

AGS. REC. BY: Steve

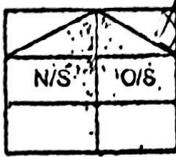
AIA

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. 2070173697  
 Claiming No. 2130239330SG  
 Sum Insured: \_\_\_\_\_ Excess: 0/-  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SMX 286L Yr Regn: 22/12/20  
 Type:  M. Car /  M. Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  Truck /  Trailer or  
 Make: KIA STAMIC C.C. 998  
 Colour: Red A/C:  Insured /  Std /  Nil /  N  
 Bp. Reading: 2382 T/Radio:  Insured /  Std /  Nil /  N  
 Eng/No: \_\_\_\_\_  
 C/No: KNAO 6811 VL 6456277  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or  
 Brake:  In order /  Jammed /  Leaked /  Burnt or  
 Modl: Nil / SRim / STD A/Rim or  
 Tyre Size: F: 185/65R15  
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUZUKI / TOYO / YOKO or Kumho  
 Front R/Bal. 5 mm Rear R/Bal. 5 mm  
 L/Bal. 5 mm U/Bal. 5 mm  
 D.O.A. 6/4/21 D.O.I. 13/4/21  
 Survey held at Cycle & Carriage  
 Des. of Damages:  Fnt /  Rear /  O/S /  N/S /  U/C /  Rooftop or  
F1 RM.  
 The U/C / Chassis frame / Body Structure affected due to collision



(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  
 CIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Cum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>MM-88K</u>
14/04/21 @ 10.25am	revert to AIG via Merimen.
14/04/21 @ 3.16pm	Kok Chong informed C/A via Merimen.
14/04/21 @ 4.24pm	Informed Kevin C/A & ex: \$0/- by email.
30/04/21 @ 10.02am	confirmed with Larry final fig \$2077.20, 4 days. (Red \$1378, 40%)

Prell. Report  Final Report

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

Add Fee:  Site Insp (\$ \_\_\_\_\_)  Interview (\$ \_\_\_\_\_)  Tech. Invs (%) \_\_\_\_\_  Wash and (\_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \$ \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

WORK ORDER: MER-OD  
2077.20



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 : MR-8500111-X

Co Reg No : 199405410K

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for AIG Asia Pacific Insurance Pte. Ltd. and vehicle information for KIA/STONIC 1.0 A BET.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Values include LAX00000, Credit, 06/04/2021/ 17:09, QUK, 282 / Kevin Leong, 31623.

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like bumper replacement and electrical checks with handwritten notes and quantities.

Estimate

Steve (LKK)
13/4/21, 4.00pm
OO- NM AL
Excess - ?
P/P

LKK Auto Consultants hence notify the Repairer of the following:

- Confirm & accepted by
- To resurvey before/after spray painting
- To resurvey before/after 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

By RL Sy
4 days 7% GST on

Summary table with 2 columns: Description, Amount. Shows Nett 3,372.80, GST 236.10, Total Payable 3,608.90.

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.

# 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 ..... 06/04/2021 16:25 (SGT)  
Date of Accident ..... 06/04/2021 13:10 (SGT)  
Exact Location of Accident ..... 130b Lor 1 Toa Payoh, Singapore 311128  
Additional Location Information ..... 130B LORONG 1 TOA PAYOH, TOA PAYOH CREST HDB  
ESTATE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX286L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOO YI XUAN MICHELLE  
NRIC No ..... SXXXX201D  
Email Address ..... YIXUAN88@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-94356606  
Alternative Phone No ..... +65-94356606

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Stonic  
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 ..... 998

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070173697  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOO YI XUAN MICHELLE

IC No	SXXXX201D
Date Of Birth	09/10/1988
Occupation	Indoor
Date Of Driving Pass	02/09/2008
Driving experience	12 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94356606
Alt. Phone Number	+65-94356606
Email Address	YIXUAN88@YAHOO.COM
Address	BLK 130B LORONG 1 TOA PAYOH #07-516
Address complement	-
Postcode	312130
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 - Change/cross lane
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	LIM ZI XI CLAIRE
Gender	Female

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

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	SMG478P
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	White

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  
JOSEPH JO B HO  
(Phone) +65-98484886

-  
-  
-  
-  
-  
-  
-

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

**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

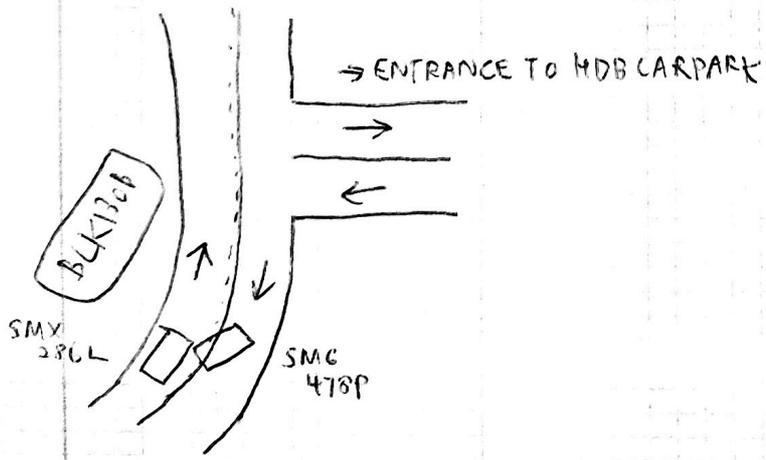
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
 6 APR 2021  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

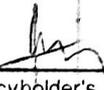


Circumstances of the Accident

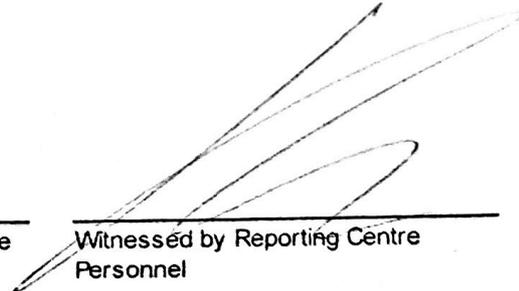
ON 06-APR-2021, AT TIME 13:10 HOURS, I, KOO YI XUAN MICHELLE of IC No 58640201D WAS DRIVING MY VEHICLE (SMX 286L) ALONG A BEND WITHIN THE ESTATE TOA PAYOH CREST ALONG LORONG 1 TOA PAYOH (BESIDE BLK 130B) WHEN A WHITE HONDA VEZEL (SMG 478P) DROVE INTO MY LANE FROM THE OPPOSITE DIRECTION. I STOPPED MY VEHICLE IMMEDIATELY BUT THE DRIVER CONTINUED FORWARDS AND PROVE HIS VEHICLE INTO RIGHT FRONT SIDE OF MY VEHICLE.

Declaration

I/We declare the foregoing particulars are true in every respect.

 06-APR-2021  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Name of Policyholder  
Period of Insurance  
Engine No.  
Chassis No.

: KOH YI XUAN MICHELLE  
: 22 Dec 2020 To 21 Dec 2022  
: G3LCLP068357  
: KNAD6811VL6456277

Vehicle No. : SMX286L  
Policy No. : 2070173697  
Endorsement No. :  
Issued Date : 13 Jan 2021

**ABOUT THE COVER**

Make/Model : KIA Stonic  
Engine Capacity/Tonnage : 998.00 CC  
Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2020  
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.

Mileage Condition : Unlimited Mileage

Age Condition : All Age Condition  
Limitation as to 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)

KOH YI XUAN MICHELLE - \$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 675733 69326000  
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).

0504671239  
CYCLE & CARRIAGE - FRANCI  
239 ALEXANDRA ROAD  
SINGAPORE 159930

**AIG Asia Pacific Insurance Pte. Ltd.**  
This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

1004056101/AC/1/Dec21