.00 |
| | NT FOR R | EAR BUMPER, BOOTLID, | REAR -ENDEP | ANEL REAR COMPARTA | 4 5 AIT | | | 3300.00 |
| REAR FEND | ER RH & | LH, REAR LAMP HOUSIN | RHEDI | | | | | |
| A 90000001 | | | 5 11 11 | | \square |) | | 30.00 |
| CHECK WIR | ING & EL | ECTRICAL SYSTEM 📿 |) [L] | | | 7 | | |
| A 10028901 | | | | | | | | 120.00 |
| | | NOSTIC CHECK USING H | -SCAN PRO | TEST | | | | |
| USING HI- | SCAN PRO | TEST | | | | | | |
| M SUNDRY | | | | | | | | 40.00 |
| C&C LOGO | | | | | | | | |
| M SUNDRY | LANT FOR | ACCIDENT PORTION | | | | | | 80.00 |
| M SUNDRY | LANI FUR | ACCIDENT PORTION | | | | | 1 | 20.00 |
| Sundry | | | | | | | | 20.00 |
| P COVER-RR I | BUMPER | | | | 1.00 | 651.00 | 00 00 | 651.00 |
| M COVER-RR | | WR | | | 1.00 | 241.00 | | 241.00 |
| M COVER-RR I | | | | | 1.00 | | 00.00 | 19.00 |
| | | OG LAMP,LH | | | 1.00 | | 00.00 | 19.00 |
| M LAMP ASSY | | | | | 1.00 | 181.00 | 00.00 | 181.00 |
| M LAMP ASSY | | | | | 1.00 | 181.00 | 00.00 | 181.00 |
| M EXTN WIRI | | | | | 1.00 | 207.00 | | 207.00 |
| M BRACKET-RI | | | | | 1.00 | | 00.00 | 9.00 |
| M BRACKET-RI | | PR MIG, LH | | | 1.00 | | 00.00 | 9.00 |
| M BEAM-RR BU | UMPEK | | | | 1.00 | 318.00 | 00.00 | 318.00 |

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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| | | Description of Goods | s / Services | | Qty | Unit Price | Disc% | Amount |
| M BRACKET- | | | | | 1.00 | | 00.00 | 6.0 |
| M BRACKET- | | | | | 2.00 | | 00.00 | 12.0 |
| M ANTENNA A | | | | | 1.00 | | 00.00 | 46.0 |
| M STAY-RR E | | | | | 1.00 | | 00.00 | 65.0 |
| M STAY-RR E | | | | | 1.00 | | 00.00 | 65.0 |
| | | PR SIDE UPR,R | | | 1.00 | | 00.00 | 31.0 |
| | | PR SIDE UPR,L | | | 1.00 | | 00.00 | 25.0 |
| M PANEL ASS | | | | | 1.00 | 1297.00 | | 1297.0 |
| M HINGE ASS | | | | | 1.00 | | 00.00 | 97.0 |
| M HINGE ASS M PANEL ASS | | | _ | | 1.00 | | 00.00 | 97.0 |
| M EMBLEM-CE | | | ,П, ¦ | lma | 1.00 | 324.00 | | 324.0 |
| M LOGO ASSY | | | \mathcal{O} | 1/2/2) \(\frac{1}{2} \) | 1.62 | | 00.00 | 28.0 |
| M TRIM ASSY | | | \mathcal{D} | | (1.00 | 7 202.00 | 00.00 | 32.0 202.0 |
| M W/STRIP-T | | OPNG | | | 1.00 | 100.00 | | 100.0 |
| M LATCH ASS | | | | | 1.00 | 112.00 | | 112.0 |
| | | B LAMP HSG,RH | | | 1.00 | 135.00 | | 135.0 |
| | | MB OUTSIDE,RH | | | 1.00 | 675.00 | | 675.0 |
| | | MB OUTSIDE,LH | | | 1.00 | 675.00 | | 675.0 |
| | | MB INSIDE,RH | | | 1.00 | 608.00 | | 608.0 |
| M LAMP ASSY | -REAR CO | MB INSIDE,LH | | | 1.00 | 608.00 | | 608.0 |
| # LAMP ASSY | | | | | 1.00 | 690.00 | | 690.0 |
| | | | | | | | | |
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| Confirm & ac | cepted by | | | | | | | |
| | | | | | | Net | t | 13,761. |
| | | | | | 7% GST on | 13761.0 | 0 | 963.2 |
| | | | | | То | tal Payabl | e , | 14,724.2 |
| | | and company stamp | | | | | | |

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

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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 witholding 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 the product of the mode 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 19/02/2021 10:18 (SGT) Date of Accident 19/02/2021 07:50 (SGT) **Exact Location of Accident** Clementi Ave 6, Singapore Additional Location Information **CLEMENTI AVE 6 ENTRY TO AYE TOWARDS TUAS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SMS9269D

| INSURED/POLICYHOLDER | | |
|----------------------|--|--|
| | | |

Is company? Name Of Registered Owner **LUO JUNYANG** NRIC No SXXXX932H Email Address JUNYANG.LUO@GMAIL.COM Mobile Phone No (Phone) +65-98390627 Alternative Phone No +65-98390627

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Kia Model Cerato 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 2070051262 Cover Note Number

DRIVER

Name of Driver **LUO JUNYANG** NRIC No SXXXX932H Date Of Birth 18/10/1993 Occupation Indoor

Date Of Driving Pass 19/06/2014 Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98390627 Alt. Phone Number +65-98390627 Email Address JUNYANG.LUO@GMAIL.COM Address BLK 417 CLEMENTI AVENUE 1 #13-269 Address complement Postcode 120417 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 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes PASSENGER 1 Name **LUO DECHEN** Gender Male 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? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | SLX5591J |
|-----------------------------|-------------------------------|
| Vehicle Manufacturer | Honda |
| Vehicle Model | Vezel |
| Vehicle Variant | - |
| Vehicle Colour | |
| Vehicle Category | Private car |
| Name of Driver | MUHAMMAD KUSSHAIRYN BIN AHMAD |
| Contact Number | (Phone) +65-98311642 |



| Address | _ |
|---|------|
| Address complement | _ |
| Postcode | _ |
| Insurance Company Name | NTUC |
| Nature Of Damage | |
| Details of property damaged in accident | _ |
| No. Of Passenger (Including Driver) | _ |

INJURED PERSONS DETAILS

INJURED 1

| NOONED 1 | |
|---|--------------------------------------|
| Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | LUO JUNYANG WHIPLASH SMS9269D Yes No |
| INJURED 2 | |
| Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? | LUO DECHEN BACKPAIN SMS9269D Yes No |

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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

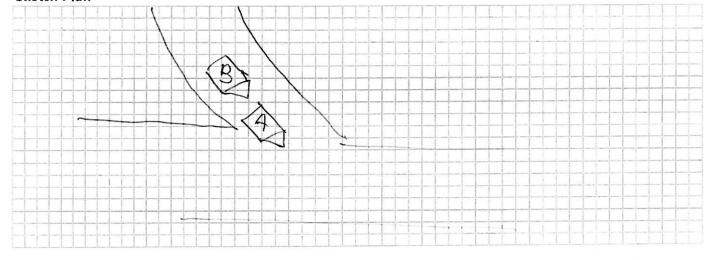
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



| Describe Circumstances of the Accident |
|---|
| |
| I was filtering into the main expressionary I saw a car coming so I start to about 20-10 km/h 30-42m before the majore. I stopped at the mease and one second later the can behind but me. |
| a I do at to wheat a -12 tinh so -12 m before the manne. |
| I Stupped but the means and one second later the can behind hit me. |
| 1 Stokes at the medic and second take the Coll souther with |
| Driver of the other of all he thought I was active to |
| briver of the other our said he thought I was going to |
| accelerate ahead so he also accelerated, and hit my car- |
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

KIA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder

Name of Policyholder

: LUO JUNYANG &

Period of Insurance 32:16 Mar 2020 to 45 Mar 2022 Engine No.

G4FGKH755439

Chasis No.

: KNAF3416ML5069456



Vehicle No.

Cover Note No.

Endorsement No.

Issued Date

: 16 Mar 2020

: 2070051262



ABOUT THE COVER

Make/Model : KIA Cerato

Engine Capacity/Tonnage : 1,591,00 CC

Driver Restriction

: NA

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2020

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) 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 tuttlon, 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) and Section 95 of the Road Transport Act, 1987 (Malaysia). 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) LUO JUNYANG - \$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

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: 241 Alexendra Road Singapore 159931 64275800

4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 800 Sin Ming Ave Singapore 575733 68328000

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 assrch_and_download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part I/V of the Road Transport Act, 1987 (Malasiya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 80 days from the commencement date of the period of insurance.

CYCLE & CARRIAGE - FRANCI

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.

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