

ASS. REC. BY:

Stark

REF

CC4/11121006505/Epa3

## 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:

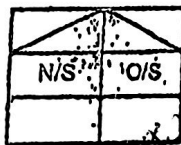
Excess:

(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:

SFU 39698

Yr Regn:

25/3/19

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

Truck / Trailer or

Make:

KIA Cerato

c.c. 1591

Colour:

G7

A/C: Insured / Std / NI / N

Sp. Reading

37160

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KNAF3416:MK5994633

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:

225/55R16

R:

H

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

TOYO / YOKO or

NIFERA

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

5/6/21

D.O.A.

9/6/21

Survey held at

cycle &amp; canopy

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

Rear R/L

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

Date / Time

Action / Instruction

MV- 73K

cannot find PARF value

Date/Time, File, Pass to?



Prel. Report



Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS \$

Private

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$



CYCLE &amp; CARRIAGE

**CYCLE & CARRIAGE KIA PTE LTD**  
**PANDAN GARDENS CUSTOMER SERVICE CENTRE**

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
NG SHIZHAO, JAMES (HUANG SHIZHAO)	Cust No/Name	/NG SHIZHAO, JAMES (HUANG SHIZHAO)
BLK 12 TOH YI DRIVE	Reg No/Reg Date	SFU3069B / 25/03/2019
#06-395	Date In/Mileage	/ 37260
SINGAPORE 590012	Chassis No	KNAF3416MK5029633
Contact No Mobile: 82925298	Engine No	G4FGJH716569
	Make/Model	KIA/CERATO 1.6 A EX G333
	Colour/Trim	KLG STEEL GREY / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CTP00080	Cash	09/06/2021/ 09:01	TLE	261 / Edwin Caina	34374		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000	3	RENEW RHR FENDER , RHR WHEELHOUSE , RR BUMPER & RR END PNL	6 X 640				3840 5120.00
		REPAIR RHR DOOR & BOOTLID					
E PNT98000	1	RESPRAY RR BUMPER , RR END PNL , BOOTLID , RR FLR PNL .	3 X 550				1650 3850.00
		RHR FENDER , RHR WHEELHOUSE & RHR DOOR					
M SUNDRY		RENEW RHR SPORT RIM & TRANSFER TYRE					30 80.00
M SUNDRY		SUPPLY RHR SPORT RIM-S8004 - CUT					380.00
E PNT88000		REMOVE & REFIT RR FLR BOARD , TRIM CARPET & RR SEAT (photo)					320.00
		TO FACILITATE REPAIR					
A 54900099		CHECK WIRING ELECTRICAL SYSTEM					50.00
A 10028901		TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST					280.00
		USING HI-SCAN PRO TEST					
A WHEELALIGNMENTBP		To Conduct Computerize Full Wheel Alignment					120.00
E PNT88000		REMOVE & REFIT RR WINDSCREEN GLASS					320.00
M SUNDRY		SUPPLY RR WINDSCREEN SEALANT					80.00
E PNT88000		REMOVE & REFIT REVERSE SENSOR					80 100.00
M SUNDRY		SUPPLY REVERSE SENSOR					280.00
M SUNDRY		APPLY ANTI CORROSION ON AFFECTED AREAS					40 120.00
M SUNDRY		SUPPLY BODY PNL SEALANT					40 80.00
M SUNDRY							20 50.00

Confirm &amp; 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.



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#06-395	Date In/Mileage / 37260
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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CTP00080	Cash	09/06/2021/ 09:01	TLE	261 / Edwin Caina	34374			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
SUPPLY C&C BADGE								80.00 X
M SUNDRY								80.00 ✓
Sundries								
M SUNDRY								
TOW IN FEE CHARGE								
M	COVER-RR BUMPER	✓ BR			1.00	651.00	00.00	651.00
M	COVER-RR BUMPER LWR	✓ BR			1.00	241.00	00.00	241.00
M	COVER-RR BUMPER FOG LAMP, RH	✓ MIS			1.00	19.00	00.00	19.00
M	LAMP ASSY-SIDE T/SIGNAL, RH	✓ MIS			1.00	181.00	00.00	181.00
M	EXTN WIRING ASSY-BWS	X			1.00	207.00	00.00	207.00
M	BRACKET-RR BEAM LWR MTG	X			1.00	6.00	00.00	6.00
M	BEAM-RR BUMPER	X			1.00	318.00	00.00	318.00
M	STAY-RR BUMPER RH	X			1.00	65.00	00.00	65.00
M	COVER-RR BUMPER UNDER, RH	?			1.00	33.00	00.00	33.00
M	BRACKET-ASSY RR BPR SIDE UPR, R	✓ BR			1.00	31.00	00.00	31.00
M	LAMP ASSY-REAR COMB INSIDE, RH	✓ CHT			1.00	608.00	00.00	608.00
M	LAMP ASSY-REAR COMB OUTSIDE, RH	✓ BR			1.00	675.00	00.00	675.00
M	LOGO ASSY-KIA SUB	X			1.00	32.00	00.00	32.00
P	EMBLEM-CERATO	X			1.00	28.00	00.00	28.00
M	PANEL ASSY-QUARTER OUTER, RH	✓ DO			1.00	1349.00	00.00	1349.00
M	PANEL ASSY-RR COMB LAMP HSG, RH	✓ DO			1.00	135.00	00.00	135.00
M	PANEL ASSY-QUARTER INNER, RH	?			1.00	715.00	00.00	715.00
M	GUARD-REAR WHEEL, RH	?			1.00	75.00	00.00	75.00
M	TRIM ASSY-LUGGAGE SIDE RH	?			1.00	200.00	00.00	200.00
M	PAD-WINDSHIELD GLASS	✓ REC			10.00	2.00	00.00	20.00
M	STOPPER-GLASS	✓ REC			2.00	4.00	00.00	8.00
M	FILM-ANTI CHIPPG RH	✓ REC			1.00	27.00	00.00	27.00
M	PANEL-REAR FLOOR SIDE, RH	?			1.00	24.00	00.00	24.00
M	PANEL ASSY-BACK	✓ DO			1.00	324.00	00.00	324.00

Estimate

11.00am

9/6/21

Steve (LKK)

SURVEYOR NAME: Steve (LKK)

SURVEYOR SIGNATURE: [Signature]

DATE: 9/6/21

Confirm &amp; accepted by

REMARKS: 12 days

7% GST on      **17,362.00**  
 Net      **17362.00**  
 Total Payable      **18,577.34**

LKK Auto Consultants hence notify  
 the Repairer of the following:

- To resurvey before/after spray painting
- On any damaged part(s) during resurvey

Authorized Signatory and company stamp

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Signature:

SC0921670001 / Cheng Hoe Motor Pte Ltd[568047]  
ENTRY DATE & TIME: 07/06/2021 15:46 (SGT)  
SUBMITTED BY: LI YAZHU DORLYN  
VERSION: 1 (07/06/2021 15:46 (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.

### ACCIDENT STATEMENT

Date of Submission	07/06/2021 15:46 (SGT)
Date of Accident	05/06/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFU3069B

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAMES KOUAME (RENTER OF DRIVELAH)
Passport No/FIN	GXXXX673X
Email Address	jameskouame81@gmail.com
Mobile Phone No	(Phone) +65-81116409
Alternative Phone No	+65-81116409

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MK000495-R01
Cover Note Number	04/06/2021 - 07/06/2021

### DRIVER

Name of Driver	JAMES KOUAME (RENTER OF DRIVELAH)
Passport No/FIN	GXXXX673X

Date Of Birth .....	14/12/1981
Occupation .....	Indoor
Date Of Driving Pass .....	25/02/2014
Driving experience .....	7 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81116409
Alt. Phone Number .....	+65-81116409
Email Address .....	jameskouame81@gmail.com
Address .....	20 CACTUS DRIVE #01-01
Address complement .....	-
Postcode .....	809692
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number .....	TRC9806D / XE3265Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Mobile equipment
Name of Driver .....	PONNIAH CHANDRAN
Passport No/FIN .....	FXXXX044N
Contact Number .....	(Phone) +65-84047066
Address .....	-

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

**INJURED PERSONS DETAILS**

**INJURED 1**

Name of injured person .....	JAMES KOUAME
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC
Injured person in which vehicle? .....	SFU3069B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# 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 Authorized 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 reputate 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

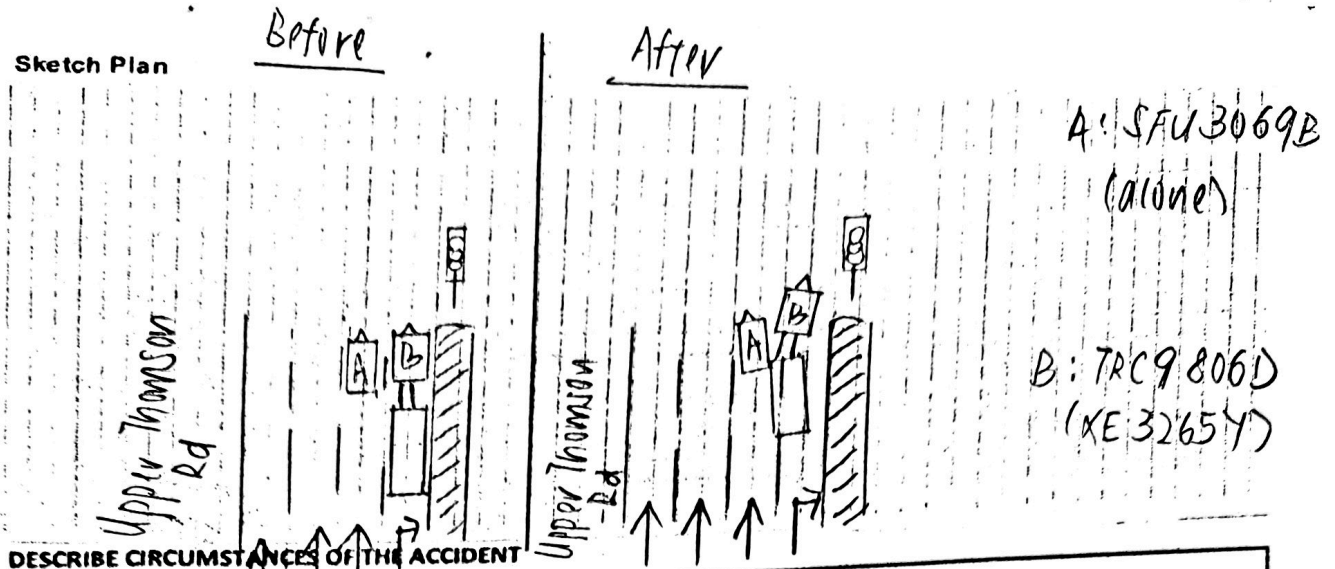
## Sketch Plan

PLEASE TURN OVER

1. VEHICLE NO.: SFU3069B  
 2. INSURER CO: TOKIO  
 3. ACCIDENT DATE & TIME: 05/06/21 @ 1630

Witnessed by Reporting Centre Personnel  
DUNN (AMK) 07/06/21

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SFU3069B (70K10)

Date & Time: 05/06/2021 @ 1630

(Clear/dry)

Traffic light turn red and i stop before the traffic light junction. A few seconds later, i felt a sudden impact and realised my truck XE3265Y had maneuver the truck towards my lane and as a result, the trailer part (TRC9806D) of XE3265Y had hit onto the rear RH portion of my stationary vehicle. The impact caused my car to push out of my original position.

PN: I felt shoulder pain since yesterday (06/06) morning and will seek for medical treatment later on.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop