

ASS. REQ. BY:

Steve

REF:

CS/AIG 210/9194/E4F3

ASSIGNMENT

From:

Date:

Estimated Cost:

OP / TP / WS / J / RES / OD / RES / EVA / INV / MV

To inspect Vehicle (No): SMW 5531B

at Workshop (No):

of:

Insured:

Policy No.

2070166219

Claims No.

6372847248SG

Sum Insured:

Excess:

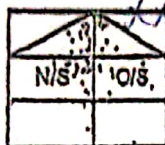
\$600

(Client's Record)

Make of Veh:

(Policy Condition)

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



Ret. or Market Value:

ADAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent:

Consistent? : Yes or No

Est. Repair:

3 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:

SMW 5531B

Yr Regn:

26/11/99

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

Truck / Trailer or

Make:

Citroen CS

c.b.

15.98

Color:

white

A/C:

Insured / Std / N / N

Sp. Reading

13564

T/Radio:

Insured / Std / N / N

Eng/No:

C/No:

VR7A456ER LLOS 7895

Gen. Cond: Good / Fair / Poor / Bught

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size:

P:

225/55 R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

L/Bal:

4

mm

L/Bal:

4

D.O.A.

28/8/21

D.O.I.

30/9/21

Survey held at

Cyber & Comp

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

Front RH

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

Date / Time

Action / Instruction

MV-120K

Confirmed P/P \$5739, 3 repair days

(RED \$3446: 38%)

noTime, File Return to:



Proll. Report

10/11 TYPIST



Final Report

noTime, File Return to:

Days Of Repair:

3

Resurvey No. of Trips

2

Survey Fee:

Transportation

S + R

Phone

Other

TOTAL

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Inve

(\$



Weekend

(\$

noTime, File Return to:

MER-OD

noTime, File Return to:

\$5739



CYCLE & CARRIAGE

CYCLE & CARRIAGE FRANCE PTE. LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240



CITROËN

ESTIMATE

Company Reg No. 200909327M
GST Reg No. MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
IVAN LEE HSI MENG 45 TEBAN GARDENS ROAD #04-414 SINGAPORE 600045 Contact No	Cust No/Name FCV02045/IVAN LEE HSI MENG Reg No/Reg Date SMW5531B / 26/11/2020 Date In/Mileage / 0 Chassis No VR7A45GFRLL059895 Engine No 10FKBL2679705 Make/Model CIT/C5 AIRCROSS PURETECH 180 S&S EAT 8 S Colour/Trim POW POLAR WHITE/ RE/ OXF CUIR CLAUDIA/TI

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
FCV02045	CRDVCH	28/09/2021/ 17:17	BLC	442 / CocoLu	16970

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER,				500.00 ✓
E PNT88000 REMOVE & INSTALL PARKING SENSOR				80.00 ✓
E PNT98000 SPRAY PAINT FOR FRT BUMPER				380.00 ✓
A 54900099 CHECK WIRING & ELECTRICAL SYSTEM				50.00 ✓
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				225.00 ✓
M SUNDRY Sundry				20.00 ✓
A 54900099 RENEW INTERCOOLER				250.00 ?
M FRONT BUMPER	1.00	1502.00	0.00	1502.00
M FR BMPR GRILLE	1.00	993.00	0.00	993.00
M BRACKET SET	1.00	109.00	0.00	109.00
M FINISHER BUMPER	1.00	93.00	0.00	93.00
M FINISHER BUMPER	1.00	116.00	0.00	116.00
M BUMPER ABSORBER	1.00	156.00	0.00	156.00
M BRACKET SET	1.00	109.00	0.00	109.00
M REAR DUCT	1.00	167.00	0.00	167.00
M REAR DUCT	1.00	88.00	0.00	88.00
M BUMPER BRACKET	1.00	342.00	0.00	342.00
M BUMPER ABSORBER	1.00	370.00	0.00	370.00
M BUMPER ABSORBER	1.00	499.00	0.00	499.00
M FIXING STUD	1.00	36.00	0.00	36.00
M FRONT LIGHT RH	1.00	770.00	0.00	770.00
M HDLIGHT SUPPORT RH COMPLEMENTA	1.00	72.00	0.00	72.00
M LIGHT MOULDING RH AV	1.00	90.00	0.00	90.00
M HEADLIGHT ASSY RH	1.00	691.00	0.00	691.00
M DISTRIB CHAMBER	1.00	840.00	0.00	840.00
M DIST CHB BRACKT	1.00	43.00	0.00	43.00

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 removal of the windscreen.



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CITROËN

ESTIMATE

Company Reg No. 200509327M
GST Reg No. MR-8509111-X

Invoice Name & Address

IVAN LEE HSI MENG
45 TEBAN GARDENS ROAD
#04-414
SINGAPORE 600045

Contact No

Owner Name & Vehicle Info

Cust No/Name FCV02045/IVAN LEE HSI MENG
Reg No/Reg Date SMW5531B / 26/11/2020
Date In/Mileage / 0
Chassis No VR7A45GFRLL059895
Engine No 10FKBL2679705
Make/Model CIT/C5 AIRCROSS PURETECH 180 S&S EAT 8 S
Colour/Trim POW POLAR WHITE/ RE/ OXF CUIR CLAUDIA/TI

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
FCV02045	CRDVCH	28/09/2021/ 17:17	BLC	442 / CocoLu	16970

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M DIST CHB BRACKT	1.00	43.00	0.00	43.00
M DIST CHB BRACKT	1.00	43.00	0.00	43.00
M FOG HEADLIGHT	1.00	128.00	0.00	128.00

Estimate

Ster CLKK)
30/9/21, 4.30pmOD- AL AL
EXCISE - ?
P/P
My Bel sy
3 days

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

Confirm & accepted by

Acknowledged by Repairer
Signature:
Date:

Authorized signatory and company stamp

Parts	7,300.00
Labour	1,485.00
Standard Menu	0.00
Specialist Job	0.00
Diagnostics Job	0.00
Sundry/Others	20.00
Total(w/o GST)	8,805.00

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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 Policy holder 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	29/09/2021 14:11 (SGT)
Date of Accident	28/08/2021 21:00 (SGT)
Exact Location of Accident	181 Orchard Rd, Singapore 238896
Additional Location Information	ORCHARD CENTRAL EXIT GANTRY INSIDE CARPARK (PILLAR)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5531B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE HSI MENG, IVAN
NRIC No	SXXXX031H
Email Address	SHIMENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97287404
Alternative Phone No	+65-93374193

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C5 AIRCROSS
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	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070166219
Cover Note Number	-

DRIVER

Name of Driver	QUEK LI LIAN SHARON
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Accident report SC1A219T0002

ERIC No	SXXXX6771
Date Of Birth	25/06/1970
Occupation	Indoor
Date Of Driving Pass	18/09/1996
Driving experience	24 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93374193
Alt. Phone Number	-
Email Address	SHARON.QUEK.LEE@GMAIL.COM
Address	BLK 45 TEBAN GARDENS ROAD #04-414
Address complement	-
Postcode	600045
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	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	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 ATTACHMENT
COLLISION-INSURED'S CAR ROLLED & HIT THE PILLAR

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
This Form must be completed by the Policyholder and/or the Authorized Driver.
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

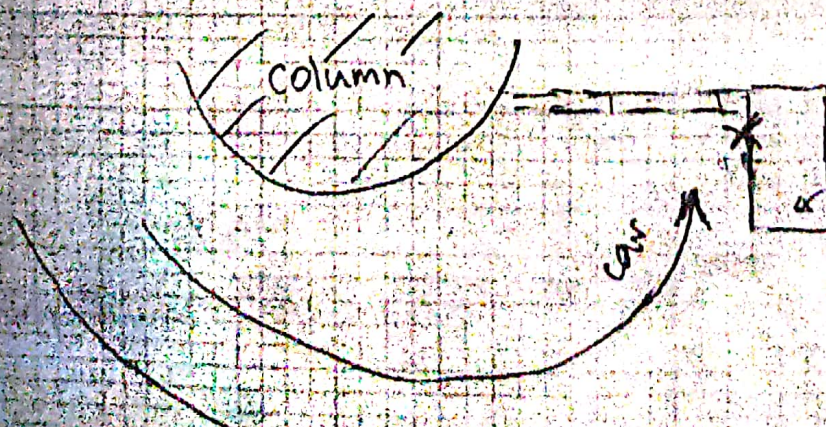
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Car rolled when I tried stretching out cars @ Orchard Central Payment gateway

Circumstances of the Accident

I was at Orchard Central car park payment gantry, tried reaching / stretching my arm to scan the card but the car rolled and hit the pillar / payment gantry area. It was a dry, but downward - sloping area.

Declaration

The above reporting particulars are true in every respect.


Policyholder's Signature

 24/3/21
Driver's Signature (if different from the policyholder) & Date

Witnessed by Reporting Centre
Ref: [unclear]