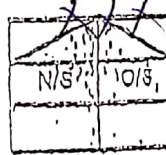


ASSIGNMENT

From: D0101
 Estimated Cost: 00/12/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100
 To inspect Vehicle No: 1900017303
 at Workshop m/s: 2459115250SG
 Insured: 1900017303
 Policy No: 2459115250SG
 Claims No: 300
 Sum Insured: Excuse
 (Client's Record)
 Make of Veh: N/S

(Policy Condition)
 Remarks: The veh had commenced its
 repair at the time of inspection.



Det. or Market Value: Consistent? : Yes or No
 IDAC Accident Report: Consistent? : Yes or No
 BIA / PR Sent: Consistent? : Yes or No
 Est. Repairs: days Rep.: Yes or No
 Cum Sum: % 3 Vol.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: Person Contacted: Vehicle IN / OUT

Veh No: SMJ 1769C Yt Regn: 25/2/10/11
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Truck / Trailer / Motor
 Truck / Trailer or
 Make: KIA Certe C.R. 159
 Colour: white A/O: Insured / St / NI / N
 Sp. Roading: 56908 Yt Regn: Insured / St / NI / N
 Eng/No: KNAF3416M K5009871
 C/Mo: Good / Fair / Poor / Bump
 Gen. Cond: Good / Fair / Poor / Bump
 Steering: Insured / Jammed / Locked / Burnt or
 Brakes: Insured / Jammed / Locked / Burnt or
 Modl: All / S/R / STD / A/R or
 Tyre Size: P1 205/55R16
 RI: 12
 B/S / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Nexen
 Front: 4 mm 4 mm
 R/Sel: 4 mm 4 mm
 U/Sel: 4 mm 4 mm
 D.O.A.: 16/11/21 cycle & Carriage
 Survey held at 17/11/21
 Des. of Damages: Front / Rear / O/S / N/S / VIC / Rollover or
 The U/S / CHASSIS frame / Body structure affected due to collision

Date / Time: Action / Instruction
MV-70K
 29/11/21 Final fig \$2098 confirmed by email (Red 1880 80, 47%)

Date/Time, File, Remarks: 1 Final Report
 Date/Time, File, Remarks: 30/11/21-typist
 Date/Time, File, Remarks: Merimen
 Date/Time, File, Remarks: \$2098
 Days of Repair: 3
 Resurvey No. of Trips: 1
 Add Fee: Site Insp (\$)
Interview (\$)
Truck, Invo (\$)
VV&P (\$)
 Survey Fee: Transportation
Survey Fee
Survey Fee
Survey Fee



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240



Movement that inspires

ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

| Invoice Name & Address | Owner Name & Vehicle Info | | | | | | | | | | | | | | |
|--|---|--------------|----------------------------------|-----------------|----------------------|-----------------|---------------|------------|-------------------|-----------|--------------|------------|--------------------------|-------------|--------------------------------------|
| AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000 | <table> <tr> <td>Cust No/Name</td><td>/Chua Teck Yong, Daniel (cai Der</td></tr> <tr> <td>Reg No/Reg Date</td><td>SMJ1769C / 25/02/201</td></tr> <tr> <td>Date In/Mileage</td><td>17/11/2021/ 0</td></tr> <tr> <td>Chassis No</td><td>KNAF3416MK5009871</td></tr> <tr> <td>Engine No</td><td>G4FGJH702498</td></tr> <tr> <td>Make/Model</td><td>KIA/CERATO 1.6 A EX G333</td></tr> <tr> <td>Colour/Trim</td><td>SWP SNOW WHITE PEAR/ WK SATURN BLACK</td></tr> </table> | Cust No/Name | /Chua Teck Yong, Daniel (cai Der | Reg No/Reg Date | SMJ1769C / 25/02/201 | Date In/Mileage | 17/11/2021/ 0 | Chassis No | KNAF3416MK5009871 | Engine No | G4FGJH702498 | Make/Model | KIA/CERATO 1.6 A EX G333 | Colour/Trim | SWP SNOW WHITE PEAR/ WK SATURN BLACK |
| Cust No/Name | /Chua Teck Yong, Daniel (cai Der | | | | | | | | | | | | | | |
| Reg No/Reg Date | SMJ1769C / 25/02/201 | | | | | | | | | | | | | | |
| Date In/Mileage | 17/11/2021/ 0 | | | | | | | | | | | | | | |
| Chassis No | KNAF3416MK5009871 | | | | | | | | | | | | | | |
| Engine No | G4FGJH702498 | | | | | | | | | | | | | | |
| Make/Model | KIA/CERATO 1.6 A EX G333 | | | | | | | | | | | | | | |
| Colour/Trim | SWP SNOW WHITE PEAR/ WK SATURN BLACK | | | | | | | | | | | | | | |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | | |
|--|--------|-------------------|-----|-------------------|--------|------------|-------|------------|
| LAX00000 | Credit | 16/11/2021/ 15:17 | BLK | 282 / Kevin Leong | 42596 | | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| E PNT88000 | | | | | | | | 400 800.00 |
| REPLACE FRT BUMPER PANEL, REINFORCEMENT & AFFECTED AREA | | | | | | | | 350.00 |
| E PNT98000 | | | | | | | | 40.00 |
| PAINT WORK ON FRT BUMPER PANEL | | | | | | | | 30.00 |
| M SUNDRY | | | | | | | | 120.00 |
| TO APPLY SEALANT ON AFFECTED AREA | | | | | | | | 50.00 |
| A 54900099 | | | | | | | | 20 40.00 |
| CHECK WIRING & CHASSIS ELECTRICAL SYSTEM | | | | | | | | |
| A 10028901 | | | | | | | | |
| TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM | | | | | | | | |
| M SUNDRY | | | | | | | | |
| TO SUPPLY FRT NUMBER PLATE WITH FRAME | | | | | | | | |
| M SUNDRY | | | | | | | | |
| SUNDRIES | | | | | 1.00 | 1219.00 | 20.00 | 975.20 |
| M LAMP ASSY-HEAD,RH | | | | | 1.00 | 32.00 | 20.00 | 25.60 |
| M ORNAMENT-KIA NO.115 | | | | | 1.00 | 633.00 | 20.00 | 506.40 |
| M COVER-FR BUMPER | | | | | 1.00 | 262.00 | 20.00 | 209.60 |
| M GRILLE-FRONT BUMPER | | | | | 1.00 | 328.00 | 20.00 | 262.40 |
| M GRILLE ASSY-RADIATOR | | | | | 1.00 | 38.00 | 20.00 | 30.40 |
| M GARNISH-RADIATOR GRILLE | | | | | 1.00 | 36.00 | 20.00 | 28.80 |
| M MOULDING-FRONT BUMPER,RH | | | | | 1.00 | 84.00 | 20.00 | 67.20 |
| M ABSORBER-FRONT BUMPER ENERGY | | | | | 1.00 | 22.00 | 20.00 | 17.60 |
| M BRACKET-FR BUMPER UPR SIDE MTG | | | | | 1.00 | 497.00 | 20.00 | 397.60 |
| M BEAM COMPLETE-FR BUMPER | | | | | | | | |
| Steve (LKK) | | | | | | | | |
| 17/11/21, 12:30pm | | | | | | | | |
| 00-M AL | | | | | | | | |
| Excess? | | | | | | | | |
| P/P | | | | | | | | |
| My BIL sy | | | | | | | | |
| 3 days | | | | | | | | |
| 7% GST on | | | | | | | | |
| Nett | | | | | | | | |
| 3950.80 | | | | | | | | |
| Total Payable | | | | | | | | |
| 3,950.80 | | | | | | | | |
| 276.56 | | | | | | | | |
| 4,227.36 | | | | | | | | |

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 | 16/11/2021 13:58 (SGT) |
| Date of Accident | 16/11/2021 12:36 (SGT) |
| Exact Location of Accident | Pandan Gardens, Singapore |
| Additional Location Information | PANDAN GARDENS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMJ1769C |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---|
| Is company? | No |
| Name Of Registered Owner | CHUA TECK YONG, DANIEL (CAI DERONG, DANIEL) |
| NRIC No | SXXXX649I |
| Email Address | DCHEROES02@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91167702 |
| Alternative Phone No | +65-91167702 |

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? | Yes |
| 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 | 1900017303-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---|
| Name of Driver | CHUA TECK YONG, DANIEL (CAI DERONG, DANIEL) |
| NRIC No | SXXXX649I |

| | |
|--|-------------------------------|
| Date Of Birth | 11/02/1980 |
| Occupation | Indoor |
| Date Of Driving Pass | 20/12/2006 |
| Driving experience | 14 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91167702 |
| Alt. Phone Number | +65-91167702 |
| Email Address | DCHEROES02@GMAIL.COM |
| Address | BLK 14 YISHUN AVENUE 9 #05-16 |
| Address complement | - |
| Postcode | 768895 |
| 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 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 | 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-HEAD TO SIDE

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 | SLT4267Z |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Freed |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | NOORLITA BINTE HASSAN |
| Contact Number | (Phone) +65-97775774 |
| 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 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 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;

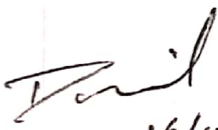
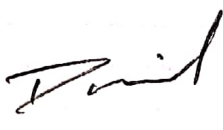
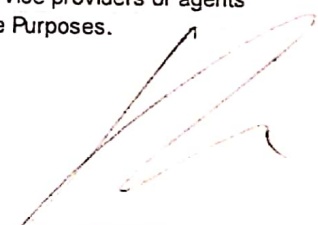
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

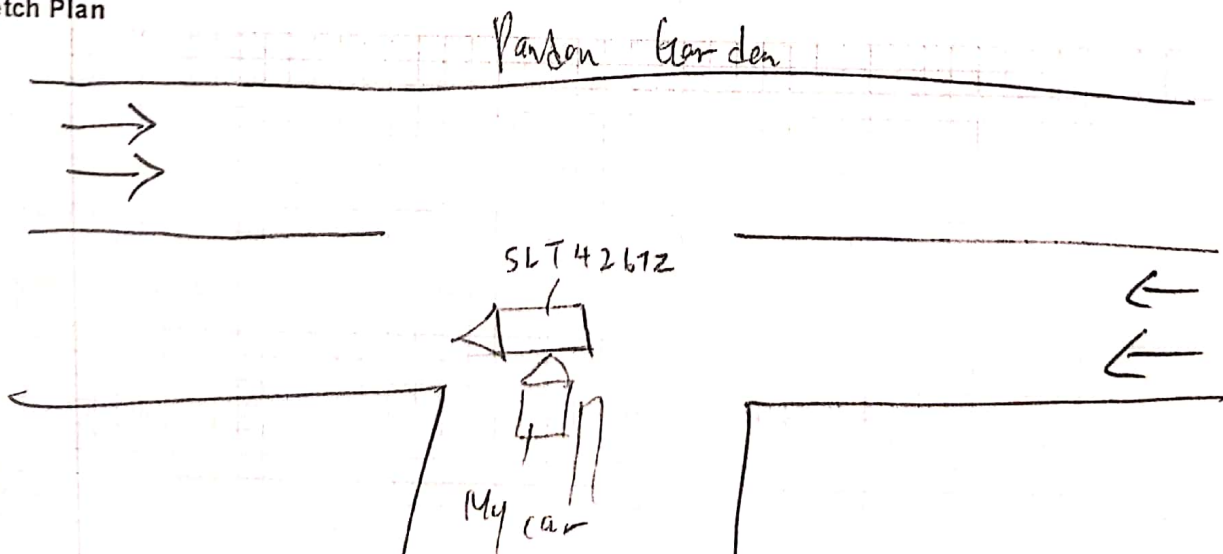
(collectively the "Purposes")

(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.

| | | |
|--|--|---|
|  X 16/11/2021 |  X 16/11/2021 |  |
| 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

When proceeding to turn right, had accidentally hit on a passing by vehicle from the right.


Declaration

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

x 

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHUA TECK YONG, DANIEL (CAI DERONG, DANIEL) Vehicle No. : SMJ1769C
Period of Insurance : 25 Feb 2021 To 24 Feb 2022 Policy No. : 1900017303-01
Engine No. : G4FGJH702498 Endorsement No. : 000000000400604
Chassis No. : KNAF3416MK5009871 Issued Date : 18 Jun 2021

ABOUT THE COVER

Make/Model : KIA Cerato
Engine Capacity/Tonnage : 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2019
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition Mileage Condition : Unlimited Mileage
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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHUA TECK YONG, DANIEL (CAI DERONG, DANIEL) - \$600 (Own Damage), \$600 (Flood Cover)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65884501
- 2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
- 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159831 64278800
- 4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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.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: HL Bank

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), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622204

C&CKICP2 - CTEAS

239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPDPH