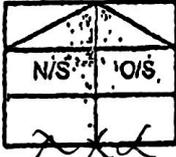


ASS. REC. BY: Steve 7 REF: CS/AIG21005775/ET#3

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. 2070133334
Claims No. 2634536910SG
Sum Insured: _____ Excess: 0
(Client's Record) _____
Make of Veh: _____

Veh No: SMV 3383E Yr Regn: 15/10/20
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mitsubishi Eclipse Cross c.c. 1499
Colour: Red A/C: Insured / Std / NI / N
Sp. Reading: 14182 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: JMAX TGKIM 2990 107
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: 225/55R18
R: _____



(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

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. 12/5/21
Survey held at Cycle & Collage
Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or _____

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent?: Yes or No
GIA / PR Sent: _____ 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

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

Date / Time	Action / Instruction
	MV-113K
	Confirm \$6766.08 before GST
	RED: 4173.28;38%

Time/Time, File, Pass to? : Prell. Report
 : Final Report
Time/Time, File Return to?

Days Of Repair: 8
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
\$ - RS - SI	
Phone	
Others	
TOTAL	

Work performed: _____
Total Sum / I.P. / P: 6766.08



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 AIG Asia Pacific Insurance Pte. Ltd. and vehicle information for KCV16145/KH00 MEOW LONG.

Main items table with columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No, Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair services like bumper replacement, paint work, and windscreen services.

Estimate

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.



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 (AIG Asia Pacific Insurance Pte. Ltd.) and Owner Name & Vehicle Info (KCV16145/KHOO MEOW LONG).

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No.

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes handwritten notes like 'Estimate' and 'Steve CLKK'.

Confirm & accepted by... 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
- Supplemental or items must be removed and

Steve CLKK) 12/5/21, 1:00pm
OO-MU ML
Excess - ?
PIP, M BL SW

6 dys
7% GST on 9657.34
Total Payable 10,333.35

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 12/05/2021 11:58 (SGT)
Date of Accident 11/05/2021 18:15 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV3383E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHOO MEOW LONG
NRIC No SXXXX172B
Email Address SAYVINES@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96333301
Alternative Phone No +65-91456813

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Eclipse cross
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company AIG Asla Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070133334
Cover Note Number -

DRIVER

Name of Driver KHOO MEOW LONG
NRIC No SXXXX172B

Date Of Birth	13/08/1950
Occupation	Indoor
Date Of Driving Pass	26/01/1984
Driving experience	37 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96333301
Alt. Phone Number	+65-91456813
Email Address	SAYVINES@YAHOO.COM.SG
Address	92 SPRINGLEAF AVENUE
Address complement	-
Postcode	788485
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 - Head to Rear
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	FBJ8664E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	AMEERUL ASHIQ S/O SYED MARICE SALEEM
Contact Number	(Phone) +65-85883455
Address	-
Address complement	-

Insurance Company Name -
Amount 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)

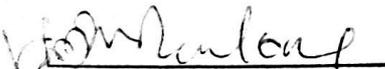
I understand, acknowledge, agree and consent that:

(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:

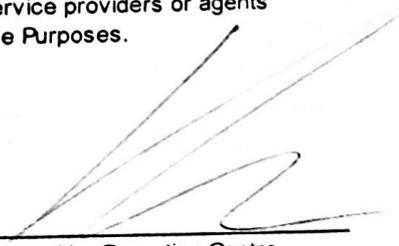
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
-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

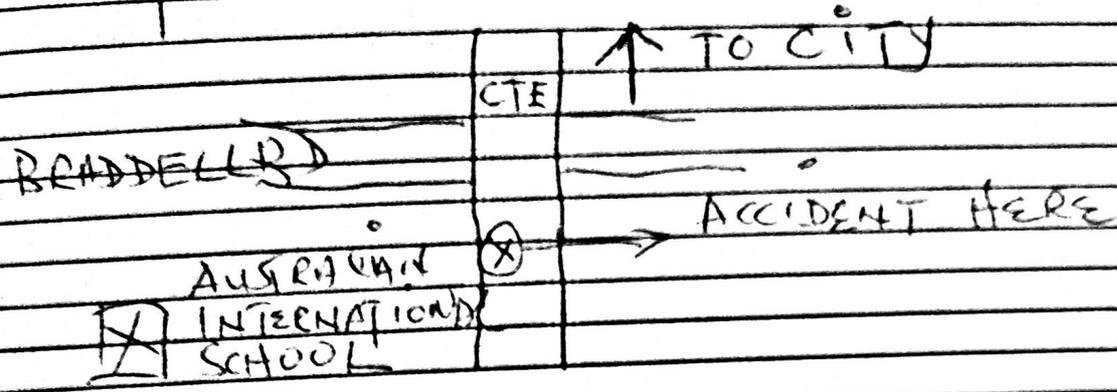

Witnessed by Reporting Centre Personnel

Sketch Plan

- Refer to statement page

Describe Circumstances of the Accident

LOCATION: CTE



- a) I was travelling towards the city.
- b) I slowed down because the front car stopped.
- c) Suddenly an impact was felt from the rear.
- d) I came out from car and I found a motorcycle lying on the road.
- e) Motorcyclist was OK and able to stand up and talk to me.
- f) A policeman came and asked us to exchange particulars.
- g) CCTV camera footage is available.

DRIVER: KHOO MEOW LONG
 ARIC SOTBSTF2B

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature / Date & Time
 11/05/21
 10-45AM

[Signature]
 Driver's Signature (If driver is not the policyholder) / Date & Time
 11/05/21
 10:45AM

[Signature]
 Witnessed by Reporting Centre Personnel

CYCLE CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KHOO MEOW LONG
Period of Insurance : 15 Oct 2020 To 14 Oct 2021
Engine No. : 4B40HB2945
Chassis No. : JMAXTGK1WLZ000707

Vehicle No. : SMV3383E
Policy No. : 2070133334
Endorsement No. :
Issued Date : 23 Oct 2020

ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5
Engine Capacity/Tonnage : 1,499.00 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 "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* :
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 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 - \$1800 Theft - \$0 Flood Cover - \$1800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
KHOO MEOW LONG - \$1800 (Own Damage), \$1800 (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: 20 Leng Kee Rd Singapore 159094 64708688
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 800 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 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 this 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), the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720786
CYCLE & CARRIAGE - FLOREN(MIT)
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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