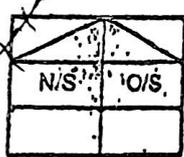


ASS. REC. BY: Steve

AIH CS/AIG21005721/Eqf3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 TP /  WS /  TP RES /  OD RES /  EVA /  INV /  MV  
 To Inspect Vehicle No: SLU 475K  
 at Workshop m/s CYCLE & CARRIAGE  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. 1700076501-03  
 Claims No. 4654297465SG  
 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 Seem Consistent? : Yes or No  
 Est. Repairs: 5 days Res.: Yes or No  
 Lum Sum: % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLU 475K Yr Regn: 21/4/17  
 Type:  M. Car /  M. Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  Truck /  Trailer or  
 Make: Mitsubishi Attrage c.c. 1193  
 Colour: Blue A/C: Insured / Std / NI / N  
 Sp. Reading: 42712 T/Radio: Insured / Std / NI / N  
 Eng/No: \_\_\_\_\_  
 C/No: MNR STA 13A JH 099597  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or  
 Brake:  In order /  Jammed /  Leaked /  Burnt or  
 Mod: NII /  SRim /  STD ARim or  
 Tyre Size: F: 185/55R15  
 R: 11  
 BS /  DUN /  EXNOVA /  GY /  FS /  LIZA /  MIC /  OHTSU /  PIR /  SUMI /  TOYO /  YOKO or  
 Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 11/5/21 D.O.I. 11/5/21  
 Survey held at Cycle & Carriage  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
 FM LH  
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	MV - SOK
11/5/2021 @ 4.50pm	Revert to AIG via Merimen.
12/05/21 @ 3.16pm	Kok Chong informed C/A via Merimen.
12/05/21 @ 4.40pm	Informed Coco C/A & ex: \$300 by email
27/05/21 @ 11.46am	confirmed with Jojo final fig \$4263.70. 5 days. (Red \$1183.85, 22%)

: Prel. Report  
 : Final Report

Days Of Repair: 5  
 Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:  
 Transportation: \_\_\_\_\_  
 S + RS: \$ \_\_\_\_\_  
 Photo: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

Approved: MER-OD  
 Amount: 4263.70



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for GOH MENG SAN, DAPHNY (WU MINGSHAN) and vehicle specifications like KCV18392, SLU475K, etc.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Row 1: KCV18392, CRDVCH, 11/05/2021/ 13:09, BLC, 442 / CocoLu, 10920

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes items like RENEW FRT FENDER, SPRAY PAINT, CHECK WIRING, etc. Large 'Estimate' watermark is present.

Handwritten notes: Steve CLKK), 11/5/21, 2.00pm, OO-NH AL, EXCESS - ?, PIP, My Del Sky

Summary table with columns: Description, Amount. Includes 'Total Payable' of 6,724.95 and 'Nett' of 6,285.00. Includes a box for 'Confirmed by' and 'Authorized signatory'.

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.

15B0003 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD  
DATE & TIME: 11/05/2021 12:54 (SGT)  
SUBMITTED BY: TAN SHIEH YUEN  
SESSION: 1 (11/05/2021 12:54 (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.

## DETAILS OF ACCIDENT STATEMENT

Date of Submission ..... 11/05/2021 12:54 (SGT)  
Date of Accident ..... 11/05/2021 07:00 (SGT)  
Exact Location of Accident ..... MacPherson Rd, Singapore  
Additional Location Information ..... ALONG MACPHERSON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU475K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH MENG SAN,DAPHNY  
NRIC No ..... SXXXX993C  
Email Address ..... DAPHNY.GOH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93235432  
Alternative Phone No ..... +65-93235432

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Attrage  
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 ..... 1193

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700076501-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH MENG SAN,DAPHNY  
NRIC No ..... SXXXX993C

Birth	06/05/1984
Location	Indoor
Of Driving Pass	13/01/2004
Driving experience	17 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93235432
Alt. Phone Number	+65-93235432
Email Address	DAPHNY.GOH@GMAIL.COM
Address	BLK 677B PUNGGOL DRIVE #06-782
Address complement	-
Postcode	822677
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

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	YP9686G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ISLAM MD SAIFUL
Contact Number	(Phone) +65-93860770
Address	-
Address complement	-

..... -  
..... -  
..... -  
..... -  
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..... -

## 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)**

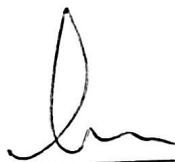
I understand, acknowledge, agree and consent that :

(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 :

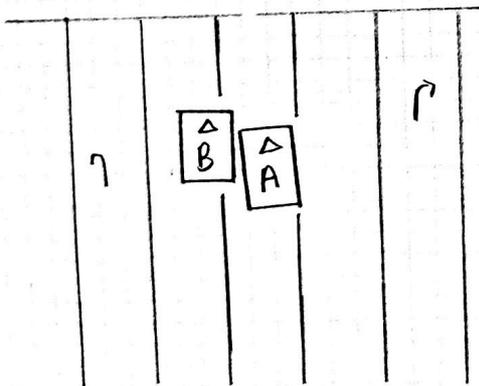
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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**



A = SLU475K  
B = YP9686G

**Describe Circumstances of the Accident**

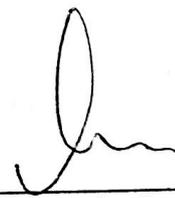
At 7am, I was traveling along Macpherson Road.  
I switched lane from the second to third lane and after I signaled left and checked for cars.  
I had filtered left and was in the lane when the lorry came from behind and collided  
into my car's left side.

**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

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : GOH MENG SAN, DAPHNY (WU MINGSHAN)  
Period of Insurance : 21 Nov 2020 To 20 Nov 2021  
Engine No. : 3A92UGL9872  
Chassis No. : MMBSTA13AJH000597

Vehicle No. : SLU475K  
Policy No. : 1700076501-03  
Endorsement No. :  
Issued Date : 10 Nov 2020

### ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT  
Engine Capacity/Tonnage : 1,193.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
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 "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.

Age Condition : All Age Condition  
Limitation as to use\* :

Mileage Condition : Unlimited Mileage

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)

GOH MENG SAN DAPHNY (WU MINGSHAN) - \$600 (Own Damage), \$600 (Flood Cover)

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

- Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
- Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
- 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](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: 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).

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

0504486206  
CYCLE & CARRIAGE - FLOREN  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP