

ASS. REQ. BY:

Steve

REF:

CS/CTI 2190072/EVC

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

at

Insured: GBE 6222L

Policy No. DMCVSNW00006242101

Claims No. SNM21D205476/C02/LEWLC

Sum Insured:

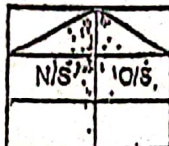
Excess:

(Client's Record)

Make of Velt:

(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

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SG4 19882

Yr Regn:

16/3/21

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

Truck / Trailer or

Make:

KIA Niro

cc 1580

Colour:

White

A/C: Insured / Std / Nil / N

Sp. Reading

14425

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

KNA CB81C4538375

Gen. Cond: Good / Fair / Poor / Buprt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

L/Bal:

4

mm

L/Bal:

4

mm

D.O.A.

26/9/21

D.O.A.

32/9/21

Survey held at

Cycle & Carriage

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s body

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

Date / Time

Action / Instruction

MV-100K

20/10/21

Final fig \$3228 confirmed by email (Red 1815. 36%)

Date/Time, File Name, etc.



: Prel. Report



: Final Report

Date/Time, File Name, etc.

21/10/21-typist

Days Of Repair:

3

Resurvey No. of Trips:

1

Survey Fee:

Transportation

S + RS: \$1

Fringe

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Date/Time, File Name, etc.

Merimen

Date/Time, File Name, etc.

IBI: \$3228



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Movement that inspires

Co Reg No : 199405410K

ESTIMATE

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
SEOW ENG HUAT	Cust No/Name	LCV13927/SEOW ENG HUAT
BLK 428 ANG MO KIO AVENUE 3	Reg No/Reg Date	SGG1988Z / 16/03/202
#07-2646	Date In/Mileage	/ 0
SINGAPORE 560428	Chassis No	KNACB81CVL5383245
Contact No Mobile: 98346116	Engine No	G4LELS637227
	Make/Model	KIA/NIRO 1.6 A EX A42 PE
	Colour/Trim	SWP SNOW WHITE PEAR/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSMO0081	Cash	27/09/2021/ 18:52	TLE	261 / Edwin Caina	40173
Description of Goods / Services					
	Qty	Unit Price	Disc%	Amount	
E PNT88000				640	1920.00
RENEW RHF DOOR				550	600.00
E PNT98000				120	300.00
RESPRAY RHF DOOR					
E PNT88000					
REMOVE & REFIT RHF DOOR COMPONENT					
A 54900099					60.00
CHECK WIRING ELECTRICAL SYSTEM					
A 10028901					280.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM					
M SUNDRY				40	80.00
SUPPLY BODY PNL SEALANT				10	50.00
M SUNDRY					
Sundries					
M PANEL ASSY-FRONT DOOR,RH	1.00	1466.00	00.00		1466.00
M MOULDING ASSY-FRONT FRAME,RH	1.00	48.00	00.00		48.00
M W/STRIP ASSY-FR DR BELT O/S RH	1.00	54.00	00.00		54.00
M MOULDING ASSY-FRT DR W/LINE,RH	1.00	171.00	00.00		171.00
M TAPE-FR DR BLACK FRAME RR,RH	1.00	14.00	00.00		14.00

SURVEYOR NAME: Steve CLKK 30/9/21, 3.00pm

SURVEYOR SIGNATURE: WIL RL

DATE: PIP, R, BEL Sy

REMARKS: 3 days

Confirm & accepted by

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

Authorized signatory and company stamp

7% GST on **Nett** 5,043.00

Total Payable 5,396.01

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 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	27/09/2021 16:50 (SGT)
Date of Accident	26/09/2021 08:30 (SGT)
Exact Location of Accident	453A Ang Mo Kio Ave 10, Singapore 561453
Additional Location Information	CHOON BOON MARKET BLK 453A AMK AVE 10 S561453
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG1988Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW ENG HUAT
NRIC No	SXXXX070H
Email Address	ROGERSEOW@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98346116
Alternative Phone No	+65-98346116

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210026396
Cover Note Number	-

DRIVER

Name of Driver	SEOW ENG HUAT
NRIC No	SXXXX070H

Accident report SC1A219R0004

Date of Birth
 Occupation
 Date of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 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

02/03/1955
 Indoor
 12/01/2010
 11 YEARS AND 8 MONTHS
 Male
 (Phone) +65-98346110
 +65-98346110
 ROGERSEOW@HOTMAIL.COM
 BLK 428 ANG MO KIO AVENUE 3 #07-2646

560426

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collided into Parked Vehicle
 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
 COLLISION-THIRD PARTY REVERSED & HIT ONTO INSURED (STATIONARY)

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 GBE6222L
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Commercial vehicle
 Name of Driver MR HENG CHEE HUA
 Contact Number (Phone) +65-94893117
 Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

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:

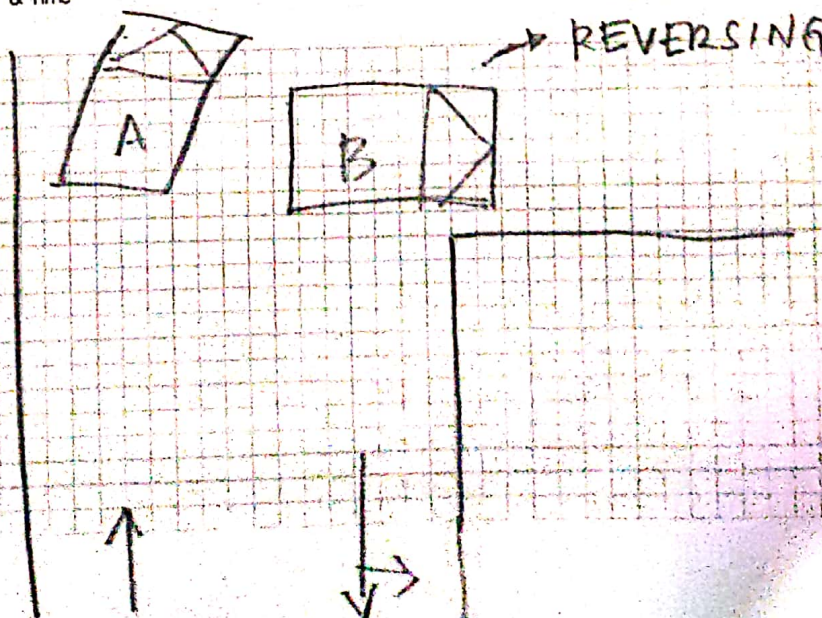
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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

15-45 hrs.
27/09/21
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

On 26 SEP 21 at about 8.30 a.m, I drove my car to 453A MARKET (Ang Mo Kio) loading BAY CARZ PARK. I stop my vehicle to stationary to wait for PARKING lot. A commercial lorry GBE 6222L driven by MR Heng Chee Huan reversed his vehicle from the loading bay and slammed into my car without noticing my car was stationary on the road. I have noticed him reversing his lorry and horn continuous but he did not stop reversing. The impact has damage my front driver door (right hand front Door). I did not suffered any injury during the accident. The drivers came out and apologies to me and admit that he did not notice my car was behind. He has agreed to settle my damages of the car and told me to make an insurance accident report.

Declaration

We declare the foregoing particulars are true in every respect.

1545 hrs

 27/09/21
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel