ASS. REQ. BY: Steve | REF: CS/AIG 2101 0045/LEF3

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.

N/S	O/S
X	

Bal. or Market Value:

IDAC Accident Rpor: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Cum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLR 7884H Yr Regn: 29/8/17

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

Make: Citroen C4 c.c 1199

Colour: Black A/C: Insured / Std / Nil / N

Sp.Reading: N/A T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: VF7NCHMYYGY549295

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size: Ft: 205/55R16

R: "

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

	Front		Rear	
R/Bal.	5	mm	5	mm
L/Bal.	5	mm	5	mm

D.O.A. 7/3/19 D.O.I. 28/9/21

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

Date / Time	Action / Instruction
	MV-68K

Date/Time, File Pass to: : Prell. Report

: Final Report

Date/Time, File Return to:

Days Of Repair:

Resurvey No. of Trips:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

__$ + RS.__SI

Photos

Others

TOTAL

Special Format :

Lump Sum / L.O.I. re:

CITROËN

27 September 2021

Claims Department
AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 Chartis Building
Singapore 079120

Dear Sir / Madam,

OWN DAMAGE CLAIMS
POLICY NUMBER : 1700038278
VEHICLE REGISTRATION NO : SLR7884H

We regret to inform you that review to the damage, the repair cost is estimated in excess of **S$ 65,000.00** it is not economical to carry out the repair as the left side body structural panel badly damaged, the degree of structure is difficult to restore to original condition as manufactured by factory.

Your prompt reply for the above issue is highly appreciated.

Yours faithfully,
CYCLE & CARRIAGE AUTOMOTIVE PTE LTD

KEVIN LEONG
CUSTOMER SERVICE
CUSTOMER SERVICE CENTRE – PANDAN GARDENS

Steve (LKK)
28/9/21, 12.9? pm

MCC619034854-01 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD
ENTRY DATE & TIME: 15/03/2019 16:13 (SGT)
SUBMITTED BY: Mabel Tan Shieh Yuen
VERSION: 2 (24/09/2021 14:21 (SGT))

Your NCD will be affected due to late reporting

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 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 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	15/03/2019 16:13 (SGT)
Date of Accident	07/03/2019 17:30 (SGT)
Exact Location of Accident	Ang Mo Kio Avenue 8 & Ang Mo Kio Central 2, Singapore
Additional Location Information	ANG MO KIO AVE 8 & ANG MO KIO CENTRAL 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7884H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZOOL FADLI BIN KASBOLLAH
NRIC No	SXXXX510Z
Email Address	ZOOFADLI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98428280
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 1.2 1.2 PURETECH EAT6 (A)
Variant	undefined
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700038278
Cover Note Number	-

DRIVER

Name of Driver	ZOOL FADLI BIN KASBOLLAH
NRIC No	SXXXX510Z

Date Of Birth	19/06/1977
Occupation	Indoor
Date Of Driving Pass	30/06/2000
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98428280
Alt. Phone Number	-
Email Address	ZOOFADLI@YAHOO.COM.SG
Address	BLK 446C JALAN KAYU #26-344
Address complement	-
Postcode	793446
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 - Head on collision
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?	Yes
Was any other vehicle 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	WIRDA BTE OSMAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq
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?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW672T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 15/3/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/3/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 15/3/19

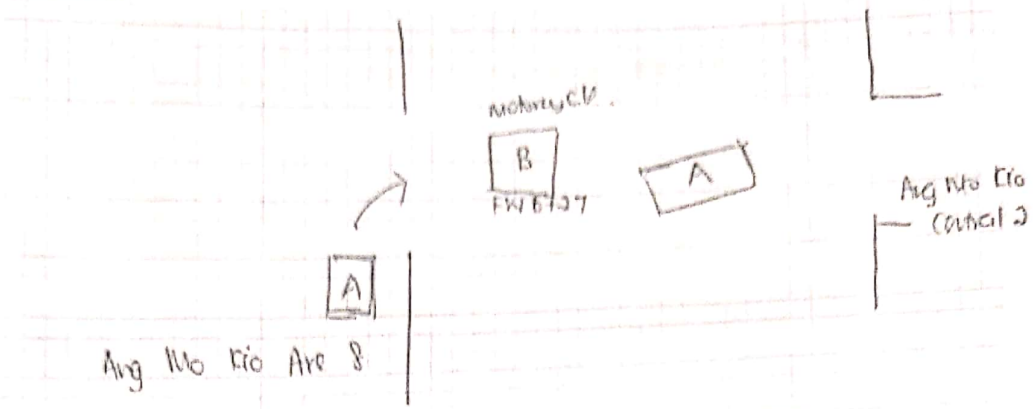
Vehicle Registration Number	FW672T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Attached Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 15/3/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/3/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
15/3/19

E REPORT

SINGAPORE POLICE FORCE

T/20190307/2154

Report No: T/20190307/2154

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/03/2019 21:59	F/20190307/0149	

Informant's Particulars

Name of Informant:			Address:
ZOOL FADLI BIN KASBOLLAH			APT BLK 446C JALAN KAYU #26-344 FERNVALE LODGE SINGAPORE 793446
ID Type / ID No.:			Contact No.:
NRIC NO / S7716510Z			Home/Office: Mobile: 98428280
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	41	20/06/1977	Driver
Race:		Language:	Institution / School Name:
Malay			
Occupation:		Driving Licence Information:	
POLICE OFFICER		Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2019 17:30	Type of Location:

Location:
Along Road 1
ANG MO KIO AVENUE 8

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision:		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR7864H	Car	CITROEN	C4 1.2 PURETECH EAT6	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLR7864H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700038278-01	29/08/2018	28/08/2019

SINGAPORE POLICE FORCE

T/2019007/2154

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZOOL FADLI BIN KASBOLLAH	ID No.	S7716510Z
Related Vehicle	SLR7884H (Car)	Contact No.	98428280
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	WIRDA BINTE OSMAN	ID No.	S7802257D
Related Vehicle	SLR7884H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

AS STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION ON ANG MO KIO AVE 8 ENTERING THE CARPARK AT ANG MO KIO CENTRAL 2. BEFORE TURNING RIGHT, I CHECKED ONCOMING TRAFFIC. AS THERE WAS NO ONCOMING VEHICLE, SO I PROCEED TO MAKE A RIGHT TURN. WHILE HALF TROUGH TURNING RIGHT TO ENTER THE CARPARK, SUDDENLY A MOTORCYCLE CAME AND COLLIDED ONTO THE FRONT LEFT PASSENGER DOOR PORTION OF MY VEHICLE. AFTER THE INCIDENT HAPPENED, I IMMEDIATELY CAME OUT FROM MY VEHICLE AND CHECK THE RIDER. I CALLED AMBULANCE FOR HELP.

SINGAPORE
POLICE FORCE

T/2019/03/7/2154

Report No. T/2019/03/7/2154

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474695 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/03/2019 21:59

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:

CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: ZOOL FADLI BIN KASBOLLAH	Vehicle No.	: SLR7884H
Period of Insurance	: 29 Aug 2018 To 28 Aug 2019	Policy No.	: 1700038278-01
Engine No.	: 10XTA50364391	Endorsement No.	:
Chassis No.	: VF7NCHNYTGY540295	Issued Date	: 19 Jul 2018

ABOUT THE COVER

Make/Model	: CITROEN C4 1.2 PureTech eAT6				
Engine Capacity/Tonnage	: 1,199.00 CC	Sum Insured	: Market Value	First Year of Registration	: 2017
Driver Restriction	: NA	Off Peak Car	: No	Insuring with COE/PARF	: Yes

Person or Classes of Persons Entitled to Drive* :

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - $0 Own Damage - $600 Theft - $0 Flood Cover - $0

Section 2
Property Damage - $0

Windscreen : $100

Named Driver and Excess (where applicable)

ZOOL FADLI BIN KASBOLLAH - $600 (Own Damage)

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

1.Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd Singapore 159094 64708688
2.Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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.com.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: Standard Chartered Bank (Singapore) Limited

I/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), Pa the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502847646

CYCLE & CARRIAGE - JASENS
239 ALEXANDRA ROAD
SINGAPORE 159930
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE