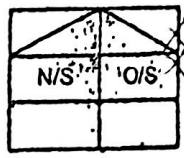


ASS. REC. BY: Steve CS/ALG 21003733/Evf3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
QD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No. 1700090614
Claims No. 3426835712SG
Sum Insured: _____ Excess: 600
(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: SLV 1391 G Yr Regn: 22/12/17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: KIA Niro c.c. 1580
Colour: Grey A/C: Insured / Std / NI / N
Sp. Reading: 51631 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: KNACC81CVJS115249
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 205/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or B
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 13/3/21 D.O.I. 23/3/21
Survey held at Cycle / Carriage
Des. of Damages: Frt Rear / O/S / N/S / UIC / Rooftop or
FH: RM

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-7SK</u>
<u>14/4/21</u>	<u>Final fig \$1676.40 confirmed by email (Red 1052.80.38%)</u>

File, Pass to? ☐ : Prel. Report
☐ : Final Report

Days Of Repair: 4
Resurvey No. of Trip: 1

14/4/21-Typist

Approved: Merimen
amp Sum / L.B. / P: \$1676.40

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

Survey Fee:	_____
Transportation:	_____
Phone:	_____
Coffee:	_____
TOTAL	_____



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Co Reg No : 199405410K

ESTIMATE

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	/Chin Che Chung
	Reg No/Reg Date	SLV1391G*1F17/ 22/12/201
	Date In/Mileage	/ 0
	Chassis No	KNACC81CVJ5115249
	Engine No	G4LEHS245821
	Make/Model	KIA/NIRO 1.6 A G979
	Colour/Trim	MST METAL STREAM / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	22/03/2021/ 18:27	BLE	261 / Edwin Caina	30864

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT FENDER RH REPAIR FRT DOOR RH	400 X 1			1400.00
E PNT98000 RESpray FRT FENDER RH & FRT DOOR RH	350 X 2			700.00
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 ANTI CORROSION ON AFFECTED AREAS				40.00
M SUNDRY Sundries				20.00
M PIECE-FRT BUMPER GUARD LWR,RH	1.00	16.00	20.00	12.80
M GARNISH ASSY-FNDR SIDE,RH	1.00	123.00	20.00	98.40
M PANEL-FENDER,RH	1.00	385.00	20.00	308.00

SURVEYOR NAME: Steven (LKK) 80-NH AL

SURVEYOR SIGNATURE: Excels - ?

DATE: PIP

REMARKS: My Bel sig
4 days

23/3/21, 2:00pm

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting

- Confirm & accepted by
- To be 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

Authorized signatory and company stamp

	Nett	2,729.20
7% GST on	2729.20	191.04
Total Payable		2,920.24

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 22/03/2021 17:17 (SGT)
Date of Accident 13/03/2021 19:00 (SGT)
Exact Location of Accident Bukit Manis Rd, Singapore
Additional Location Information BUKIT MANIS RD OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV1391G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIN CHE CHUNG
NRIC No SXXXX481D
Email Address jon_chincc@hotmail.com
Mobile Phone No (Phone) +65-91076029
Alternative Phone No +65-91076029

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
Transmission Auto
CC 1580

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700090614-02
Cover Note Number -

DRIVER

Name of Driver CHIN CHE CHUNG
NRIC No SXXXX481D

Date Of Birth	22/05/1961
Occupation	Indoor
Date Of Driving Pass	15/08/1983
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91076029
Alt. Phone Number	+65-91076029
Email Address	jon_chincc@hotmail.com
Address	BLK 20 UPPER BOON KENG ROAD #22-658
Address complement	-
Postcode	384002
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHIN CHE CHUNG
Gender	Male

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
COLLISION-INSURED HIT ONTO THIRD PARTY WHILE REVERSING

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	SMQ3525P
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category
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)

Private car

-
-
-
-
-
-
-
-
-

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.



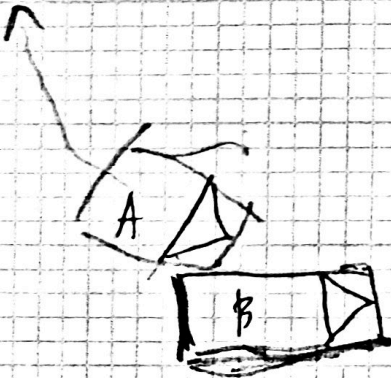
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



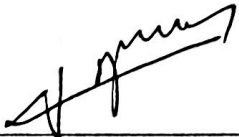
Describe Circumstances of the Accident

WHILE REVERSING I ACCIDENTALLY HIT ONTO VEHICLE B

due to tight turning corner at entrance

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

CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chin Che Chung
Period of Insurance : 22 Dec 2020 To 21 Dec 2021
Engine No. : G4LEHS245821
Chassis No. : KNACC81CVJ5115249

Vehicle No. : SLV1391G
Policy No. : 1700090614-02
Endorsement No. :
Issued Date : 24 Nov 2020

ABOUT THE COVER

Make/Model : KIA Niro 1.6
Engine Capacity/Tonnage : 1,580.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2017
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)

Chin Che Chung - \$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 65884501
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: 241 Alexandra Road Singapore 159931 64278800
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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: United Overseas Bank Limited

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 (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504624213
FULCOKICP2 - ZC

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.

AIGSGMOBILEAPP