

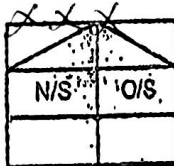
REC. BY: SteveREP: AIG

## 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. 1900166165  
 Claims No. 7489968883SG  
 Sum Insured: \_\_\_\_\_ Excess: 300  
 (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  
 CIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 7 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: SMP 4447E Yr Regn: 26/9/19  
 Type: ☒ M.Car ☐ M.Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover ☐  
 Truck / Trailer or  
 Make: Mitsubishi Outlander C.C. 1998  
 Colour: Red A/C: Insured / Std / Nil / N  
 Sp. Reading: 22420 T/Radio: Insured / Std / Nil / N  
 Eng/No: \_\_\_\_\_  
 C/No: GF7W0601819  
 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: C1

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

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. 2/3/21  
 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-105K

02/03/21 @ 5.49pm revert to AIG via Merimen.

03/03/21 @ 8.01am Kok Chong informed C/A via Merimen.

03/03/21 @ 8.50am Informed C&amp;C C/A &amp; ex: \$300 by email.

23/03/21 @ 3.50pm confirmed with Me Ioi final fig \$10203.23, 7 days. (Red \$4538.97, 31%)

Date/Time, File, Pass to? ☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Insp (\$ \_\_\_\_\_)☐ : Wash and (\$ \_\_\_\_\_)Days Of Repair: 7Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

MOTOR OWNERS: MER-ODMOTOR OWNERS: 10203.23



CYCLE &amp; 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 : 1977014696

Invoice Name & Address	Owner Name & Vehicle Info
SUA YAP LIEN BLK 307 WOODLANDS AVENUE 1 #07-309 SINGAPORE 730307 Contact No	Cust No/Name KCV12158/SUA YAP LIEN Reg No/Reg Date SMP4447E / 26/09/201 Date In/Mileage / 0 Chassis No GF7W0601819 Engine No 4J11BG3366 Make/Model MIT/19MY OUTLANDER 2.0 STYLE(994) Colour/Trim PO2 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KCV12158	CRDVCH	01/03/2021/ 13:35		442 / CocoLu	63492			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER, BONNET, FRT FENDER LH, FRT SUPPORT PANEL REPAIR FRT DOOR LH, FRT FENDER RH					4 X 450			1800 2250.00
E PNT88000 REMOVE & INSTALL AIRCON CONDENSOR & RADIATOR (photo)								100.00
E PNT98000 SPRAY PAINT FOR FRT BUMPER, FRT FENDER RH & LH, BONNET FRT SUPPORT, PANEL, FRT DOOR LH					5 X 350			1750 2100.00
E PNT88000 REMOVE & INSTALL FRT AIRDAM								80 100.00
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 APPLY SEALANT FOR ACCIDENT PORTION								40.00
M SUNDRY FRT NUMBER PLATE WITH FRAME								50.00
M SUNDRY Sundry								20.00
M FACE,FR BUMPER / CR4					1.00	863.00	00.00	863.00
M EXTENSION,FR BUMPER ?					1.00	517.00	00.00	517.00
M GARNISH,FR BUMPER,RH X					1.00	48.00	00.00	48.00
M GARNISH,FR BUMPER,LH X					1.00	48.00	00.00	48.00
M BRACKET,FR BUMPER SIDE,RH ?					1.00	18.00	00.00	18.00
M BRACKET,FR BUMPER SIDE,LH ?					1.00	18.00	00.00	18.00
M GARNISH,FR BUMPER SIDE / (LH chrome) BR					1.00	220.00	00.00	220.00
M GARNISH,FR BUMPER SIDE ?					1.00	220.00	00.00	220.00
M COVER,FR BUMPER / CR4 (Black)					1.00	361.00	00.00	361.00
M GARNISH,FR LICENSE PLATE X					1.00	23.00	00.00	23.00
M REINFORCEMENT,FR BUMPER X					1.00	493.00	00.00	493.00
M REINFORCEMENT,FR BUMPER ?					1.00	135.00	00.00	135.00

Confirm &amp; 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.



CYCLE &amp; CARRIAGE

# CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

## PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI  
MOTORS

### ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
SUA YAP LIEN	Cust No/Name KCV12158/SUA YAP LIEN
BLK 307 WOODLANDS AVENUE 1	Reg No/Reg Date SMP4447E / 26/09/201
#07-309	Date In/Mileage / 0
SINGAPORE 730307	Chassis No GF7W0601819
Contact No	Engine No 4J11BG3366
	Make/Model MIT/19MY OUTLANDER 2.0 STYLE(994)
	Colour/Trim P02 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KCV12158	CRDVCH	01/03/2021/ 13:35		442 / CocoLu	63492
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M REINF,FR BUMPER SIDE,RH		1.00	69.00	00.00	69.00
M REINFORCEMENT,FR BMRP SIDE		1.00	22.00	00.00	22.00
M REINF,FR BUMPER SIDE,LH		1.00	60.00	00.00	60.00
M COVER,FR BUMPER		1.00	25.00	00.00	25.00
M COVER,HEADLAMP SUPT PANEL		1.00	50.00	00.00	50.00
M GRILLE ASSY,RADIATOR		1.00	550.00	00.00	550.00
M BRACKET,RADIATOR GRILLE,LH		1.00	13.00	00.00	13.00
M LATCH,HOOD		1.00	76.00	00.00	76.00
M HOOD		1.00	980.00	00.00	980.00
M FENDER,FR LH		1.00	622.00	00.00	622.00
M SHIELD,FR WHEELHOUSE,LH		1.00	164.00	00.00	164.00
M PANEL,HEADLAMP SUPPORT,UPR		1.00	183.00	00.00	183.00
M PNL,HEADLAMP SUPT,UPR LH		1.00	58.00	00.00	58.00
M HEADLAMP ASSY,LH		1.00	1948.00	00.00	1948.00
M HEADLAMP ASSY,RH		1.00	1948.00	00.00	1948.00

# Estimate

2/3/21, 3:00pm  
Steve (LKK) OD- AM AL  
EXPRS - ?  
P/P  
My Bel SM  
7 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

Confirm &amp; accepted by Repairer

Signature:

Date:

7% GST on **14542.00** **1017.94**

**Total Payable 15,559.94**

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	01/03/2021 11:30 (SGT)
Date of Accident	26/02/2021 17:30 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	THOMSON ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4447E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SUA YAP LIEN
NRIC No	SXXXX204I
Email Address	CHIA.CONNIE@GMAIL.COM
Mobile Phone No	(Phone) +65-93221184
Alternative Phone No	+65-92311162

## VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1900166165
Cover Note Number	-

## DRIVER

Name of Driver	SUA YAP LIEN
NRIC No	SXXXX204I
Date Of Birth	17/05/1959
Occupation	Indoor

Date 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 .....

24/07/1979  
 41 YEARS AND 7 MONTHS  
 Male  
 (Phone) +65-93221184  
 +65-92311162  
 CHIA.CONNIE@GMAIL.COM  
 BLK 307 WOODLANDS AVENUE 1 #07-309  
 -  
 730307  
 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  
 2  
 No

PASSENGER 1

Name .....  
 Gender .....

CHIA POH KHIM  
 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 .....  
 Vehicle Manufacturer .....  
 Vehicle Model .....  
 Vehicle Variant .....  
 Vehicle Colour .....  
 Vehicle Category .....  
 Name of Driver .....  
 Contact Number .....

GZ9287K  
 Toyota  
 -  
 -  
 -  
 Commercial vehicle  
 -  
 -



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 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.

(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.



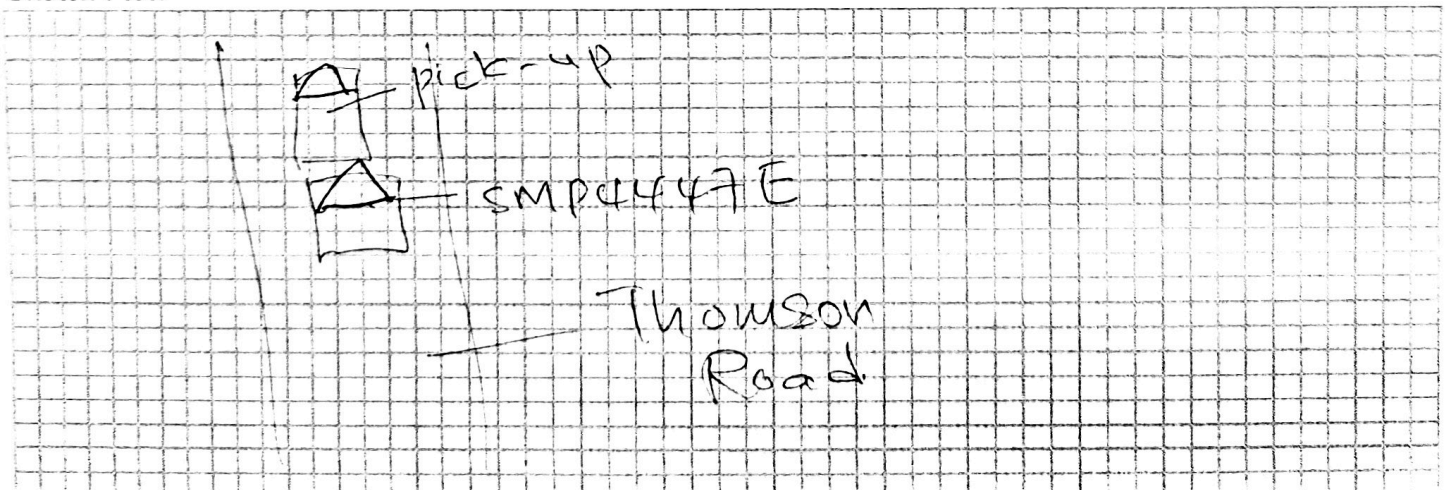
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident

I was driving along Thomson Road when I bumped lightly into a pick-up. The pick-up was not damaged in any way. The traffic was heavy & speed is low. I did not step on the brake pedal on time.

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



COVER NOTE

**CYCLE & CARRIAGE 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 : Sua Yap Lien / *YS*  
 Period of Insurance : 25-Sep 2019 to 24 Sep 2021  
 Engine No. : 4J11BG3366 /  
 Chassis No. : GF7W0601819 /

Vehicle No. : SMP4447E  
 Cover Note No. : 1900166165  
 Endorsement No. :  
 Issued Date : 20 Sep 2019

**ABOUT THE COVER**

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports /  
 Engine Capacity/Tonnage : 1,998.00 CC / Sum Insured : Market Value First Year of Registration : 2019  
 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 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 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) 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)

Sua Yap Lien - \$600 (Own Damage), \$600 (Flood Cover)

**APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)**

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

4. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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.com.sg](http://www.aig.com.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: Daimler Financial Services Africa & Asia Pacific Ltd

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.  
 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 IV of the Road Transport Act, (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504623209

FULCOMICP2 - MC

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Monile*  
**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

Chin E