

ACCS. REC. BY:

Steve

REF:

CS/AIG 21004388/EF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ TP / W3 / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

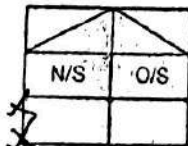
Sum Insured: _____ Excess: _____

(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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLW 3478Y Yr Regn: 8/12/18

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

Truck / Trailer or

Make: KIA Forte C.C. 1591

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

Sp. Reading: 32406 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ N

Eng/No: _____

C/No: KNAFJ 411MJS 761899

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: 195/65R15

R: 1

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

TOYO / ☒ YOKO or 8

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 31/3/21D.O.I. 7/4/21

Survey held at

Cycle & CollageDes. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop orRear LH

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

Date / Time Action / Instruction

MV-6SK

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (%)



: Weekend (%)

) \$ + RS \$

) Photos

) Others

TOTAL

Top Form:

Emp. Sign / L.B. / C.



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 : MR-8500111-X

Co Reg No : 199405410K

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 /Olivia Hwai Fang Loh Mrs Olivia Reg No/Reg Date SLW3478Y / 08/02/201 Date In/Mileage / 0 Chassis No KNAFJ411MJ5761800 Engine No G4FGHH691742 Make/Model KIA/FORTE K3 1.6 A L 189 Colour/Trim B4U GRAVITY BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
LAX00000	Credit	05/04/2021/ 15:11	QUK	282 / Kevin Leong	31542		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000	2	REPLACE REAR LH FENDER, REAR BUMPER & AFFECTED AREA	3 X 400				1200 2400.00
		REPAIR ON REAR LH DOOR					
E PNT98000		PAINT WORK ON REAR LH DOOR, REAR LH FENDER & REAR BUMPER	3 X 350				1050.00
E PNT88000		REMOVE & INSTALL REAR PARKING ASSIST					60 120.00
E PNT88000		REMOVE & INSTALL REAR BOOT COMPARTMENT FOR FACILITATE REPAIR	(photo)				120.00
E PNT88000		REMOVE & INSTALL REAR SEAT FOR FACILITATE REPAIR	(photo)				120.00
A 13900099		REMOVE & INSTALL FUEL TANK FOR FACILITATE REPAIR	(photo)				400.00
E PNT88000		REMOVE & INSTALL REAR WINDSCREEN GLASS					240.00
M SUNDRY		TO APPLY WINDSCREEN SEALANT					80.00
M SUNDRY		PERFORM RUST PREVENTION					40 80.00
M SUNDRY		TO APPLY BODY SEALANT ON AFFECTED AREA					40 80.00
A 34900099		REPLACE REAR UNDERCARRIAGE					1 400.00
A WHEELALIGNMENTBP		To Conduct Computerize Full Wheel Alignment					120.00
M SUNDRY		TO TRANSFER REAR LH RIM INCLUDING BALANCING					30.00
A 54900099		CHECK WIRING & CHASSIS ELECTRICAL SYSTEM					30.00
A 10028901		TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST					120.00
		USING HI-SCAN PRO TEST					
M SUNDRY							380.00

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.



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	05/04/2021/ 15:11	QUK	282 / Kevin Leong	31542

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
TO SUPPLY SPORT RIM <i>Cut ✓</i>				20 50.00
M SUNDRY				
SUNDRIES	1.00	1213.00	20.00	970.40
M PANEL ASSY-QUARTER OUTER, LH <i>✓ 00</i>	1.00	688.00	20.00	550.40
M COVER-RR BUMPER <i>X R</i>	1.00	29.00	20.00	23.20
M BRACKET-RR BUMPER SIDE MTG, LH <i>?</i>	1.00	27.00	20.00	21.60
M FILM-ANTI CHIPPG LH <i>nc</i>	1.00	75.00	20.00	60.00
M GUARD ASSY-REAR WHEEL, LH <i>?</i>	1.00	534.00	20.00	427.20
M GLASS ASSY-REAR WINDOW <i>X</i>	2.00	4.00	20.00	6.40
M STOPPER-RR WINDOW GLASS <i>nc</i>	10.00	2.00	20.00	16.00
P PAD-WINDSHIELD GLASS <i>nc</i>				

Estimate

Steve (LKK)
7/4/21, 4.00pm

00- NM AL
EXCIS -?
P/P

M Belgay
9 dys

LKK Auto Consultants 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
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Confirm & accepted by

Nett 7,895.20
7% GST on 7895.20 552.66
Total Payable 8,447.86

Authorized signatory and company stamp

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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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

01/04/2021 18:09 (SGT)
31/03/2021 18:43 (SGT)
Near Bugis Junction, inside BHG, Victoria St, Singapore
Rochor Rd Junction
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLW3478Y

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No
OLIVIA HWAI FANG LOH MRS OLIVIA HWAI FANG LOH
SXXXX395E
aivilo75@gmail.com
(Phone) +65-98186330
+65-98186330

VEHICLE PARTICULARS

Manufacturer
Model
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?
Vehicle Category
Transmission
CC

Kia
Cerato
-
Private use
Yes
Private car
Auto
1600

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage
Fleet Policy
Policy Number
Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.
Comprehensive
No
1800012223-02
-

DRIVER

Name of Driver
NRIC No

OLIVIA HWAI FANG LOH MRS OLIVIA HWAI FANG LOH
SXXXX395E

Date Of Birth	21/02/1976
Occupation	Indoor
Date Of Driving Pass	22/01/1994
Driving experience	27 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98186330
Alt. Phone Number	+65-98186330
Email Address	alvilo75@gmail.com
Address	25 TAMPINES STREET 34
Address complement	#03-15 SINGAPORE
Postcode	529234
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	Side Swipe
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 DESCRIBE BY OWNER - OLIVIA HWAI FANG LOH MRS OLIVIA HWAI FANG LOH.

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 1:

Vehicle Registration Number	GBF1025S
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	SELLADURAI PANNEER SELVAM
Passport No/FIN	GXXXX219P
Contact Number	-
Address	-

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name

Phone

Email

TAN CHONG JIN ADRIAN

(Phone) +65-80105200

SKETCH PLAN

SKETCH PLAN

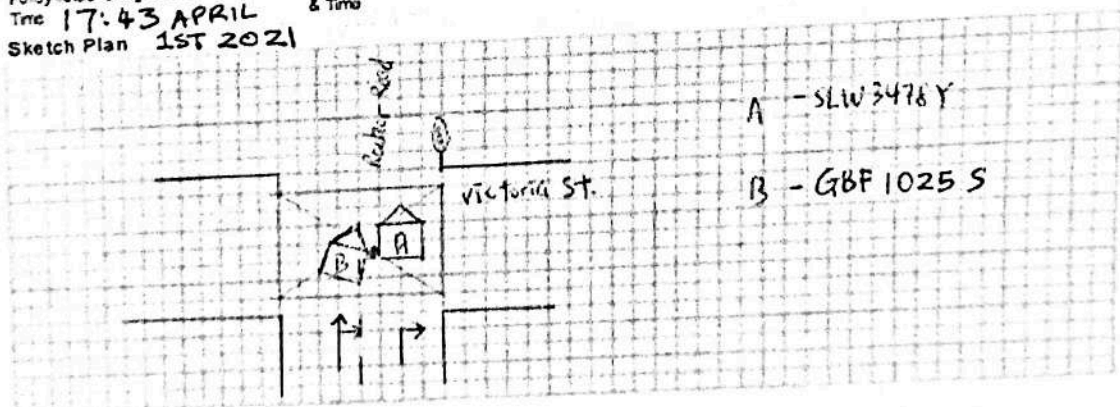
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7. By the lodgement of the report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, 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 making 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.
(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.

Li Sheng
Policyholder's Signature / Date &
Time 17:43 APRIL
Sketch Plan 1ST 2021

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

Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

At about 6:43 pm I was driving along Rochor Road between Northbridge Road and Victoria Street. I had mistaken the right most lane that I was in for a right turn and straight-going lane. However the lane to the left of mine was actually the right turn and straight-going lane. Therefore ~~in~~ another vehicle GBF 10255 was actually turning right, while I was going straight. Just as I crossed the junction of Victoria Street, the other vehicle turned right and hit my left rear bumper/side panel above the wheelwell. Fortunately no one was injured. We drove to a side street (possibly Victoria Lane or Arab Street) to inspect the damage and exchange contact information. We also had a kind witness who was a pedestrian who stayed with us the whole time, observing the process as we took photos and documented the damage. The other vehicle was a lorry, driven by Seiladurai Panneer Selvam and there were 4 or 5 other workers with him. The witness was Mr. Adrian Tan Chong Jin. I was driving alone.

Declaration

We declare the foregoing particulars are true in every respect.

Li Xing
Policyholder's Signature / Date &
Time 1 APRIL 2021
17:43hrs

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 : OLIVIA HWAI FANG LOH MRS OLIVIA HWAI FANG LOH Vehicle No. : SLV3478Y
Period of Insurance : 08 Feb 2021 To 07 Feb 2022 Policy No. : 18C0012223-02
Engine No. : 84FG-H1001742 Endorsement No. :
Chassis No. : KNAFJ411MJ57G1600 Issued Date : 05 Feb 2021

ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A EX Sum Insured : Market Value First Year of Registration : 2018
Engine Capacity/Tonnage : 1,591.00 CC Off Peak Car : No Insuring with COE/PAF : Yes
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :

* This Policy is valid only for the driver named in 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" ("YVID") if you are or your authorised driver (named or unnamed) is under the age of 25 and/or has less than 2 years driving experience.

Age Condition : All Age Condition

Mileage Condition : Unlimited Mileage

Limitation as to use* :

* This Policy is valid for use for the Policyholder's business.
This Policy is not valid for use for hire or reward, driving for hire, racing, speed driving, 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 150000 - 160000

* Limitation is subject to the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 186), Section 65 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, and not to be included under these headings.

EXCESS

Section 1
Fire - \$2,000 (Own Damage) - \$500 (Theft) - \$0 (Flood Cover) - \$500

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

OLIVIA HWAI FANG LOH MRS OLIVIA HWAI FANG LOH ING - \$500 (Own Damage) - \$500 (Flood Cover)

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

1 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only): Add: 330 Ulu Rd Singapore 406500 Tel: 67461000

2 Cycle & Carriage Body & Paint Centre: Add: 200 Pagar Road Singapore 600203 Tel: 6845551

3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only): Add: 241 Alexandra Road Singapore 150031 Tel: 67476000

4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only): Add: 600 Sin Ming Ave Singapore 571223 Tel: 63925000

For other Approved Reporting Centres/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 800 Mobile App. Simply search and download "AIG 800" from iTunes or Google Play.

IMPORTANT NOTES

Fire Purchase Company/Employers Loan: United Overseas Bank Limited

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AIG Asia Pacific Insurance Pte. Ltd.

This is a computer-generated document and does not require a signature.

0504442215

CAGK001P - RM/PL

200 ALEXANDRA ROAD

SINGAPORE 150031

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.