ASS. REC. BY: Steve 1 MEN: AIG CS/	AIG21003286/Eqf3
	GNMENT
From: Dale:	Vol No: SLR 3176 U Yr Rogn: 10/8/17
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
Estimated Cost:	Truck / Trailer or
(OD) TP / WS / JP RES / OD RES / EVA / INV / MY	Make: (HMen trand-C4 c.c SO)
To Inspect Vehicle No:	Colour A/C: Insured / Std / NI / N
el Workshop m/s	Sp.Reading ; 54778 T/Radio; Insured / 8td / NI / N
Ol	
Insured: 1700038271	Eng/No:
1000) 110.	Gen, Cond: Good / Fair / Poor / Burnt
Claims No. 6751456837SG	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess: 300	Brakes Inorder / Jammed / Leaked / Burnt or
(Cliont's Record)	
Make of Veh:	Modl: Nii / 8/Rim / STD A/Rim or
* * * * * * * * * * * * * * * * * * * *	Tyre Size: F: 995/60 R/6
(Policy Condition)	R:
Remark: The veh had commenced its N/S', 'O/S.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO 1 (OKO) or \$
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal, R/Bal. mm R/Bal.
GIA / PR Seen: Consistent?: Yes or No	UBal. Wal. S mm
2 Part May at Na	D.O.A. 1/3/21 D.O.I. 12/3/21
All I V and No	Cuelo Confico
Lum Sum: % 3 Val.: Yes or No	
CA I REV I REP. I 24 HRS	Des. of Damages Frt) Rear I O/S I N/S / U/C I Rooftop or
Vehicle: IN/OUT	The U/C / Chassis frame / Body Structure affected due to collision
Dale: Person Contacted:	The WG I Grassis frame I Body Structure amount con the
Date / Time Action / Instruction	
MV- 55 K	
15/03/21@4.02pm revert to AIG via Merimen.	
16/03/21@8.45am Kok Chong informed C/A via Meri	
16/03/21@9.32am Informed Edwin C/A & ex:\$300	
26/03/21@12.08pm confirmed with Larry final fig \$	3836.60, 3 days. (Red \$1877.60, 33%)
	•
: Prell. Report D.	ays Of Repair: 3
: Final Report	Survey No. of Trip: 2 Survey Fee:
ale/Tune, File Relum to?	Transportation:
Add Fee:	: Site Insp (\$)s +RSSi
1 Mary Managery and Andrews	: Interview (\$) Protes
ores : MER-OD .	: Tech. Invs (%) Officers
11 00 Sum 1.1:1:1: 3836.60	: West such
	TOTAL

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CYCLE & CARRIAGE FRANCE PTE. LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE 209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240



Acknowledged by Repairer

Signature:

Date:

QUOTATIO	N							y Reg No. 200609327M g No. MR-8500111-X
	Invo	pice Name & Address				ne & Vehicle I	nfo	
L M 7 A S	td. OTOR CLAIM			Cust No/Name Reg No/Reg Date Date In/Mileage Chassis/Package Engine No Make/Model		3	CC17S5	SIVE ML
11			181 1881	Colour/Trim	EUM SABLE		KF YATAGO	
11	Tama		11 111			14/15 11-	laveiga/C	Credit Note No
Account No FAX00001	Terms Credit	Date/Time Printed 12/03/2021/ 16:20	BLE	Operator 261 / Edwin Ca	ina	16290	invoice/c	0
	Credit	Description of Goods		ZOI / Edwill Ca	Qty	Unit Price	Disc%	Amount
RENEW FR PNT98000 RESPRAY A 54900099 CHECK WI A 10028901 TO CARRY USING HI SUNDRY SUPPLY F SUNDRY SUPPLY F SUNDRY BUMPER B M B M BUMPER B M B M B M B M B M B M B M B M B M B M	FRT BUMPER RING ELECT OUT DIAGN -SCAN PRO RT NUMBER MPER MPER MPER MPER MOULDING MOULDING BRILLE INFE! MOULDING BRILLE INFE! MOULDING SET LAT RS SET 1 BRACKET	RICAL SYSTEM NOSTIC CHECK USING HITEST PLATE WITH CASING (Oisnauth Check) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RH_LH (bek) :J bu~) ypm)	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	327.00 206.0 206.0 225.0 305.0 308.0 203.0 147.0 124.0 91.0 511.0	0 20.00 0 20.00 0 20.00 0 20.00 0 20.00	1500.00 380.00 30.00 275.00 50.00 20.00 817.6 261.6 164.8 164.8 180.0 244.0 246.4 117.6 117.6 99.2 136.8 99.3 72.3 408.8 165.0
Rep Special resurbing and ry/o arts protai (whird party survey Payment should Anydispute to the large are the results of the r	/O GST) Is on a Without be mede strictle invoice must be	Guarantee Your War SUR' SUR' DAR 2,18 REM ating resurvey ation t Prejudice" basis y by cash, NETS or credit cards. 1 made within 3, days. This is a comp	9:20 5:00 ARNS: 0:00 0:00 0:00	ntain with cycle & IATURE: EXCT Augr	Carriage! (I on 5714 Total Paya	AL Nett 4.20 able Paid	5,714.2 399.9 6,114.1 0.0 6,114.1



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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
- 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 l'olice 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 Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

12/03/2021 16:26 (SGT) 11/03/2021 19:00 (SGT) Punggol Rd, Singapore

SLIP RD AFTER EXITING TPE TOWARDS PUNGGOL BEFORE TURNING LEFT TO PUNGGOL RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR3176U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

THET OO MAUNG

SXXXX084J

t.o.maung@gmail.com (Phone) +65-98204462

+65-98204462

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Citroen

C4 picasso

Private use

Yes

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage ... Fleet Policy

Policy Number

Cover Note Number

AIG

Comprehensive

1700038271

DRIVER

Name of Driver

NRIC No Date Of Birth YU THET WAI SXXXX610I 22/12/1993

Indoor pation 11/09/2014 e Of Driving Pass 6 YEARS AND 6 MONTHS riving experience Female Gender (Phone) +65-93871471 Mobile Number Alt. Phone Number ireneai93@gmail.com **Email Address** BLK. 31 JURONG WEST STREET 41 Address #14-17 SINGAPORE Address complement 649412 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? 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 IEDETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX7175M
Vehicle Manufacturer	Mercedes
Vehicle Model	
Vehicle Variant	E250
	-
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	WONG ZI XUAN, NIKO
Contact Number	. · · · · · · · · · · · · · · · · · · ·
	(Phone) +65-90716505
	*
Address complement	-
Postcode	

ance Company Name
ure Of Damage
ure of property damaged in accident
etails of passenger (Including Driver)

China Taiping Insurance

-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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' 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.

Witnessed by Driver's Signature (# driver is not the policyholder) / Date Personnel & Time Sketch Plan

cribe Circumstances of the Accident
while quering to exit the slip road, vehicles were inching forward.
vehicle contined to rol forward when the vehicle in front had
or wed Collided before being able to jam break in time.
O O

Declaration

I/We declare the foregoing particulars are true in every respect.

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

& Time

Witnessed by Reporting Centre

Personnel



OF THE OF THE PARTY

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: THET OO MAUNG

Period of Insurance

: 10 Aug 2020 To 09 Aug 2021

Engine No.

: 10JBHD3079213

Chassis No.

: VF73ABHZTHJ648377

Vehicle No.

: SLR3176U

Policy No.

: 1700038271-03

Endorsement No.

Issued Date

: 24 Jun 2020

ABOUT THE COVER

Make/Model

: CITROEN Grand C4 Picasso 1.6 BlueHDI

Engine Capacity/Tonnage: 1,560.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

文·电影·特·斯尔斯斯等的 经证券 医多克氏病 化多克斯斯 医皮肤 化

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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 appearance.

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 hine 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.

* 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 全部运行器(公司中部分别),在1960年,由1960年,在1960年,在1960年,由1960年,

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)

THET OO MAUNG - \$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: 20 Leng Kee Rd Singapore 159094 64708600

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 search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the 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 (Arnendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502847639

CYCLE & CARRIAGE - DARREN

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.

AIGSGMOBILEAPP