

ASS. REC. BY:

Steve

REF:

AIG

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. 2070161516

Claims No. 3012746683SG

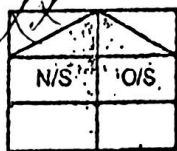
Sum Insured: _____ Excess: 300

(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

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMW 3526E Yr Regn: 17/11/20

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

Truck / Trailer or

Make: KIA Cerato c.c. 1591

Colour: Blue A/C: Insured / Std / NI / N

Sp. Reading: 332 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: KIA/HF 3416 ML SAT 188

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: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Nexen

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 29/3/21 D.O.I. 29/3/21

Survey held at Cycle & Carriage

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

F.A. L.H.

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

Date / Time Action / Instruction

MV-84K

30/03/21 @ 1.05pm revert to AIG via Merimen.

30/03/21 @ 8.10pm Kok Chong informed C/A via Merimen

31/03/21 @ 10.09am Informed Coco C/A & ex \$300 by email.

07/04/21 @ 4.46pm confirmed with Larry final fig \$1947.20, 3 days (Red \$4418.80, 60%)

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (%) Officers☐ : Weigh and (%) TOTAL

30/03/21 MER-OD

30/03/21 1947.20



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

GST Reg No : W9-8590111-X

Co Reg No : 199405410K

Invoice Name & Address	Owner Name & Vehicle Info
LAU GUEK MING (LIU YUEMING)	Cust No/Name LCV13266/LAU GUEK MING (LIU YUEMING)
32 WOODLANDS DRIVE 16	Reg No/Reg Date SMW3526E / 17/11/202
#09-25	Date In/Mileage / 0
SINGAPORE 737770	Chassis No KNAF3416ML5070188
Contact No	Engine No G4FGKH756647
	Make/Model KIA/CERATO 1.6 A EX G333
	Colour/Trim BBL HORIZON BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
LCV13266	CRDVCH	29/03/2021/ 14:53		442 / CocoLu	31257		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT ¹ BUMPER, FRT SUPPORT PANEL, REPAIR ¹ BONNET				400	1600.00		
E PNT98000 SPRAY PAINT FOR FRT ¹ BUMPER, BONNET				350	700.00		
M SUNDRY FRT NUMBER PLATE WITH FRAME					50.00		
A 90000001 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 Sundry				20	40.00		
M COVER-FR BUMPER ✓ DR				1.00	633.00	00.00	633.00
M GRILLE-FRONT BUMPER ?				1.00	262.00	00.00	262.00
M GRILLE ASSY-RADIATOR ?				1.00	328.00	00.00	328.00
M MOULDING-FRONT BUMPER, LH ?				1.00	36.00	00.00	36.00
M ABSORBER-FRONT BUMPER ENERGY ?				1.00	84.00	00.00	84.00
M BRACKET-FR BUMPER UPR SIDE MTG ?				1.00	22.00	00.00	22.00
M LAMP ASSY-HEAD, LH ?				1.00	1219.00	00.00	1219.00
M BEAM COMPLETE-FR BUMPER ?				1.00	497.00	00.00	497.00
M CARRIER ASSY-FRONT END MODULE X				1.00	675.00	00.00	675.00
M ORNAMENT-KIA NO.115 — nrc				1.00	32.00	00.00	32.00

Estimate

Steve CLKK 29/03/21, 3:19pm

OD- M PL

EXCERIS - ?

P/P

M Bel SS

3 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey

Confirm & accepted by

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

7% GST on

Nett

Total Payable

6,328.00

442.96

6,770.96

Estimate

Steve CLKK) 29/03/21, 3:00pm

90-NA PL

EXCERS - ?

P/P

M BEL SS

3 days

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting

- To display damaged parts during resurvey

Confirm & accepted by 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	6,328.00
7% GST on	442.96
Total Payable	6,770.96

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	29/03/2021 15:17 (SGT)
Date of Accident	29/03/2021 08:10 (SGT)
Exact Location of Accident	Woodlands Avenue 4 & Woodlands Drive 42, Singapore
Additional Location Information	AT TRAFFIC LIGHT JUNCTION OF WOODLANDS AVE 4 & WOODLANDS DR 42
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW3526E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU GUEK MING
NRIC No	SXXXX720C
Email Address	ALVIN_LAUGM@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-87337383
Alternative Phone No	+65-87337383

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070161516
Cover Note Number	-

DRIVER

Name of Driver	LAU GUEK MING
----------------	---------------

No
 Of Birth
 Occupation
 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

SXXXX720C
 22/08/1973
 Indoor
 07/02/2001
 20 YEARS AND 1 MONTH
 Male
 (Phone) +65-87337383
 +65-87337383
 ALVIN_LAUGM@YAHOO.COM.SG
 32 WOODLANDS DRIVE 16 #09-25
 -
 737770
 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
 1
 No

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
 Address

SJR3149Y
 Toyota
 Wish
 -
 -
 Private car
 SUZIRMAN BIN JUMARI
 (Phone) +65-97625286
 -

Is complement -
Code -
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 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.
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

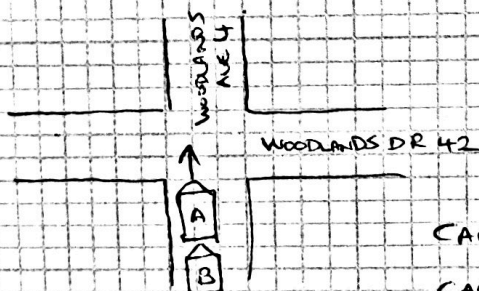
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



CAR A : SJR 3149Y


CAR B : SMW 3526T

Describe Circumstances of the Accident

DRIVING ALONG WOODLANDS AVE 4, CAR B COLLIDED INTO CAR A

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 : LAU GUEK MING (LIU YUEMING)
Period of Insurance : 17 Nov 2020 To 16 Nov 2022
Engine No. : G4FGKH756647
Chassis No. : KNAF3416ML5070188

Vehicle No. : SMW3526T
Policy No. : 2070161516
Endorsement No. :
Issued Date : 23 Nov 2020

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2020
Insuring with COE/PARF : Yes

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 : 40 years old and above

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)

LAU GUEK MING (LIU YUEMING) - \$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: 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: MayBank

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

0504671231

CYCLE & CARRIAGE - CINDY

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.

SSCASB