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Sum insured: Excess:  [Clionits Record]  Make of Veh:  (Policy Condition)  Remark: The veh had commitmed its repair at the time of trispection.  Red. or Market Value:  DAC Accident Report:  Consistent?: Yes or No  SIA / PR Seer:  Consistent?: Yes or No  SIA / PR Seer:  Consistent?: Yes or No  A / REV / REP. / 24 HRS  Vehicle: IN/OUT  Reg.   Person Contacted:  SIA / Price   Action / Instruction  MV - 70K  16(2021 @ 10.47 am Revise to Pauline Tham via Merimen.  3(6/2021 Confirmed final fig P/P \$4570. 4 repair days via email.  Survey No. of Trip:  Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the report of the Resurvey No. of Trip:  The information in the Resurvey No. of Trip:  The information in the Result of Trips In the Resurvey N			
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DAC Accident Root: Consistent?: Yes or No  SIA / PR Seet: Consistent?: Yes or No  SIA / PR Seet: 4 days Res.: Yes or No  SIA Repairs: 4 days Res.: Yes or No  A / REV / REP. / 24 HRS  SIE: Person Contacted: N/OUT  Person Contacted: N/OUT  The 'U/C / Chasts' frame / Body Structure difected due to contact / Time   Action / Instruction  M/V - 70K  1/6/2021@10.47am Revise to Pauline Tham via Merimen.  3/6/2021 Confirmed final fig P/P \$4570, 4 repair days via email.  (RED \$667; 13%)  (RED \$667; 13%)  Add Fee: Site Insp (\$ ) Final Report  Add Fee: Site Insp (\$ ) Final Report  Add Fee: Tech, Inve (B ) Final Report  Add Fee: Tech, Inve (B ) Final Report  The 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame / Body Structure difected due to contact / Time in the 'U/C / Chasts' frame	repair or me ding of inspection.	<u> </u>	
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Vehicle: IN/OUT The 'Uld I Chassis frame I Body Structure offected due to compare the first of the series of of		0	Des. of Damages : Frt / Rear / O/S / (N/S) / U/C / Rooftop or
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(RED \$667; 13%)  Interview (\$ TP    Technology (Repair of the processor) (Repair of the processo	le: Person Contacted:	Vehicle: IN/OUT	
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e. File. Poss Lift	Person Contacted:    Person Contacted:		The :U/C / Chassis frame / Body Structure allected due to co
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# CYCLE & CARRIAGE KIA PTE LTD PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

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# **ESTIMATE**

GST Reg No : MR-8500111-X

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

Account No	Terms	Date/Time Printed	CSE	Operator		WIP No		parties of the second
CSM00081	Cash	08/06/2021/ 14:51	Bod	442 / CocoLu		34377		
Segment of the		Description of Good	s / Services	La L	Qty	Unit Price		Amount 1920.00
	T FENDER	LH, FRT DOOR LH, SI	DE SILL LH,	. 2 × 640			1	1100.00
E PNT98000 SPRAY PA E PNT88000	INT FOR F	FRT FENDER LH, FRT DO	OOR LH,	S50 x 2				200.00
REMOVE & A 90000001	INSTALL	FRT DOOR TRIMS AND G	GLASS					30.00
A 10028901 TO CARRY	OUT DIAG	ECTRICAL SYSTEM  NOSTIC CHECK USING F	II-SCAN PRO	) TEST	_			280.00
USING HI- M SUNDRY	-SCAN PRO	TEST (	offi	ima	介合			20.00
Sundry M PANEL-FEN M INSULATOR M PANEL ASS	R-FENDER	LH ?	<u></u> ગુા		1.00	27.00 858.00	00.00	401.00 27.00 858.00
M GARNISH A M MOULDING	SSY-FNDR ASSY-SIDI	SIDE, LH	CUT		1.00 1.00 1.00	248.00	00.00	45.00 248.00 82.00
M GARNISH A M BLACK TAP M TAPE-FR D	E-FRT DO	OR FRAME UPR, / // FRAME RR,LH / //			1.00 1.00	13.00	00.00	13.00 13.00
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			10)	feve (LKK) 6/21 , 4.90pm	4 d	Js		
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					, 0 ]			
Confirm & ac	the tale	- Lic Consultants hence r Repairer of the following: resurvey before/after spray paint				Ne	tt	5,237.00
	• To • Pa	display damaged part(s) during rarts prices are subject to confirma	esu <b>rvey</b> tion		7% GST on	<b>5</b> 237.		366.59
Authorized s	• No	ird party survey is on a "Without F outlegal medification(s) in allowed and company stamp			То	tal Payab	le	5,603.59
		ionimaensky likalysy i	oveyed and					

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 of the bown with 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.

Page 1 of 1

A21680001 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD PRY DATE & TIME: 08/06/2021 16:03 (SGT) 3MITTED BY: TAN SHIEH YUEN RSION: 1 (08/06/2021 16:03 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Independent of this report to the legitimes and the copies of the report being made available aforesaid.
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/06/2021 16:03 (SGT) 08/06/2021 12:04 (SGT) 50 Dorset Rd, Singapore 210050 **BLK 50 DORSET RD CARPARK** Singapore

# DETAILS OF OWN VEHICLE

998

SMJ151R Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? LEK CHAI ENG Name Of Registered Owner SXXXX271Z NRIC No ANNELEK61@GMAIL.COM **Email Address** (Phone) +65-96858182 Mobile Phone No +65-91382993 Alternative Phone No

VEHICLE PARTICULARS

Kia Manufacturer Stonic Model Variant

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

LIEW SOW VOON SXXXX818F

11/11/1960 Indoor te Of Driving Pass 20/09/1981 riving experience 39 YEARS AND 9 MONTHS gender 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 Collision - Head to Rear Type of Accident 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? Was any injured conveyed to hospital by ambulance? ...... Was any other material or property damaged? ..... Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 **LIEW JING YI** Name Female Gender 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 DETAILED FOTHER VEHICLE PROPERTY ( Vehicle Registration Number SGD1T Vehicle Manufacturer Mercedes Vehicle Model Vehicle Variant

Blue

Vehicle Colour

nde Category
ne of Driver
ne of Driver
nact Number
nates
address
Address complement
postcode
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

# MPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 2. This representation 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for investigation.
- 6. The report will be forw arded 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Driver's Signature (If driver is not & Time

Cal

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Sketch Plan

Asscribe Circumstances of the Accident
residence at RIK so power of my
MIMOS NEAK THE GONTRY. I MEANE OF ICUD
Band and to realise the grove as
MS. CHIPSTING LOH WAN LYNN S GLOGSECF
driving vehicle number SED 17 COMING OUT
from the car park roll of
without noticing me and knocked anto
the your bank of my frete princip
00 40 40

# Declaration

WWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholden / Date Time

Witnessed by Reporting Centre Personnel