

ASS. REC. BY:

REP:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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

SIA / 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: \_\_\_\_\_

Yr Regn: \_\_\_\_\_

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

Truck / Trailer or

Make: \_\_\_\_\_

c.c.

Colour: \_\_\_\_\_

A/C: Insured / Std / NI / N

Sp. Reading: \_\_\_\_\_

T/Radio: Insured / Std / NI / N

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

Rear

R/Bal. \_\_\_\_\_

mm

R/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.A. \_\_\_\_\_

D.O.A. \_\_\_\_\_

Survey held at \_\_\_\_\_

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

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

Date / Time

Action / Instruction

MV-131K

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. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS + SI

Provice

Others

TOTAL

37-Formal:

imp. Sign / L.P. /



CYCLE &amp; CARRIAGE

**CYCLE & CARRIAGE KIA PTE LTD**  
**PANDAN GARDENS CUSTOMER SERVICE CENTRE**  
 209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

GST Reg No : MR-8500111-X

Co Reg No : 199405410K

Invoice Name & Address	Owner Name & Vehicle Info
Mr Ong YONG HONG Blk 25 Fernvale Close #16-14 Singapore 797462 Contact No Mobile: 97774898	Cust No/Name /Mr Ong Reg No/Reg Date SMN5009R / 24/08/201 Date In/Mileage / 0 Chassis No KNAE351AMJ6036905 Engine No G4KLJH016203 Make/Model KIA/STINGER 2.0 A834RED LEATHER Colour/Trim ABP AURORA BLACK / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00081	Cash	29/03/2021/ 13:06	BLC	442 / CocoLu	31187			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M SUNDRY								20.00
Sundry								560 800.00
E PNT88000								1050 1440.00
RENEW REAR BUMPER, REAR SPOILAR, REPAIR BOOTLID, (Remove bootlid gash 80) 1 + 80 + 80								
E PNT98000								80 100.00
SPRAY PAINT FOR REAR BUMPER, BOOTLID, REAR SPOILAR (gash) 3 x 350								
E PNT88000								30.00
REMOVE & INSTALL PARKING SENSOR								120.00
A 90000001								
CHECK WIRING & ELECTRICAL SYSTEM								40.00
A 10028901								
TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST								
USING HI-SCAN PRO TEST								
M SUNDRY								
C&C LOGO					1.00	639.00	00.00	639.00
M COVER-RR BUMPER / 00					1.00	342.00	00.00	342.00
M COVER-RR BUMPER LWR / CUT					1.00	216.00	00.00	216.00
M TRIM ASSY-TAIL, LH X					1.00	93.00	00.00	93.00
M MOULDING ASSY-RR BUMPER, CTR ?					1.00	29.00	00.00	29.00
M LAMP ASSY-REAR R/REFL, RH X					1.00	29.00	00.00	29.00
M LAMP ASSY-REAR R/REFL, LH X					1.00	189.00	00.00	189.00
M ULTRASONIC SENSOR ASSY-BWS ?					1.00	189.00	00.00	189.00
M ULTRASONIC SENSOR ASSY-BWS ?					1.00	64.00	00.00	64.00
M BRACKET ASSY-RR BUMPER SIDE, RH ?					1.00	64.00	00.00	64.00
M BRACKET ASSY-RR BUMPER SIDE, LH ?					1.00	85.00	00.00	85.00
M STAY-RR BUMPER LH ?					1.00	85.00	00.00	85.00
M STAY-RR BUMPER RH ?					1.00	263.00	00.00	263.00
M BEAM-RR BUMPER ?					1.00	79.00	00.00	79.00
M ANTENNA ASSY-SMARTKEY ?					1.00	212.00	00.00	212.00
M MOULDING-BACK PANEL ?					1.00	68.00	00.00	68.00
M EMBLEM-STINGER / ncc					1.00	45.00	00.00	45.00
M EMBLEM-GT LINE / ncc					1.00	554.00	00.00	554.00
M SPOILER-RR X R								

Estimate

Stere (LKK)

OD-MM AL

Excess - ?

P/P

By B/L sy

**Estimate**

Steve (LKK)

OD-NM AL

Excess - ?

P/P

By BL SM

4 days

Confirm &amp; accepted by

LKK Auto Consultants hence notify the Repairer of the following:

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

Authorized signatory and company stamp  
 This survey is on a "without prejudice" basis

7% GST on	5795.00	5,795.00
		405.65
<b>Total Payable</b>		<b>6,200.65</b>

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.

Date:

0002 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD  
DATE & TIME: 29/03/2021 10:47 (SGT)  
REPORTED BY: TAN SHIEH YUEN  
POLICE: 1 (29/03/2021 10:47 (SGT))

## 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 ..... 29/03/2021 10:47 (SGT)  
Date of Accident ..... 27/03/2021 12:06 (SGT)  
Exact Location of Accident ..... Upper Thomson Rd, Singapore  
Additional Location Information ..... UPPER THOMSON ROAD (JUST BEFORE T-JUNCTION TO AMK AVE 1)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN5009R  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... ONG YONG HONG  
NRIC No ..... SXXXX186E  
Email Address ..... YONGFENG82@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97774898  
Alternative Phone No ..... +65-97774898

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Stinger  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900147758-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ONG YONG HONG

Birth  
ation  
Of Driving Pass  
ing experience  
ender  
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

SXXXX186E  
15/03/1982  
Indoor  
28/04/2001  
19 YEARS AND 11 MONTHS  
Male  
(Phone) +65-97774898  
+65-97774898  
YONGFENG82@HOTMAIL.COM  
25 FERNVALE CLOSE #16-14  
-  
797462  
Yes  
-  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Raining  
Wet

#### 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

AMELIE ONG RUI EN  
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

GX5719T  
Toyota  
Dyna  
-  
-

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

Commercial vehicle  
KULANDAISAMY PETER WILLIAM  
(Phone) +65-98657946

-  
-  
-  
-  
-  
-  
-

## 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 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.

### 6. 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

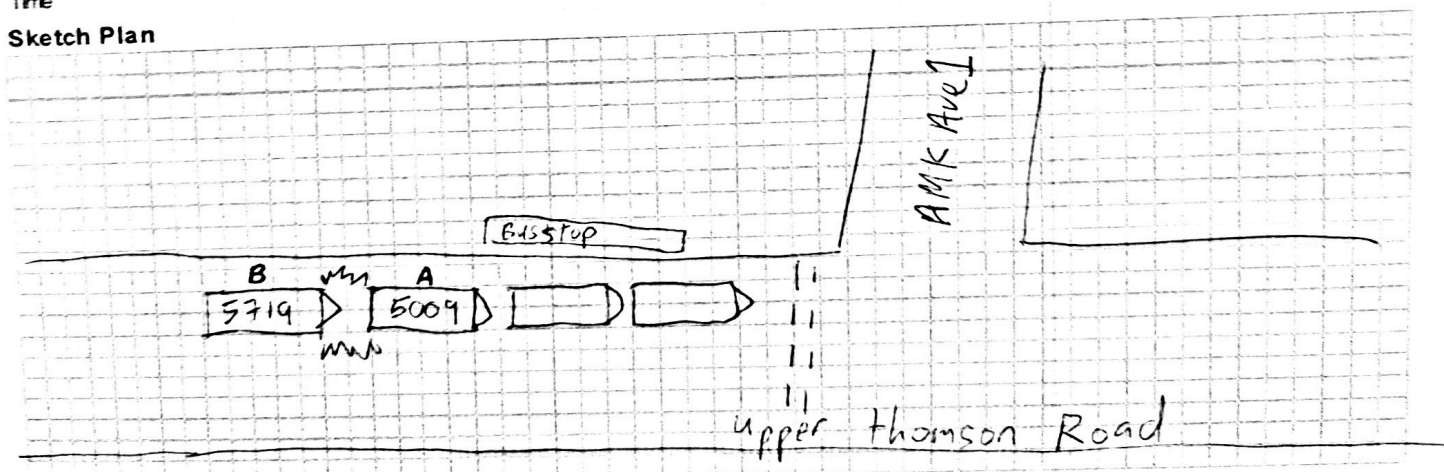
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





### Circumstances of the Accident

On 27<sup>th</sup> March 2021, 12.05hrs, I was driving along upper Thomson road and slowed down to a halt nearing the traffic junction of Ang Mo Kio Ave 1 and Upper Thomson road. Road conditions was light and a light drizzle has just started. Just after I stopped my vehicle, "vehicle number GX5719T hit the rear end of my vehicle (SMN 5009R). As no visible injuries ~~was there~~ to personnel was observed, we moved the vehicles to the bus stop to exchange driver particulars. The accident is captured by the rear video of my vehicle and front video also available for verification.

Driver of vehicle (GX5719T) ~~asked~~ asked that ~~the~~ any damages to be settled via insurance claim. ~~Defendant~~

### Declaration

We declare the foregoing particulars are true in every respect.



24 Mar 2021 / 8.24am

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ong Yong Hong  
 Period of Insurance : 25 Aug 2020 To 24 Aug 2021  
 Engine No. : G4KLJH016203  
 Chassis No. : KNAE351AMJ6036905

Vehicle No. : SMN5009R  
 Policy No. : 1900147758-01  
 Endorsement No. :  
 Issued Date : 07 Jul 2020

### ABOUT THE COVER

Make/Model : KIA Stinger 2.0

Engine Capacity/Tonnage : 1,998.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PAFF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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 Optional

\* 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)

Ong Yong Hong - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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](http://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: DBS BANK LTD

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).

0000064000

DIRECT CLIENTS 01.4.95

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP