

ASS. REC. BY:

Steve

REF:

CSI AIG 21002392/Evd3

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. 1900161688-01

Claims No. 5207785616SG

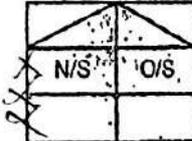
Sum Insured: _____ Excess: 600

(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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMP 1799J Yr Regn: 13/9/19

Type: M.Cy / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mitsubishi Outlander c.c. 1998

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

Sp. Reading: 49833 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: GF7W0607003

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: 225/55R18

R: _____

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

TOYO / YOKO or Tajo

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 16/2/21 D.O.I. 22/2/21

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-195K
30/3/21	Final fig \$10,839.19 confirmed by email (Red 3398.27,24%)

Prell. Report Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

1/4/21-Typist

Approved: Merimen
Total Sum / LG: \$10,839.19

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

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



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 AIG Asia Pacific Insurance Pte. Ltd. and Mitsubishi Outlander 2.0.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Includes account KAX00008 and operator DonBong.

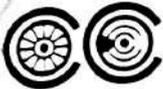
Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like door and bumper repairs, tyre supply, and electrical checks.

Estimate (large watermark text)

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...



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 (AIG Asia Pacific Insurance Pte. Ltd.) and Owner Name & Vehicle Info (CHIN SWEE KHONG, MIT/19MY OUTLANDER 2.0 STYLE(994)).

Table with 6 columns: Account No (KA100008), Terms (Credit), Date/Time Printed (19/02/2021/ 12:35), CSE (QUD), Operator (247 / DonBong), WIP No (63067).

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various car parts like panels, hinges, and mouldings.

Estimate

SURVEYOR NAME: Steve (LKK)
SURVEYOR SIGNATURE: [Signature] 22/2/21, 3.30pm
DATE: 00-1M AL

Confirm & accepted by 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 modifications to be made

Table with 3 columns: REMARKS (EXCESS - ? P/P, R, B, S, 10 days), Net (13,562.37), Total Payable (14,511.74).

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.
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 17/02/2021 17:06 (SGT)
Date of Accident 16/02/2021 15:20 (SGT)
Exact Location of Accident Race Course Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP1799J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIN SWEE KHONG
NRIC No SXXXX348I
Email Address summus@hotmail.sg
Mobile Phone No (Phone) +65-96383384
Alternative Phone No +65-96383384

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 1900161688-01
Cover Note Number -

DRIVER

Name of Driver CHIN SWEE KHONG
NRIC No SXXXX348I
Date Of Birth 03/06/1975
Occupation Indoor

Date Of Driving Pass	12/05/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96383384
Alt. Phone Number	+65-96383384
Email Address	summus@hotmail.sg
Address	BLK 130 ANG MO KIO AVENUE 3
Address complement	#08-1573 SINGAPORE
Postcode	560130
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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

WHILE I WERE TURNING LEFT AT THE EXIT, I WAS MISJUDGE AND OVERTURN, COLLIDED INTO THE METAL BAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

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 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/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (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.

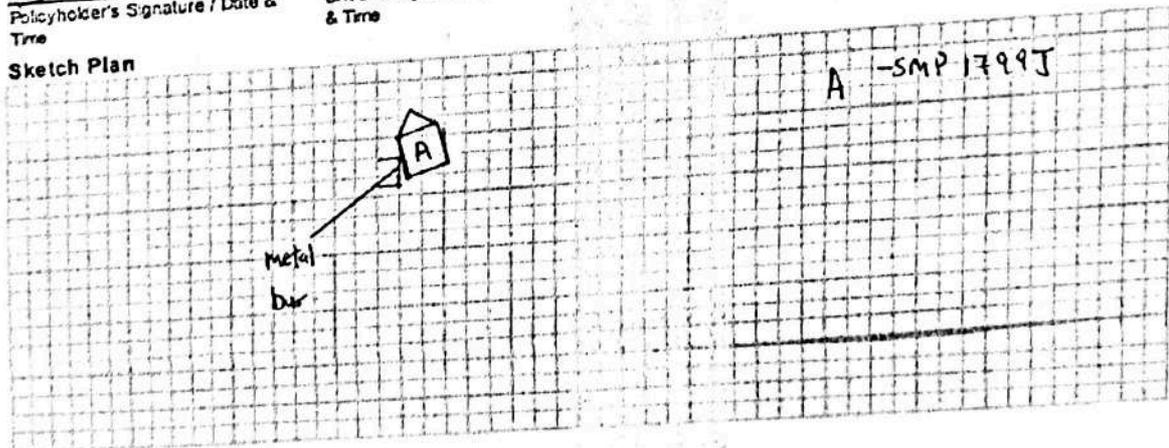
4.40
 Date 17/02/2021
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

While I was turning left at the exit, I was misjudge and my car to collided into the metal bar.

Declaration

We declare the foregoing particulars are true in every respect.

4.40
17/02/2021
[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel





AIG Asia Pacific Insurance Pte. Ltd
 AIG Building
 78 Shenton Way
 #07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Chin Swee Kheng
 VEHICLE NUMBER : SMP 1799J
 DATE/ TIME OF ACCIDENT : 16/2/21 15.20 pm
 PLACE OF ACCIDENT : Race Course Road, S'pore
 THIRD PARTY VEHICLE (IF ANY) : —

 WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Intend going to Lavender.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Misjudge and overtake collided into the metal bar when turning.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

CHIN SWEE KHENG *Chin*

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, CHIN SWEE KHONG, (NRIC No. S7586348I), hereby confirm that the Singapore Accident Statement lodged by me on 22.2.2021 at 1400 hours pertaining to the accident involving motor car Reg. No: SMP1799J, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : CHIN SWEE KHONG
Nric No. : S7586348I
Date : 22/02/21

Signature : 
Name of Policyholder : CHIN SWEE KHONG
Nric No. : S7586348I
Date : 22/02/21