

ASS. REC. BY: Steve

CS/CTI 21996524/Euc

ASSIGNMENT

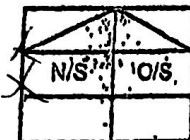
From: _____ Date: _____
 Estimated Cost: _____
 OD TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: SMJ 151R
 at Workshop m/s CYCLE & CARRIAGE
 of _____
 Insured: SGD 1T
 Policy No. DMPCSNW00134992000
 Claims No. SNM21D203250/C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMJ 151R Yr Regn: 20/2/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: KIA Stronic c.c. 998
 Colour: Red A/C: Insured / Std / NI / N
 Sp. Reading: 4792 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: RND 06811/VK 6244533
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: NII / SRim / STD A/Rim or
 Tyre Size: F: 195/60R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 8/6/21 D.O.I. 10/6/21
 Survey held at Cycle & Carriage
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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
 SIA / PR Sent: 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>MV- 70K</u>
<u>11/6/2021 @ 10.47am</u>	<u>Revise to Pauline Tham via Merimen.</u>
<u>23/6/2021</u>	<u>Confirmed final fig P/P \$4570. 4 repair days via email</u>
	<u>(RED \$667; 13%)</u>

Time/Time, File, Pass to: ☐ : Prel. Report

23/6 TYPIST ☐ : Final Report

Time/Time, File Return to:

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS \$ _____

☐ : Interview (\$ _____) Private

☐ : Tech. Inve (\$ _____) Others

☐ : Weekend (\$ _____) TOTAL

Approved: TP

Value Sum / I.P. / I.P. \$4570



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel 65684555 Fax: 65651240



Co Reg No : 199405410K

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
LEK CHAI ENG BLK 50 DORSET ROAD #05-124 SINGAPORE 210050 Contact No Mobile: 91382993	Cust No/Name /LEK CHAI ENG Reg No/Reg Date SMJ151R / 20/02/201 Date In/Mileage / 0 Chassis No KNAD6811VK6244533 Engine No G3LCJP142413 Make/Model KIA/STONIC 1.0 A BET Colour/Trim BEG SIGNAL RED / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00081	Cash	08/06/2021/ 14:51	Bod	442 / CocoLu	34377			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT FENDER LH, FRT DOOR LH, SIDE SILL LH, 2 X 640					1280			1920.00
E PNT98000 SPRAY PAINT FOR FRT FENDER LH, FRT DOOR LH, 550 X 2								1100.00
E PNT88000 REMOVE & INSTALL FRT DOOR TRIMS AND GLASS								200.00
A 90000001 CHECK WIRING & ELECTRICAL SYSTEM								30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST								280.00
M SUNDRY								20.00
Sundry								
M PANEL-FENDER, LH / 00					1.00	401.00	00.00	401.00
M INSULATOR-FENDER LH ?					1.00	27.00	00.00	27.00
M PANEL ASSY-FRONT DOOR, LH - 00					1.00	858.00	00.00	858.00
M GARNISH ASSY-FNDR SIDE, LH - CUT					1.00	45.00	00.00	45.00
M MOULDING ASSY-SIDE SILL, LH - CUT					1.00	248.00	00.00	248.00
M GARNISH ASSY-FRT DR SIDE, LH - CUT					1.00	82.00	00.00	82.00
M BLACK TAPE-FRT DOOR FRAME UPR, - APC					1.00	13.00	00.00	13.00
M TAPE-FR DR BLACK FRAME RR, LH - APC					1.00	13.00	00.00	13.00

Estimate

Steve (CLKK) WZ PL

10/6/21, 4.39pm 4 dys

P/P

My PL sy

Estimate

Steve CLKK)

10/6/21, 4:30pm

wz PL

4 dys

P/P

My PL sy

Confirm & accepted by 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) allowed

Authorized signatory and company stamp

Net 5,237.00
 7% GST on 237.00 366.59
Total Payable 5,603.59

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.



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 08/06/2021 16:03 (SGT)
Date of Accident 08/06/2021 12:04 (SGT)
Exact Location of Accident 50 Dorset Rd, Singapore 210050
Additional Location Information BLK 50 DORSET RD CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ151R
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner LEK CHAI ENG
NRIC No SXXXX271Z
Email Address ANNELEK61@GMAIL.COM
Mobile Phone No (Phone) +65-96858182
Alternative Phone No +65-91382993

VEHICLE PARTICULARS

Manufacturer Kia
Model Stonic
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 998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900018753-02
Cover Note Number -

DRIVER

Name of Driver LIEW SOW VOON
NRIC No SXXXX818F

Date Of Birth	11/11/1960
Occupation	Indoor
Date Of Driving Pass	20/09/1981
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91382993
Alt. Phone Number	-
Email Address	ALSV645@GMAIL.COM
Address	BLK 50 DORSET ROAD #05-124
Address complement	-
Postcode	210050
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIEW JING YI
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
COLLISION-HEAD TO SIDE

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	SGD1T
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue

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
CHRISTINA LOH
(Phone) +65-83557386

-
-
-
China Taiping Insurance (Singapore) Pte. Ltd.
-
-
-

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 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. 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

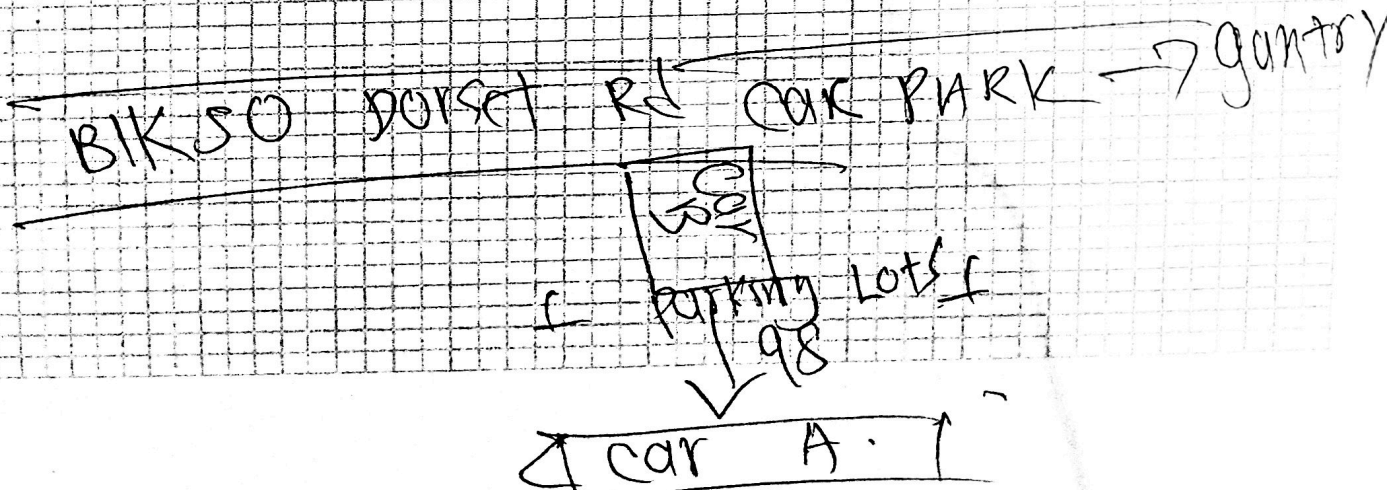
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I COME OUT OF THE CARPARK OF MY
RESIDENCE. ON BIKSO DORSET RD..
ALMOST NEAR THE GANTRY. I HEARD A LOUD
BANG AND TO REALISE THE DRIVER AS
MS. CHRISTINA LOH WAN LYN S910958CF
DRIVING VEHICLE NUMBER SED1T COMING OUT
FROM THE CAR PARK LOTS OF A8.
WITHOUT NOTICING ME AND KNOCKED ONTO
THE FRONT RIGHT DOOR OF MY VEHICLE

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

8-06-2021
(1349 hrs)

