

ASS. REC. BY:

Steve

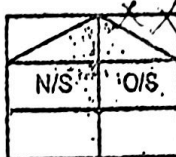
REF: CC3/A16 21002669/Evf3

## 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. 7210002695  
 Claims No. 2152067966SG  
 Sum Insured: \_\_\_\_\_ Excess: 300  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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



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

Veh No: SMX 6040P Yr Regn: 21/1/21  
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /  
 Truck / Trailer or  
 Make: Mitsubishi Allage C.C. 1193  
 Colour: Red A/C: Insured / Std / Nil / N  
 Sp. Reading: 1179 T/Radio: Insured / Std / Nil / N  
 Eng/No: \_\_\_\_\_  
 C/No: MMBSTA-13A111604893  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Locked / Burnt or  
 Brake: In order / Jammed / Locked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 185/55R15  
 R: 11

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

Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 26/2/21 D.O.I. 26/2/21  
 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-66K   |
| 26/2/21     | Seek mandate via merimen                                 |
| 1/3/21      | Rece approved from Kok Chong via merimen                 |
| 1/3/21      | Informed Edwin C/A excess \$300 by email                 |
| 12/3/21     | Final fig \$4795.95 confirmed by email (Red 2109.86.30%) |

File Time, File, Print to?

☐ : Prel. Report  
☐ : Final Report

File Time, File Return to?

16/3/21-Typist

Worked on: Merimen

Work Sum / L.P. : \$4795.95

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Insp (\$ \_\_\_\_\_)  
☐ : Wash and (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, \$ \_\_\_\_\_

Photo

Others

TOTAL



CYCLE &amp; CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI  
MOTORS

Co Reg No : 1977014696

## ESTIMATE

GST Reg No : MR-8500111-X

| Invoice Name & Address  | Owner Name & Vehicle Info   |
|---|---|
| AIG Asia Pacific Insurance Pte. Ltd.<br>MOTOR CLAIM DEPT<br>78 SHENTON WAY #09-16<br>AIG BUILDING<br>SINGAPORE 079120<br>Contact No 6419 1892 | Cust No/Name KCV18765/LEE BOON KIAT (LI WENJIE)<br>Reg No/Reg Date SMX6040P / 21/01/202<br>Date In/Mileage / 0<br>Chassis No MMBSTA13AMH004893<br>Engine No 3A92UKB2512<br>Make/Model MIT/21MY ATTRAGE 1.2 CVT (E57)<br>Colour/Trim PO1 RED METALLIC / BK BLACK |

| Account No   | Terms                     | Date/Time Printed | CSE  | Operator          | WIP No     |       |             |
|--|---------------------------|-------------------|------|-------------------|------------|-------|-------------|
| KAX00008   | Credit                    | 26/02/2021/ 15:32 | BLE  | 261 / Edwin Caina | 63439      |       |             |
| Description of Goods / Services  |                           |                   |      | Qty               | Unit Price | Disc% | Amount      |
| E PNT88000<br>RENEW FRT BUMPER & RHF FENDER<br>REPAIR / RE-ALIGN FRT SUPPORT PNL & BONNET    |                           |                   |      | 1-5 X 450         |            |       | 675 1800.00 |
| E PNT98000<br>RESPRAY FRT BUMPER , RHF FENDER , FRT SUPPORT & BONNET                         |                           |                   |      | 2 X 350           |            |       | 700 1400.00 |
| A 54900099<br>CHECK WIRING ELECTRICAL SYSTEM   |                           |                   |      |                   |            |       | 30.00       |
| A 10028901<br>TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST<br>USING HI-SCAN PRO TEST |                           |                   |      |                   |            |       | 120.00      |
| M SUNDRY<br>SUPPLY FRT NUMBER PLATE WITH CASING  |                           |                   |      |                   |            |       | 50.00       |
| M SUNDRY<br>APPLY ANTI CORROSION ON AFFECTED AREAS   |                           |                   |      |                   |            |       | 40.00       |
| M SUNDRY<br>Sundries   |                           |                   |      |                   |            |       | 20.00       |
| M  | FACE,FR BUMPER            | DO                | 1.00 | 706.00            | 23.00      |       | 543.62      |
| M  | COVER,FR BUMPER           | ?                 | 1.00 | 12.00             | 23.00      |       | 9.24        |
| M  | GRILLE ASSY,RADIATOR      | CUT (Black)       | 1.00 | 600.00            | 23.00      |       | 462.00      |
| M  | MARK,THREE-DIA            | REC               | 1.00 | 54.00             | 23.00      |       | 41.58       |
| M  | GRILLE,FR UNDER           | ?                 | 1.00 | 90.00             | 23.00      |       | 69.30       |
| M  | GARNISH,FR BUMPER,RH      | ?                 | 1.00 | 44.00             | 23.00      |       | 33.88       |
| M  | COVER,FR BUMPER GRILLE    | ?                 | 1.00 | 157.00            | 23.00      |       | 120.89      |
| M  | BRACKET,FR BUMPER SIDE,RH | ?                 | 1.00 | 8.00              | 23.00      |       | 6.16        |
| M  | AIR DAM,SIDE,FR RH        | ?                 | 1.00 | 19.00             | 23.00      |       | 14.63       |
| M  | GARNISH,FR BUMPER SIDE    | CUT (chrome)      | 1.00 | 168.00            | 23.00      |       | 129.36      |
| M  | GARNISH,FR BUMPER SIDE    | OR (chrome)       | 1.00 | 120.00            | 23.00      |       | 92.40       |
| M  | FENDER,FR RH              | DO                | 1.00 | 430.00            | 23.00      |       | 331.10      |
| M  | HEADLAMP ASSY,RH          | ?                 | 1.00 | 1706.00           | 23.00      |       | 1313.62     |
| M  | REINFORCEMENT,FR BUMPER   | ?                 | 1.00 | 293.00            | 23.00      |       | 225.61      |

Estimate

SURVEYOR NAME: Steve CLKK

SURVEYOR SIGNATURE: 26/2/21, 3:00pm

SURVEYOR NAME: Steve CLKK

SURVEYOR SIGNATURE: 26/2/21, 3.00pm

DATE: 26-02-21

REMARKS: Express - ?

P/P 7% GST on

Ry Bel sm 4 days

Confirm &amp; accepted by

Auto Consultants hence notify  
repairer of the following:  
survey before/after spray painting  
spray damaged part(s) during resurvey  
prices are subject to confirmation

Authorized signatory and company stamp

Nett 6,853.39

6853.39 479.74

Total Payable 7,333.13

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              | 26/02/2021 16:00 (SGT)               |
| Date of Accident                | 26/02/2021 13:40 (SGT)               |
| Exact Location of Accident      | 4 Yishun Street 71, Singapore 768516 |
| Additional Location Information | 4 YISHUN STREET 71 S768516           |
| Country/State of Loss           | Singapore                            |

## DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMX6040P             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | LEE BOON KIAT        |
| NRIC No                     | SXXXX372H            |
| Email Address               | BOONKIAT76@YAHOO.COM |
| Mobile Phone No             | (Phone) +65-93667996 |
| Alternative Phone No        | +65-93667996         |

## VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer   | Mitsubishi  |
| Model  | Attrage     |
| 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             | 7210002695    |
| Cover Note Number         | -             |

## DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | LEE BOON KIAT |
| NRIC No        | SXXXX372H     |
| Date Of Birth  | 12/02/1976    |
| Occupation     | Indoor        |

|  |                      |
|--|----------------------|
| Driving Pass   | 31/01/1997           |
| Experience   | 24 YEARS AND 1 MONTH |
| Gender   | Male                 |
| Phone Number   | (Phone) +65-93667996 |
| Mobile Number  | +65-93667996         |
| Email Address  | BOONKIAT76@YAHOO.COM |
| Address  | 86 LENTOR STREET     |
| Address complement   | -                    |
| Postcode   | 786796               |
| 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?  | 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 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 | SFW9999S             |
| Vehicle Manufacturer        | Mercedes             |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Private car          |
| Name of Driver              | LIEW KIAN YONG       |
| Contact Number              | (Phone) +65-90239780 |
| Address                     | -                    |
| Address complement          | -                    |
| Postcode                    | -                    |
| Insurance Company Name      | -                    |

Damage  
property damaged in accident  
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.

Policyholder's Signature / Date &  
Time

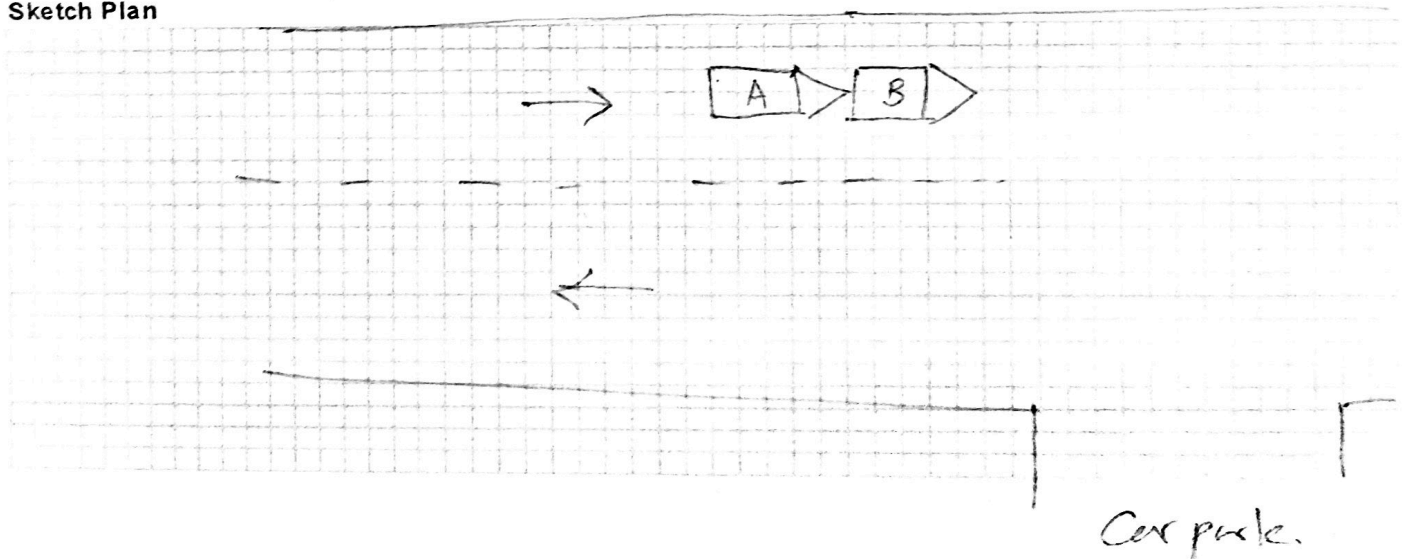
26/2/21  
2:30pm

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

24/2/21  
2:30pm

Witnessed by Reporting Centre  
Personnel

### Sketch Plan







Describe Circumstances of the Accident


I was driving along Kihun Street. The car in front of me stopped to make a turn to the car park. I saw him moved and I moved. But he stopped. I did not stop in time. I bumped slightly on his rear. We stepped out to make assessment. His bumper was scratched on few places. my bumper got dislocated.

Declaration

We declare the foregoing particulars are true in every respect.

 26/4/21  
Policyholder's Signature / Date & Time

 26/2/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

Policyholder  
Period of Insurance  
Engine No.  
Chassis No.

: Lee Boon Kiat (Li Wenjie)  
: 21 Jan 2021 To 20 Jan 2023  
: 3A92UKB2512  
: MMBST13AMH004893

Vehicle No. : SMX6040P  
Policy No. : 7210002695  
Endorsement No. :  
Issued Date : 08 Feb 2021

#### ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC

Sum Insured : Market Value

First Year of Registration : 2021

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

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 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

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 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)

Lee Boon Kiat (Li Wenjie) - \$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 159034 64708658
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69326000

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](http://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: United Overseas Bank Limited

We hereby certify that this 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).

0504676201

FULCO - CEDRIC

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSCZ98

1004149961/AC4/Ducat