

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / YR / WS / PRS / OD / RES / EVA / INV / MV

To inspect Vehicle Not:

at Workshop m/s

at

Insured:

Policy No.

Claime No.

Sum Insured:

Excess:

(Claim's Record)

Make of Velt:

(Policy Condition)

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

Rel. or Market Value:

IDAO Accident Report:

Consistent? : Yes or No

PIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

MV - 71K

Time, File, Report:

☐

Prall. Report

☐

Final Report

Time, File, Report:

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

Food:

Quiver:

Other:

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$



CYCLE &amp; CARRIAGE

# CYCLE & CARRIAGE KIA PTE LTD

## PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Movement that inspires

### ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 199405410K

Invoice Name & Address	Owner Name & Vehicle Info
Mr Er Kok Leong (Yu Guoliang)	Cust No/Name /Mr Er Kok Leong (Yu Guoliang)
BLK 416 CHOA CHU KANG AVENUE 4	Reg No/Reg Date SKE2903A / 20/03/201
#04-362	Date In/Mileage / 0
SINGAPORE 680416	Chassis No KNAF3416MK5031127
Contact No Mobile: 94503490	Engine No G4FGJH722112
	Make/Model KIA/CERATO 1.6 A SR SX G335
	Colour/Trim ABT PLATINUM GRAPHI/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00081	Cash	27/09/2021/ 17:07		261 / Edwin Caina	39992			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
E PNT88000	RENEW RR BUMPER , RR END PNL & BOOTLID	640 x 2						1180 3200.00
E PNT98000	RESPRAY RR BUMPER , RR END PNL & BOOTLID	550 x 2						1100 1650.00
E PNT88000	REMOVE & REFIT BOOTLID COMPONENT							200 300.00
E PNT88000	REMOVE & REFIT RR FLR BOARD , TRIM & CARPET	\$200						300.00
A 54900099	CHECK WIRING ELECTRICAL SYSTEM							80.00
A 10028901	TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM							280.00
M SUNDRY	SUPPLY RR NUMBER PLATE WITH CASING							X 80.00
E PNT88000	REMOVE & REFIT REVERSE SENSOR							60 100.00
M SUNDRY	APPLY ANTI CORROSION ON AFFECTED AREAS							40 120.00
M SUNDRY	SUPPLY BODY PNL SEALANT							40 80.00
M SUNDRY	SUPPLY C & C BADGE							50.00
M SUNDRY	Sundries							20 80.00
M PANEL ASSY-TRUNK LID		1.00			1297.00	00.00		1297.00
M HINGE ASSY-TRUNK LID,LH		1.00			97.00	00.00		97.00
M HINGE ASSY-TRUNK LID,RH		1.00			97.00	00.00		97.00
M PANEL ASSY-BACK		1.00			324.00	00.00		324.00
M LOGO ASSY-KIA SUB		1.00			32.00	00.00		32.00
M EMBLEM-CERATO		1.00			28.00	00.00		28.00
M LATCH ASSY-TRUNK LID		1.00			112.00	00.00		112.00
M STRIKER ASSY-TRUNK LID		1.00			40.00	00.00		40.00
M W/STRIP-TRUNK LID OPNG		1.00			100.00	00.00		100.00

Confirm &amp; 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.



## ESTIMATE

GST Reg No : MR-8500111-X

Reg No : 199405410K <b>Invoice Name &amp; Address</b> Mr Er Kok Leong (Yu Guoliang) BLK 416 CHOA CHU KANG AVENUE 4 #04-362 SINGAPORE 680416 Contact No Mobile: 94503490		<b>Owner Name &amp; Vehicle Info</b> Cust No/Name /Mr Er Kok Leong (Yu Guoliang) Reg No/Reg Date SKE2903A / 20/03/201 Date In/Mileage / 0 Chassis No KNAF3416MK5031127 Engine No G4FGJH722112 Make/Model KIA/CERATO 1.6 A SR SX G335 Colour/Trim ABT PLATINUM GRAPHI/ WK SATURN BLACK	
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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
CSM00081	Cash	27/09/2021/ 17:07		261 / Edwin Caina	39992			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	TRIM ASSY-RR TRANSVERSE				1.00	41.00	00.00	41.00
M	COVER-RR BUMPER	CR4			1.00	651.00	00.00	651.00
M	COVER-RR BUMPER LWR	CNT			1.00	241.00	00.00	241.00
M	EXTN WIRING ASSY-BWS				1.00	207.00	00.00	207.00
M	BEAM-RR BUMPER				1.00	318.00	00.00	318.00
M	STAY-RR BUMPER LH				1.00	65.00	00.00	65.00
M	STAY-RR BUMPER RH				1.00	65.00	00.00	65.00
M	BRACKET ASSY-RR BPR SIDE UPR,L				1.00	25.00	00.00	25.00
M	BRACKET-ASSY RR BPR SIDE UPR,R				1.00	31.00	00.00	31.00
M	ULTRASONIC SENSOR ASSY-BWS				4.00	163.00	00.00	652.00
M	COVER-RR BUMPER FOG LAMP,LH				1.00	88.00	00.00	88.00
M	COVER-RR BUMPER FOG LAMP,RH				1.00	88.00	00.00	88.00
M	LAMP ASSY-SIDE T/SIGNAL,LH				1.00	181.00	00.00	181.00
M	LAMP ASSY-SIDE T/SIGNAL,RH				1.00	181.00	00.00	181.00
M	LAMP ASSY-CENTER GARNISH	CNT			1.00	690.00	00.00	690.00
M	LAMP ASSY-REAR COMB INSIDE,LH	CR4			1.00	608.00	00.00	608.00
M	LAMP ASSY-REAR COMB INSIDE,RH				1.00	608.00	00.00	608.00
M	LAMP ASSY-REAR COMB OUTSIDE,LH				1.00	675.00	00.00	675.00
M	LAMP ASSY-REAR COMB OUTSIDE,RH				1.00	675.00	00.00	675.00

SURVEYOR NAME: Steve CLKK 13/10/21, 9.30am

SURVEYOR SIGNATURE: WKL PL

DATE: P/P, R/P, R/L

REMARKS: 5 days

Confirm & accepted by

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 approved from Insurance Company

Authorized signatory and company stamp

7% GST on	14537.00	1017.59
<b>Total Payable</b>		<b>15,554.59</b>

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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	24/09/2021 14:05 (SGT)
Date of Accident	24/09/2021 11:30 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	CLEMENTI AVE 6 TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2903A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ER KOK LEONG (YU GUOLIANG)
NRIC No	SXXXX532H
Email Address	STEPHEN_ER@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94503490
Alternative Phone No	+65-94503490

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900017650-01
Cover Note Number	-

### DRIVER

Name of Driver	ER KOK LEONG (YU GUOLIANG)
NRIC No	SXXXX532H



Date Of Birth  
 Occupation  
 State Of Driving Pass  
 Driving experience  
 Gender  
 Mobile Number  
 Alt Phone Number  
 Email Address  
 Address  
 Address complement  
 Postcode

14/05/1978  
 Indoor  
 08/05/2004  
 17 YEARS AND 4 MONTHS  
 Male  
 (Phone) +65-94503490  
 +65-94503490  
 STEPHEN\_ER@HOTMAIL.COM  
 BLK 22 HILLVIEW TERRACE #09-19

669233

Yes

No

-

-

Is the driver the policyholder?  
 If No, Relationship of the Driver with the Insured  
 Does Driver Own Other Vehicles?  
 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  
 Weather Conditions  
 Road Surface

Collision - Head to Rear  
 Clear  
 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 1

Vehicle Registration Number GBJ7284A  
 Vehicle Manufacturer Toyota  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 Name of Driver WU HONGLIANG  
 Contact Number (Phone) +65-92954549  
 Address -  
 Address complement -

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

## SKETCH PLAN

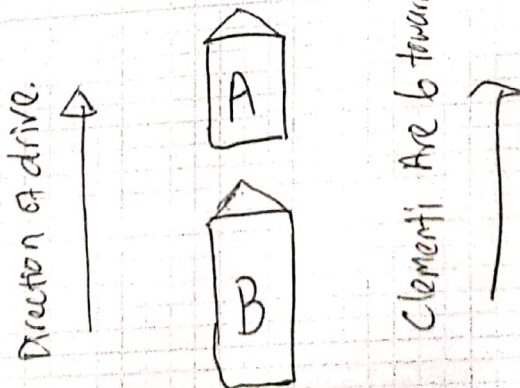
### IMPORTANT NOTICE

1. This 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. The information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may lead to the issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
4. Any false reporting may be referred to the Police for investigation.
5. 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.
6. 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.
7. **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  
1224 pm  
Sketch Plan

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

Witnessed by Reporting Centre Personnel





Describe Circumstances of the Accident


I was travelling along Clement Ave 6 towards PIE Junction. The traffic light turns to red. I did a stop, however the B vehicle did not stop in time and collide with the rear of my vehicle (A).

The weather was clear and the road was dry at time of incident.

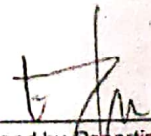
The incident happens around 11:30 am on 24th September 2021.

Declaration

We declare the foregoing particulars are true in every respect.

 24/9/2021  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel