

REC. BY:

Steve

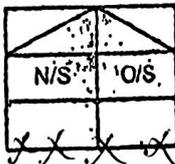
Ala

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. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (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: _____ 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: S MJ 7982 M Yr Regn: 21/3/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mitsubishi Attrage c.c. 1793
 Colour: Red AYC: Insured / Std / NI / N
 Sp. Reading: 54320 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: MM1B5TA13AK11931149
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/55R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>22/3/21</u>	D.O.I. <u>22/3/21</u>

 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
	<u>MK-58K</u>

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

Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (%) _____
 : Weekend (%) _____

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Phone	_____
Others	_____
TOTAL	_____

Work performed: _____
 emp sum / L.B. : _____



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

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name	KCV10780/LEE WEE GIAT
	Reg No/Reg Date	SMJ7982M / 21/03/201
	Date In/Mileage	/ 54320
	Chassis No	MMBSTA13AKH001149
	Engine No	3A92UHN8454
	Make/Model	MIT/19MY ATTRAGE 1.2 CVT
	Colour/Trim	P01 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No				
KAX00008	Credit	22/03/2021/ 15:57	QUD	247 / DonBong	64308				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount	
E PNT88000	RENEW ACCIDENT DAMAGED PARTS ON REAR BUMPER FACE, REAR BOOT LID, REAR SPOILER, REAR BODY KITS CUT/WELD LH REAR FENDER, REAR FLOOR PANEL, REAR END PANEL, REPAIR RH REAR FENDER, REPAIR RH REAR DOOR					6 X 450			3750.00 2700
E PNT88000	REMOVE AND INSTALL REAR CABIN TO FACILITATE REPAIR WORK					(photo)			120.00 ✓
E PNT88000	REMOVE AND REPLACE REAR BODY KITS, REAR SPOILER								160.00 ✓
E PNT88000	REMOVE AND INSTALL PARKING SENSOR TO FACILITATE REPAIR WORK								60.00 ✓
E PNT88000	REMOVE AND INSTALL REAR WINDSCREEN GLASS								240.00 ✓
M SUNDRY	SUPPLY REAR WINDSCREEN SEALANT								80.00 ✓
E PNT98000	PAINT WORK SPRAY REAR FLOOR PANEL, REAR END PANEL, REAR BOOT LID, REAR SPOILER, REAR BUMPER, REAR BODY KITS, LH REAR FENDER, LH REAR TAILAMP HOUSING, LH REAR DOOR, RH REAR FENDER AND AFFECTED PORTION					7 1/2 X 350			3850.00 2625
A 13900099	REMOVE AND INSTALL FUEL TANK TO FACILITATE REPAIR WORK					(photo)			450.00 ✓
M SUNDRY	APPLY BODY SEALANT								80 160.00 ✓
A 54900099	CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM								30.00 ✓
M SUNDRY	SUPPLY C&C LOGO								40.00 ✓
M SUNDRY	SUPPLY PARKING SENSOR ASSIST					TN			220.00 ✓
M SUNDRY	PERFORM RUST PREVENTION								40 80.00 ✓

Estimate

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. 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.



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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	22/03/2021/ 15:57	QUD	247 / DonBong	64308

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				120.00
M SUNDRY SUPPLY REAR NUMBER PLATE WITH FRAME				50.00 X
M SUNDRY SUNDRIES				20 50.00
M FLOOR,RR	1.00	956.00	23.00	736.12
M PANEL,RR END	1.00	427.00	23.00	328.79
M DUCT,RR VENTILATOR	1.00	30.00	23.00	23.10
M COVER,RR VENTILATOR	1.00	40.00	23.00	30.80
M CLIP,GEARSHIFT CONTROL LIN	2.00	3.00	23.00	4.62
M ANT,KEYLESS OPERATION,RR	1.00	96.00	23.00	73.92
M BUZZER,KEYLESS OPERATIO,RR	1.00	91.00	23.00	70.07
M TRIM,RR END	1.00	66.00	23.00	50.82
M BOARD,TRUNK ROOM FLOOR	1.00	195.00	23.00	150.15
M STRIKER,TRUNK LID LATCH	1.00	20.00	23.00	15.40
M LATCH,TRUNK LID	1.00	218.00	23.00	167.86
M WEATHERSTRIP,TRUNK LID	1.00	157.00	23.00	120.89
M PANEL,TRUNK LID	1.00	795.00	23.00	612.15
M HINGE,TRUNK LID,LH	1.00	203.00	23.00	156.31
M HINGE,TRUNK LID,RH	1.00	203.00	23.00	156.31
M GARNISH,RR END PANEL	1.00	336.00	23.00	258.72
M MARK,THREE-DIA	1.00	70.00	23.00	53.90
M MARK,ATTRAGE	1.00	21.00	23.00	16.17
M BRACKET,RR BUMPER,LH	1.00	28.00	23.00	21.56
M BRACKET,RR BUMPER,RH	1.00	28.00	23.00	21.56
M CLIP,RR BUMPER	6.00	4.00	23.00	18.48
M FACE,RR BUMPER	1.00	751.00	23.00	578.27
M BODY KIT, ATTRAGE	1.00	1643.00	00.00	1643.00
M LAMP ASSY,COMB,RR LH	1.00	337.00	23.00	259.49
M LAMP ASSY,COMB,RR RH	1.00	337.00	23.00	259.49
M GROMMET,TAIL LAMP	4.00	3.00	23.00	9.24

Estimate

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Authorized signatory and company stamp

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	22/03/2021/ 15:57	QUD	247 / DonBong	64308

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M GROMMET, TAIL LAMP X	4.00	3.00	23.00	9.24
M LAMP ASSY, LICENSE PLATE ?	2.00	51.00	23.00	78.54
M REFLECTOR LH ?	1.00	23.00	23.00	17.71
M REFLECTOR RH X	1.00	23.00	23.00	17.71
M EMBLEM MIVEC TECHNOLOGY / APC	1.00	30.00	00.00	30.00
M PANEL, QTR, OTR LH / OO	1.00	759.00	23.00	584.43
M EXTN, QTR PANEL, UPR OTR LH ?	1.00	118.00	23.00	90.86
M PANEL, RR COMB LAMP HSG, LH / OO	1.00	60.00	23.00	46.20
M STOPPER, WINDSHIELD GLASS / APC	2.00	3.00	23.00	4.62
M SPACER, RR WINDOW / APC	3.00	9.00	23.00	20.79

Estimate

SURVEYOR NAME : Steve (LKK) 22/3/21, 4.00pm
 SURVEYOR SIGNATURE : OO-NM A/L
 DATE : Excess - ?
 REMARKS : P/P
Ry Bel sy
14 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

Notes: 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

Acknowledged by Repairer _____
 Authorized signatory and company stamp _____

	Nett	16,197.29	16,197.29
7% GST on		1133.81	1133.81
	Total Payable		17,331.10

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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 22/03/2021 15:56 (SGT)
Date of Accident 22/03/2021 12:30 (SGT)
Exact Location of Accident 10 Kranji Rd, Kranji, Singapore 739520
Additional Location Information KRANJI RD TO KRANJI LOOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ7982M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE WEE GIAT
NRIC No SXXXX571E
Email Address LEEWEEGIATLARRY@YAHOO.COM
Mobile Phone No (Phone) +65-97955523
Alternative Phone No +65-97955523

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
Transmission Auto
CC 1193

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900062756-01
Cover Note Number -

DRIVER

Name of Driver LEE WEE GIAT
NRIC No SXXXX571E

Date Of Birth	03/09/1977
Occupation	Outdoor
Date Of Driving Pass	07/07/2006
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97955523
Alt. Phone Number	+65-97955523
Email Address	LEEWEEGIATLARRY@YAHOO.COM
Address	BLK 393 BUKIT BATOK WEST AVENUE 5 #21-462
Address complement	-
Postcode	650393
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	GBE5732M
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HENG LAY JOO
Contact Number	(Phone) +65-86165251
Address	-
Address complement	-

Insurance Company Name
Nature of Damage
Details of property damaged in accident
No. of Passenger (Including Driver)

-
ERGO Insurance Pte. Ltd.
-
-
-

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

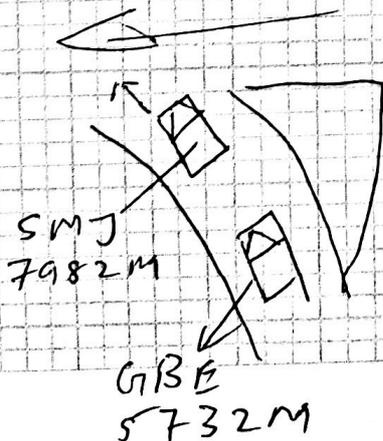
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

AT ON 220371, at 1230, at SHIBUI KADU, while I was
turn out ~~the~~ at the y-junction. I saw oncoming lorry approach
and I stopped the vehicle and GBE 5732M hited on to my
back of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



220371

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

