

ASS. REC. BY:

Steve

REF:

A16

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. _____

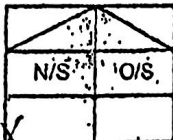
Sum Insured: _____ Excess: _____

(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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SMR 3525P

Yr Regn:

12/11/19

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

Truck / Trailer or

Make:

Mitsubishi Outlander

c.c

1998

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Reading

14885

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

GFTW 0801993

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:

225/55R18

R:

11

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

TOYO / YOKO or

Tyo

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

13/3/21

D.O.I.

6/4/21

Survey held at

Cycle & Carriage

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

Rear LH

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

Date / Time Action / Instruction

MV-194K

Date/Time, File, Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Insp

(\$

☐

: Weekend

(\$

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Provision

Others

TOTAL

Special Notes:

ump Sum / L.P. / P.



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



Co Reg No : 197701469G

ESTIMATE

GST Reg No : MR-8500111-X

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 /Mr Ragupathy S/O Narayanamoorth Reg No/Reg Date SMQ3525P / 12/11/201 Date In/Mileage / 0 Chassis No GF7W0601993 Engine No 4J11BH5944 Make/Model MIT/19MY OUTLANDER 2.0 STYLE(994) Colour/Trim PO2 RED METALLIC / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	17/03/2021/ 11:36	TLE	261 / Edwin Caina	64115		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW RR BUMPER & BODY KIT 1 + 80 x 450 REPAIR LHR FENDER							530 1350.00
E PNT98000 RESPRAY RR BUMPER, RR BUMPER BODY KIT & LHR FENDER 1 x 350							350 1310.00
A 54900099 CHECK WIRING ELECTRICAL							30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST							120.00
E PNT88000 REMOVE & REFIT REVERSE SENSOR							60.00
M SUNDRY Sundries							20.00
M BODY KIT, OUTLANDER / OR				1.00	1554.00	20.00	1243.20
M FACE, RR BUMPER / CUT				1.00	811.00	23.00	624.47
M BRKT, R/BMPR FACE SIDE, LH ?				1.00	12.00	23.00	9.24
M CLIP, ENG ROOM COVER ?				8.00	2.00	23.00	12.32
M REINFORCEMENT, RR BUMPER, LH ?				1.00	79.00	23.00	60.83
M EXTENSION, RR BUMPER X				1.00	360.00	23.00	277.20
M LAMP ASSY, COMB, RR LH / CUT ?				1.00	603.00	23.00	464.31
M REFLECTOR, TAIL LAMP, LH ?				1.00	100.00	23.00	77.00
M MOULDING, RR BUMPER, LH / nec				1.00	106.00	23.00	81.62
M MOULDING, RR WHEEL ARCH, LH X				1.00	160.00	23.00	123.20

Estimate

SURVEYOR NAME: Steve CLKK 6/4/21, 1.30pm

SURVEYOR SIGNATURE: Wil Profl

DATE: _____

REMARKS: PIP

SURVEYOR NAME: Steve (LKK) 6/4/21, 1.30pm
 SURVEYOR SIGNATURE: Wil Pr/L
 DATE: _____
 REMARKS: PIP
 My Bel Spy

Confirm & accepted by is hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis

Authorized signatory and company stamp

3 days

7% GST on	Nett	5,863.39
	5863.39	410.44
Total Payable		6,273.83

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.



AIG Asia Pacific Insurance Pte. Ltd.
Co. Reg. No. 201009404M

To: BKW Rent A Car Pte Ltd
120 Lower Delta Road
#02-15 Cendex Centre
Singapore 169208

Tel No: 97898888

Fax No: 62711661

AUTHORIZATION OF CAR RENTAL (AIG Third Party Claim)

Hirers Name : RAGUPATHY S/O NARAYANA MOORTHY
Hirer's Contact No : 98736342
Vehicles No : SMQ 3525P
Vehicle Make & Model : MIT. OUTLANDER
Type Of Vehicle Required : _____
Total Numbers Of Days Required* : _____
(* Extension will be allowed only upon approval from authorized personnel from AIG)
AIG Insured Veh No : SLV 13916
Date of Accident : 13 MARCH 2021
Workshop Service Advisor : EDWIN
Service Adviser Contact No : 9181 9978

The above is authorized by :

Name

Name Of Company

Signature

Date

: Steve CLKK
: AIG Asia Pacific Insurance Pte. Ltd.
: [Signature]
: 6/4/21



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	15/03/2021 18:52 (SGT)
Date of Accident	13/03/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT MANIS ROAD OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ3525P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAGUPATHY S/O NARAYANAMOORTHY
NRIC No	S7674167J
Email Address	RNARAYANAMOORTHY@EAGLE.ORG
Mobile Phone No	(Phone) +65-98736342
Alternative Phone No	+65-98736342

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121029173
Cover Note Number	-

DRIVER

Name of Driver	RAGUPATHY S/O NARAYANAMOORTHY
NRIC No	S7674167J
Date Of Birth	30/09/1976
Occupation	Indoor

Date Of Driving Pass	15/02/1999
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98736342
Alt. Phone Number	+65-98736342
Email Address	RNARAYANAMOORTHY@EAGLE.ORG
Address	79 YISHUN AVENUE 11
Address complement	#11-21 THE CANOPY
Postcode	768862
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SLV1391G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

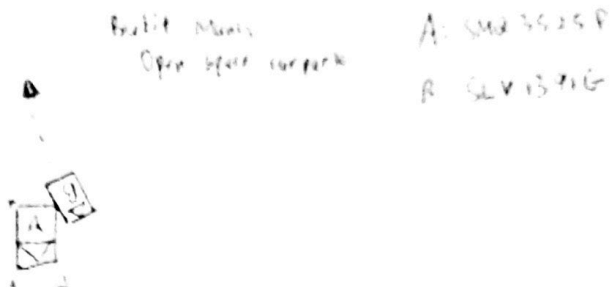
Policyholder's Signature
Date & Time 15/9/20 09:00

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

Reporting Centre Personnel's Signature
Name 14/9/20
NRIC/FIN No 577235

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No



**SINGAPORE
POLICE FORCE**



T/20210314/2037

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No 1800-8529999

1 of 3

Report No T/20210314/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made. 14/03/2021 14:58		Vide Report No.		Station Diary No. 65	
Informant's Particulars					
Name of Informant. RAGUPATHY S/O NARAYANAMOORTHY			Address. 79 YISHUN AVENUE 11 #11-21 SINGAPORE 768862		
ID Type / ID No NRIC NO / S7674167J			Contact No : Home/Office		Mobile 98736342
Nationality MALAYSIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 30/09/1976	Type of Informant. Driver		Institution / School Name:
Race Indian			Language English		
Occupation: MANAGER IN ENGINEERING FIELD			Driving Licence Information Class: 2B.3		Date of Expiry

General Information of the Accident

Type of Accident	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident 13/03/2021 19:00	Type of Location Car Park
Location: BUKIT MANIS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV1391G						0
SMQ3525P		MITSUBISHI	OUTLANDE R 2.0 CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ3525P	NTUC Income Insurance Co-Operative Limited	5121029173	19/02/2021	11/05/2022



**SINGAPORE
POLICE FORCE**



T/20210314/2037

2 of 3

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No 1800-8529999

Report No T/20210314/2037

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved No

No of Pedestrians Injured NIL

Use of Pedestrian Crossing NA

Driver Name	RAGUPATHY S/O NARAYANAMOORTHY	ID No	S7674167J
Related Vehicle	SMQ3525P	Contact No	98736342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B 3 Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13 Mar 2021 at about 1715hrs, I parked my car (SMQ3525P) in a parking lot at the open carpark located at Sentosa Golf Club. My car was intact when I left my car after parking. I returned to my car at about 2230hrs on the same day. It was dark at the time and I did not notice any damage until I reached home at about 2320hrs on the same day. While driving home between 2230hrs to 2320hrs, I did not encounter any accident. The damages I discovered to my car include:

- 1) Cracked and dislodged left rear bumper.
- 2) Cracked and dislodged mud guard at the left rear wheel.
- 3) Scratch marks to the body of my car at the left rear side.

Hence, my car was damaged while it was parked at Sentosa Golf Club. However, I did not find any note left behind on my car by the other party causing the accident.

My car is installed with both front and rear cameras which were recording during the time I had parked my car at Sentosa Golf Club. I viewed the CCTV footages and saw that about 1900hrs on 13 Mar 2021, a grey color car of Kia model with license plate SLV1391G had knocked into my car causing the damages while reversing. The CCTV footages showed the car SLV 1391G was driven by a middle aged Chinese man. While reversing to its left, the front right side of its car knocked into the left rear side of my car.

As I know the vehicle number which caused the accident, I am planning to submit the insurance claim to claim against the other party insurance. At the moment, I do not require traffic police assistance unless the other party denies causing the accident even though I have CCTV footage as proof. I will be keeping a copy of the CCTV footage for traffic police if needed.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N P C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20210314-2037

3 of 3

Report No: T/20210314/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report

L /
SI LIM KAI SHEN, LUCIUSSignature Of Interpreter
Not applicable

Officer In Charge Of Case:

TP / HRT /
Insp GOH GEOK LYE
Contact No: 65476148Authentication Stamp
NF109

Signature

Singapore Police Force

Signature Of Informant

Date/Time
14/03/2021 14:58

Classification Of Case

Edwin Abcede Caina

From: Loh, Chee-Heng <Chee-Heng.Loh@aig.com>
Sent: Wednesday, March 24, 2021 10:40 AM
To: Edwin Abcede Caina
Cc: Andre Chow En De; Coco Lu Ting; Don Bong Kiong Hua; Kevin Leong Wai Kit
Subject: RE: AIG ref: 3426835712SG-003, SMQ3525P / SLV1391G TP CLAIM DOA 13.03.2021

This email was sent from outside of your organisation

Without Prejudice

Hi Edwin,

Liability is clear, quantum to be agreed.

Kindly arrange for a survey.

Thank you.

Loh Chee Heng
Senior Complex Claims Examiner – Auto Property Damage Claims
AIG Asia Pacific Insurance Pte. Ltd

AIG Building
78 Shenton Way, Level 10
Singapore 079120
Tel +(65) 6419 1881
Chee-Heng.Loh@aig.com | www.AIG.sg

If you have received this message outside of your usual work hours, I do not expect that you will read, respond to or action it until appropriate for you.

From: Loh, Chee-Heng
Sent: Friday, 19 March 2021 1:51 PM
To: Edwin Abcede Caina <edwin.caina@cyclecarriage.com.sg>
Cc: Andre Chow En De <andre.chow@cyclecarriage.com.sg>; Coco Lu Ting <coco.lu@cyclecarriage.com.sg>; Don B
Kiong Hua <kionghua.bong@cyclecarriage.com.sg>; Kevin Leong Wai Kit <kevin.leong@cyclecarriage.com.sg>
Subject: AIG ref: 3426835712SG-003, SMQ3525P / SLV1391G TP CLAIM DOA 13.03.2021

Without Prejudice

Hi Edwin,

We refer to you email dated 17 Mar 2021.

We are contacting insured to report the accident and will revert to you thereafter.

Thank you.

Loh Chee Heng
Senior Complex Claims Examiner – Auto Property Damage Claims
AIG Asia Pacific Insurance Pte. Ltd

AIG Building
78 Shenton Way, Level 10