

ASS. REC. BY: SteveREF: 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. 1900260463

Claims No. 9532438274SG

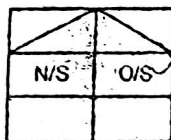
Sum Insured: Excess: 800

(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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal.

L/Bal.

D.O.A.

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MV-192K

03/03/21 @ 11.22am revert to AIG via Merimen.

03/03/21 @ 4.08pm Kok Chong informed C/A via Merimen.

03/03/21 @ 5.16pm Informed C&C C/A & ex:\$800 by email.

07/05/21 @ 2.14pm confirmed with Larry final fig \$3121.60, 3 days. (Red \$2364.40, 43%)

Date/Time, File Pass to?

Prell. Report

1)

Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

Pop. Formed: MER-OD

Lump Sum / L.E.D. fig 3121.60



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name /NEO ENG KIAT (LIANG YINGJIE) Reg No/Reg Date SMS225P / 13/01/202 Date In/Mileage / 0 Chassis No KNACC81CVL5337817 Engine No G4LEKS560652 Make/Model KIA/NIRO 1.6 A SX SR ASY PE Colour/Trim 4SS SILKY SILVER / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	01/03/2021/ 12:31	QUE	261 / Edwin Caina	27239

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 TO RENEW RHF DOOR PNL & RH WINGMIRROR				400 1600.00
E PNT98000 RESpray RHF DOOR & RH WINGMIRROR				430 1050.00
E PNT88000 REMOVE & REFIT RHF DOOR COMPONENT				120.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM				30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
M SUNDRY SUPPLY BODY PNL SEALANT				40.00
M SUNDRY Sundries				20.00
M MIRROR ASSY-OUTSIDE RR VIEW, RH / OR/cut	1.00	753.00	00.00	753.00
M PANEL ASSY-FRONT DOOR, RH / 00	1.00	1466.00	00.00	1466.00
M MOULDING ASSY-FRT DR W/LINE, RH	1.00	171.00	00.00	171.00
M TAPE-FR DR BLACK FRAME RR, RH / nec	1.00	14.00	00.00	14.00
M MOULDING ASSY-FRONT FRAME, RH / nec	1.00	48.00	00.00	48.00
M W/STRIP ASSY-FR DR BELT O/S RH / ?	1.00	54.00	00.00	54.00

SURVEYOR NAME: Steve CLKKJ 2/3/21, 4:30pm

SURVEYOR SIGNATURE: OO-N1 AL

DATE: EX-17

REMARKS: PIP, My R by 3 days

Confirm & accepted by

• This estimate is valid for 14 days from date of quote.
• If the work is not completed within 14 days, the estimate is void.
• The customer must sign and stamp this estimate to confirm acceptance.
• The customer must pay the deposit of 50% of the estimate amount before the work commences.

Not valid if signed by Repurser

Authorized signatory and company stamp

Nett 5,486.00
7% GST on 5486.00 384.02
Total Payable 5,870.02

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	11/01/2021 15:02 (SGT)
Date of Accident	10/01/2021 11:30 (SGT)
Exact Location of Accident	Pandan Gardens, Singapore
Additional Location Information	410 PANDAN GARDENS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS225P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO ENG KIAT
NRIC No	SXXXX860H
Email Address	CALNEOEK@GMAIL.COM
Mobile Phone No	(Phone) +65-85000225
Alternative Phone No	+65-85000225

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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	1900260463
Cover Note Number	-

DRIVER

Name of Driver	NEO ENG KIAT
NRIC No	SXXXX860H
Date Of Birth	14/02/1983
Occupation	Indoor

Date Of Driving Pass	08/02/2002
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85000225
Alt. Phone Number	+65-85000225
Email Address	CALNEOEK@GMAIL.COM
Address	BLK 410 PANDAN GARDENS #12-79
Address complement	-
Postcode	600410
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBA3801G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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

WITNESS DETAILS :

WITNESS 1

Name
Phone
Email

SHAIFUL YANIS BIN NASIR
(Phone) +65-87558191
-

SKETCH PLAN

IMPORTANT NOTICE

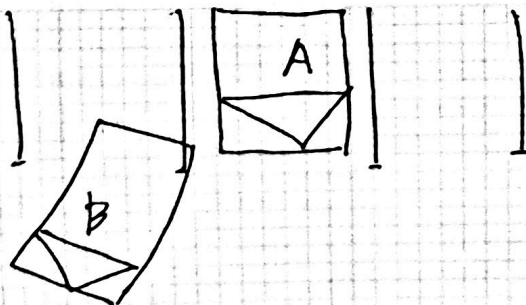
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

Signature
Policyholder's Signature / Date & Time

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

Signature
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Letter to Prince Philip

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



SINGAPORE POLICE FORCE



D/20210111/7016

1 of 1

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20210111/7016

Date/Time Report Made 11/01/2021 12:27	Vide Report No.	Station Diary No.
Name Of Informant NEO ENG KIAT	Address 410 PANDAN GARDENS #12-79 SINGAPORE 600410	
ID Type / ID No. NRIC NO / S8303860H	Contact No. Home/Office:	Mobile: 85000225
Nationality SINGAPORE CITIZEN	Email Address CALNEOEK@GMAIL.COM	
Occupation Taxi driver	Sex Male	Age 37
Institution/School Name	Language English	Date of Birth 14/02/1983
Date/Time Of Incident 10/01/2021 11:30 - 10/01/2021 11:35	Race Chinese	
Location Of Incident 410 PANDAN GARDENS #12-79 SINGAPORE 600410		
Brief details.		

Car Hit-and-run accident.

My car was parked at my residence car park at Blk 410 Pandan Gardens when the incident happened. A van reversed and hit the side front door and my side car mirror. Right after the person left the scene. I was informed by a neighbour of this incident the next day. His name is Shaiful Yanis Bin Nasir (Contact: 87558191). The details of the hit-and-run vehicle is as follows: Toyota HIACE Van, GBA3801G, Grey colour.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2021 12:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/04287/2021
Date : 5 February 2021

Neo Eng Kiat
Blk 410 Pandan Gardens
#12-79
Singapore 600410

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SMS225P AND GBA3801G ALONG PANDAN
GARDENS ON 10/01/2021 AT ABOUT 1135 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of GBA3801G had committed the following offence:
(i) Careless Driving under Section Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA.

Action has been initiated against the driver for the said offence.

2. If you have any clarification, you may contact the Investigation Officer, SI Kaleswari D/O Palani at office number: 6547 6902.
3. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.