

ASS. REC. BY: Steve

7

CS/ATG 21007751/UTFS

ASSIGNMENT

From:

Date:

Estimated Cost:

TP/WS/TPRES/OD-RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

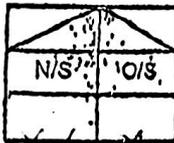
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Rat. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

SMF 4783L

Yr Regn:

14/11/18

Type (M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mitsubishi Outlander

c.c.

1998

Colour:

Grey

A/C:

Insured / Std / Nil / N

Sp. Reading

4789

T/Radio:

Insured / Std / Nil / N

Eng/No:

C/No:

GF7W000008

Gen. Cond (Good / Fair / Poor / Bump)

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD AIRim or

Tyre Size:

F:

225/55R18

R:

11

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

TOYO / YOKO or

Toyo

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

17/7/21

O.O.L.

19/7/21

Survey held at

Coxe & Co

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

NAF-90K

Time/Time, File, Post 107

Prell. Report

Final Report

Time/Time, File Return 107

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation

\$ + RS \$

Phone

Others

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech. Inve (\$

Weekend (\$



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for AIG Asia Pacific Insurance Pte. Ltd. and Mitsubishi Outlander 2.0 Modern.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Includes account KAX00008 and operator Kevin Leong.

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair services like bumper replacement, paint work, and electrical checks.

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.



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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 Mitsubishi Outlander 2.0 Modern (995).

Main table with columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No, Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various car parts and their estimated costs.

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

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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

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name	KCV09690/TAN LAI CHOO
	Reg No/Reg Date	SMF4783L / 14/11/201
	Date In/Mileage	19/07/2021/ 0
	Chassis No	GF7W0600275
	Engine No	4J11AA7156
	Make/Model	MIT/19MY OUTLANDER 2.0 MODERN(995)
Colour/Trim	U01 TITANIUM GREY M/ BK BLACK	

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	19/07/2021/ 12:36	QUK	282 / Kevin Leong	13207

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M TRIM,RR END ?	1.00	113.00	23.00	87.01

Estimate

6 dys

LKK 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) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

Stere CLKK) 00-N-1 AL  
19/7/21, 3-30pm EXCESS - ?  
P/P

Confirm & accepted by

7% GST on	12760.37	12,760.37
		893.23
<b>Total Payable</b>		<b>13,653.60</b>

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.

# 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 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. 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	19/07/2021 13:20 (SGT)
Date of Accident	17/07/2021 12:12 (SGT)
Exact Location of Accident	Jln Remaja, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION OF JALAN REMAJA & HILLVIEW AVENUE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4783L
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN LAI CHOO
NRIC No	SXXXX360J
Email Address	yolindtan@singnet.com.sg
Mobile Phone No	(Phone) +65-96673772
Alternative Phone No	+65-96673772

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1998

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800122936-02
Cover Note Number	-

### DRIVER

ERIC No	SXXXX100B
Date Of Birth	07/05/1994
Occupation	Indoor
Date Of Driving Pass	13/07/2013
Driving experience	8 YEARS
Gender	Female
Mobile Number	(Phone) +65-98328365
Alt. Phone Number	-
Email Address	NICOLEYEE1994@HOTMAIL.COM
Address	39 HUME AVENUE
Address complement	SYMPHONY HEIGHTS , SINGAPORE
Postcode	598737
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 vehicle 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	GBC7710Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALIMUHAMAD RAJAM
Contact Number	(Phone) 165 86121378

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

-  
-  
-  
-  
-

**WITNESS DETAILS**

WITNESS 1

Name  
Phone  
Email

-  
(Phone) +65-90010236  
-

## 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 :

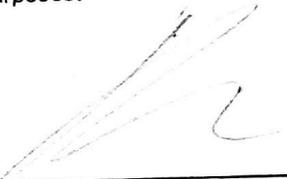
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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

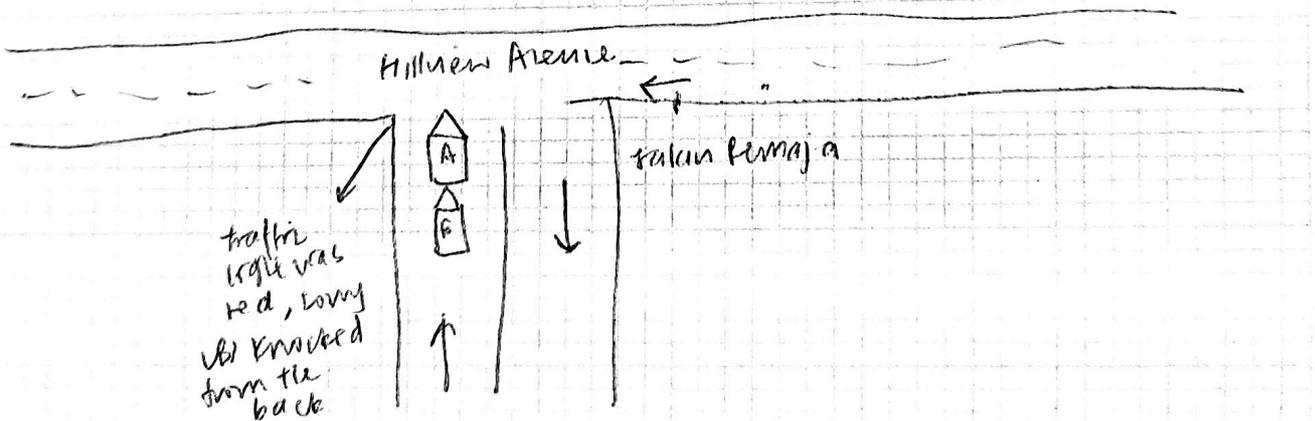
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

I was waiting at the traffic junction of Jalan Pemuda and the right was red, I was waiting to turn left onto Hillview Avenue.

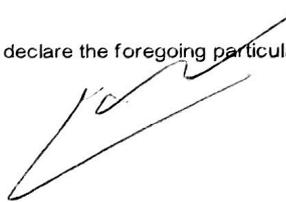
Suddenly a lorry knocked me super hard from behind. My car has already been stationary for some time. There was an impact from the back.

The driver was not able to give me a valid driver's license / any personal particular details. He mentioned that his brakes was not working he stepped but not able to stop on time.

There was a witness (mentioned in the next page) who saw the whole incident & willing to share if contacted. I also called the police but they mentioned since it was a minor accident they are not able to help.

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

**AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : TAN LAI CHOO  
Period of Insurance : 14 Nov 2020 To 13 Nov 2021  
Engine No. : 4J11AA7156  
Chassis No. : GF7W0600275

Vehicle No. : SMF4783L  
Policy No. : 1800122936-02  
Endorsement No. :  
Issued Date : 09 Nov 2020

**ABOUT THE COVER**

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports  
Engine Capacity/Tonnage : 1,998.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
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 or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional  
\* 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)

TAN LAI CHOO - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

**IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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.

0032014028  
PIAS - YEE LAI LAN DORIS  
OUE DOWN TOWN 2 6 SHENTON WAY #09-08  
SINGAPORE 068809

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.