

ASS. REC. BY:

Steve

REF

CS/AIG 21008159/ETP3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No. 2100448719-05

Claims No. 1650438212SG

Sum Insured:

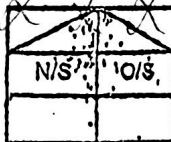
Excess: S\$600.00

(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

SIA / 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

Veh No:

SJH 1383C

Yr Regn:

22/1/16

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

Truck / Trailer or

Make:

Mitsubishi Outlander

c.c. 2360

Colour:

G9848

A/C: Insured / Std / NI / N

Sp. Reading

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JMYXT01-3VGA 2907267

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/55R18

R:

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

TOYO/YOKO or

Roadfln.

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

2/8/21

D.O.A.

3/8/21

Survey held at

Cycle / Carriage

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

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

Date/Time

Action/Instruction

MV-60K

Confirm final figure \$13,301.38, 12 days
(red: 1550.63, 10%)

Date/Time, File, Pass to?



Prell. Report



Final Report

Date/Time, File, Return to?

Days Of Repair: 12

Resurvey No. of Trips

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (%)



Weekend (%)

Survey Fee:

Transportation:

\$ + RS \$1

Police

Others

TOTAL

Special Form:

MVA Form 112.1/12



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

Co Reg No : 1977014696

ESTIMATE

GST Reg No : MR-8500111-X

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	<table border="1"> <tr> <td>Cust No/Name</td><td>/WONG SANG PANG</td></tr> <tr> <td>Reg No/Reg Date</td><td>SJH1383C / 22/01/201</td></tr> <tr> <td>Date In/Mileage</td><td>03/08/2021/ 0</td></tr> <tr> <td>Chassis No</td><td>JMYXTGF3WGZ002267</td></tr> <tr> <td>Engine No</td><td>4B12QR5032</td></tr> <tr> <td>Make/Model</td><td>MIT/OUTLANDER 2.4 CVT AWD 16MY (E12</td></tr> <tr> <td>Colour/Trim</td><td>U01 / BK</td></tr> </table>	Cust No/Name	/WONG SANG PANG	Reg No/Reg Date	SJH1383C / 22/01/201	Date In/Mileage	03/08/2021/ 0	Chassis No	JMYXTGF3WGZ002267	Engine No	4B12QR5032	Make/Model	MIT/OUTLANDER 2.4 CVT AWD 16MY (E12	Colour/Trim	U01 / BK
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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	03/08/2021/ 13:07	QUK	282 / Kevin Leong	13842			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000 1 1 2 REPALCE FRT BUMPER, FRT RH FENDER, SUPPORT & AFFECTED AREA 4 X 450 REPAIR ON FRT LH FENDER								1800.00
E PNT98000 1 2 1 PAINT WORK FRT BUMPER, FRT BOTH FENDER & FRT RH DOOR 4 X 350								1400.00
E PNT88000 REMOVE & INSTALL RADIATOR, CONDENSER FOR FACILITATE REPAIR (photo)								120.00
M SUNDRY TO TOP UP AIRCON GAS								80.00
M SUNDRY PERFORM RUST PREVENTION								40.00
A 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYSTEM								30.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM								120.00
M SUNDRY TO TRANSFER FRT RH RIM INCLUDING BALANCING								30.00
B WHEELALIGNMENT To Conduct Computerize Full Wheel Alignment								120.00
M SUNDRY TO SUPPLY FRT NUMBER PLATE WITH FRAME								50.00
M SUNDRY TO APPLY ZERTONA COATING ON AFFECTED AREA 80 X 4 (Provide Sales agreed)								320.00
M SUNDRY SUNDRIES								20 30.00
M HEADLAMP ASSY,LH / BR					1.00	2135.00	23.00	1643.95
M HEADLAMP ASSY,RH / BR					1.00	2135.00	23.00	1643.95
M BRACKET,FR BUMPER SIDE,LH 2.1					1.00	18.00	23.00	13.86
M BRACKET,FR BUMPER SIDE,RH					1.00	18.00	23.00	13.86
M EXTENSION,FR BUMPER / CAT 1					1.00	428.00	23.00	329.56
M COVER,HEADLAMP SUPT PANEL					1.00	50.00	23.00	38.50
M GRILLE ASSY,RADIATOR / MIS					1.00	572.00	23.00	440.44
M COVER,FR BUMPER					1.00	25.00	23.00	19.25

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. 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.



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

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 /WONG SANG PANG Reg No/Reg Date SJH1383C / 22/01/201 Date In/Mileage 03/08/2021/ 0 Chassis No JMYXTGF3WGZ002267 Engine No 4B12QR5032 Make/Model MIT/OUTLANDER 2.4 CVT AWD 16MY (E12 Colour/Trim U01 / BK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	03/08/2021/ 13:07	QUK	282 / Kevin Leong	13842

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M BRACKET,RADIATOR GRILLE,RH	1.00	17.00	23.00	13.09
M BRACKET,RADIATOR GRILLE,LH	1.00	13.00	23.00	10.01
M BRACKET,RADIATOR GRILLE,RH	1.00	17.00	23.00	13.09
M BRACKET,RADIATOR GRILLE,LH	1.00	13.00	23.00	10.01
M BRACKET,RADIATOR GRILLE	1.00	12.00	23.00	9.24
M BRACKET,RADIATOR GRILLE	1.00	10.00	23.00	7.70
M FENDER,FR RH	1.00	622.00	23.00	478.94
M PANEL,HEADLAMP SUPPORT,UPR	1.00	230.00	23.00	177.10
M PNL,HEADLAMP SUPT,UPR RH	1.00	0.00	23.00	
M COVER,ENG ROOM UNDER,FR	1.00	349.00	23.00	268.73
M GARNISH,FR BUMPER SIDE	1.00	220.00	23.00	169.40
M GARNISH,FR BUMPER SIDE	1.00	112.00	23.00	86.24
M GARNISH,FR BUMPER SIDE	1.00	48.00	23.00	36.96
M REINFORCEMENT,FR BUMPER	1.00	505.00	23.00	388.85
M REINFORCEMENT,FR BMPR SIDE	1.00	22.00	23.00	16.94
M REINF,FR BUMPER SIDE,RH	1.00	69.00	23.00	53.13
M REINFORCEMENT,FR BUMPER	1.00	135.00	23.00	103.95
M COVER,FR BUMPER	1.00	281.00	23.00	216.37
M GRILLE ASSY,RADIATOR	1.00	572.00	23.00	440.44
M COVER,FR BUMPER	1.00	25.00	23.00	19.25
M WHEEL,SPARE TIRE DISC	1.00	1102.00	23.00	848.54

Estimate

Steve (LKK)
3/8/21, 3:30pm00-1111
EXCII-?
PIP
My B-L M
10 djsLKK 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

Confirm & accepted by 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:

Authorized signatory and company stamp

7% GST on **11651.35** **Nett** **11,651.35**

Total Payable **12,466.94**

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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	02/08/2021 15:13 (SGT)
Date of Accident	02/08/2021 07:03 (SGT)
Exact Location of Accident	9 Raffles Blvd, Singapore 039596
Additional Location Information	Millenia Walk Basement Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH1383C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG SANG PANG
NRIC No	SXXXX537E
Email Address	wngsp@yahoo.com
Mobile Phone No	(Phone) +65-91059054
Alternative Phone No	(Home) +65-91059054

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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100448719-05
Cover Note Number	-

DRIVER

Name of Driver	LIM KIM KEE
NRIC No	SXXXX365A

Date Of Birth	24/11/1970
Occupation	Indoor
Date Of Driving Pass	16/07/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97703327
Alt. Phone Number	-
Email Address	kimkeelim@yahoo.com.sg
Address	68 Lengkong Tiga #12-17 Tarville Singapore
Address complement	-
Postcode	417472
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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 THE 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

Date Of Birth 24/11/1970
 Occupation Indoor
 Date Of Driving Pass 16/07/1996
 Driving experience 25 YEARS AND 1 MONTH
 Gender Female
 Mobile Number (Phone) +65-97703327
 Alt. Phone Number -
 Email Address kimkeelim@yahoo.com.sg
 Address 68 Lengkong Tiga #12-17 Tarville Singapore
 Address complement -
 Postcode 417472
 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 Collided into Property
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 1
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? No
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 Was there any audio recorded? 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.
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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.

6. 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.

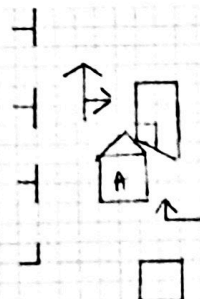
[Signature] 2 Aug 2021
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



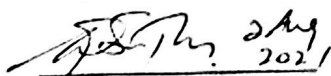
VEHICLE A = SJH1383C

Describe Circumstances of the Accident

My wife was attempting to park the car & a
incoming call on her mobile distracted her resulting in
her accidentally stepping on the accelerator instead
of the brake. This caused the car to hit a
concrete column damaging the right side (front)
of the car


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 12:19 2021

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




Witnessed by Reporting Centre
Personnel