



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>LCV14007/THYE POH CHIN WILLIAM @JOHAN BI</td></tr> <tr> <td>Reg No/Reg Date</td><td>SMY9439Z / 31/03/202</td></tr> <tr> <td>Date In/Mileage</td><td>/ 9393</td></tr> <tr> <td>Chassis No</td><td>KNAF5416MM5103060</td></tr> <tr> <td>Engine No</td><td>G4FGLH712926</td></tr> <tr> <td>Make/Model</td><td>KIA/CERATO 1.6 A GT LINE H370</td></tr> <tr> <td>Colour/Trim</td><td>KLK STEEL GREY / WK SATURN BLACK</td></tr> </table> | Cust No/Name | LCV14007/THYE POH CHIN WILLIAM @JOHAN BI | Reg No/Reg Date | SMY9439Z / 31/03/202 | Date In/Mileage | / 9393 | Chassis No | KNAF5416MM5103060 | Engine No | G4FGLH712926 | Make/Model | KIA/CERATO 1.6 A GT LINE H370 | Colour/Trim | KLK STEEL GREY / WK SATURN BLACK |
| Cust No/Name | LCV14007/THYE POH CHIN WILLIAM @JOHAN BI | | | | | | | | | | | | | | |
| Reg No/Reg Date | SMY9439Z / 31/03/202 | | | | | | | | | | | | | | |
| Date In/Mileage | / 9393 | | | | | | | | | | | | | | |
| Chassis No | KNAF5416MM5103060 | | | | | | | | | | | | | | |
| Engine No | G4FGLH712926 | | | | | | | | | | | | | | |
| Make/Model | KIA/CERATO 1.6 A GT LINE H370 | | | | | | | | | | | | | | |
| Colour/Trim | KLK STEEL GREY / WK SATURN BLACK | | | | | | | | | | | | | | |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | | |
|--|--------|-------------------|-----|-------------------|---------|------------|-------|---------|
| LAX00000 | Credit | 18/11/2021/ 16:51 | BLE | 261 / Edwin Caina | 42700 | | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| E PNT88000 | | | | | | | | 2000.00 |
| RENEW FR BUMPER , BONNET & FR SUPPORT PNL | | | | | 2 X 490 | | | 809 |
| REPAIR LHF FENDER | | | | | | | | 1050.00 |
| E PNT98000 | | | | | | | | 7 |
| RESPRAY FR BUMPER , BONNET & LHF FENDER | | | | | 3 X 350 | | | 100.00 |
| E PNT88000 | | | | | | | | 7 |
| REMOVE & REFIT AC COND & RADIATOR | | | | | | | | 80.00 |
| M SUNDRY | | | | | | | | |
| TOP UP AC GAS | | | | | | | | 30.00 |
| A 54900099 | | | | | | | | |
| CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM | | | | | | | | 120.00 |
| A 10028901 | | | | | | | | |
| TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM | | | | | | | | 50.00 |
| M SUNDRY | | | | | | | | |
| SUPPLY FR NUMBER PLATE WITH CASING | | | | | | | | 40.00 |
| M SUNDRY | | | | | | | | |
| APPLY ANTI CORROSION ON AFFECTED AREAS | | | | | | | | 49 |
| M SUNDRY | | | | | | | | 60.00 |
| SUPPLY BODY PNL SEALANT | | | | | | | | 20.00 |
| M SUNDRY | | | | | | | | |
| Sundries | | | | | | | | |
| M LAMP ASSY-HEAD,LH | | | | | 1.00 | 2210.00 | 20.00 | 1768.00 |
| M PANEL ASSY-HOOD | | | | | 1.00 | 1502.00 | 20.00 | 1201.60 |
| M CLIP-HOOD INSULATING PAD MTG | | | | | 13.00 | 1.00 | 20.00 | 10.40 |
| M COVER-FR BUMPER | | | | | 1.00 | 633.00 | 20.00 | 506.40 |
| M GRILLE-FRONT BUMPER | | | | | 1.00 | 485.00 | 20.00 | 388.00 |
| M GRILLE ASSY-RADIATOR | | | | | 1.00 | 328.00 | 20.00 | 262.40 |
| M GARNISH-RADIATOR GRILLE | | | | | 1.00 | 38.00 | 20.00 | 30.40 |
| M MOULDING-FRONT BUMPER,LH | | | | | 1.00 | 216.00 | 20.00 | 172.80 |
| M LAMP ASSY-SIDE REPEATER,LH | | | | | 1.00 | 143.00 | 20.00 | 114.40 |
| M AIR DUCT-FR BUMPER,LH | | | | | 1.00 | 14.00 | 20.00 | 11.20 |
| M ABSORBER-FRONT BUMPER ENERGY | | | | | 1.00 | 84.00 | 20.00 | 67.20 |
| M STIFFNER-FR BPR LWR | | | | | 1.00 | 114.00 | 20.00 | 91.20 |

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 the removal of the windscreen.



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

GST Reg No : MR-8500111-X

Co Reg No : 199405410K

| Invoice Name & Address | Owner Name & Vehicle Info | |
|--------------------------------------|---------------------------|--|
| AIG Asia Pacific Insurance Pte. Ltd. | Cust No/Name | LCV14007/THYE POH CHIN WILLIAM @JOHAN BI |
| MOTOR CLAIM DEPARTMENT | Reg No/Reg Date | SMY9439Z / 31/03/202 |
| 78 SHENTON WAY #09-16 | Date In/Mileage | / 9393 |
| AIG BUILDING | Chassis No | KNAF5416MM5103060 |
| SINGAPORE 079120 | Engine No | G4FGLH712926 |
| Contact No 64191000 | Make/Model | KIA/CERATO 1.6 A GT LINE H370 |
| | Colour/Trim | KLG STEEL GREY / WK SATURN BLACK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | | |
|---------------------------------|--------------------------------|-------------------|-----|-------------------|--------|------------|-------|--------|
| LAX00000 | Credit | 18/11/2021/ 16:51 | BLE | 261 / Edwin Caina | 42700 | | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| M | BRACKET-FR BUMPER UPR SIDE MTG | | | | 1.00 | 22.00 | 20.00 | 17.60 |
| M | WIRING ASSY-BUMPER EXTENSION | | | | 1.00 | 207.00 | 20.00 | 165.60 |
| M | ULTRASONIC SENSOR ASSY-P.A.S | | | | 2.00 | 163.00 | 20.00 | 260.80 |
| M | BEAM COMPLETE-FR BUMPER | | | | 1.00 | 497.00 | 20.00 | 397.60 |
| M | CARRIER ASSY-FRONT END MODULE | | | | 1.00 | 675.00 | 20.00 | 540.00 |

Estimate

Steve (CLKK)

SURVEYOR NAME: _____

SURVEYOR SIGNATURE: _____

DATE: _____

REMARKS: _____

5 days

19/11/21, 11.00a
OD M AL
EXCERS - ?

P/P

My Bill

Confirm & accepted by

LK 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

Authorized signatory and company stamp

| | | |
|----------------------|---------|------------------|
| 7% GST on | 9555.60 | 9,555.60 |
| | | 668.89 |
| Total Payable | | 10,224.49 |

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 18/11/2021 16:17 (SGT)
Date of Accident 18/11/2021 08:27 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE SLIP ROAD FROM CHANGI RD NORTH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY9439Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THYE POH CHIN WILLIAM @JOHAN BIN ABDULLAH
NRIC No SXXXX811H
Email Address WILLIAMTHYE1952@GMAIL.COM
Mobile Phone No (Phone) +65-96641920
Alternative Phone No +65-93367345

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 7210031872
Cover Note Number -

DRIVER

Name of Driver JULIANA THYE BINTE JOHAN
NRIC No SXXXX259Z



Accident report SC1A21BI0006

Date Of Birth 12/10/1977
 Occupation Indoor
 Date Of Driving Pass 08/10/2007
 Driving experience 14 YEARS AND 1 MONTH
 Gender Female
 Mobile Number (Phone) +65-93367345
 Alt. Phone Number
 Email Address JULIEJO1977@YAHOO.COM
 Address BLK 160 TAMPINES STREET 12 #03-335
 Address complement
 Postcode 521166
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Child
 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 Raining
 Road Surface Wet

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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name JESSIE THYE
 Gender Female

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 SLF6451T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

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.
 - (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.

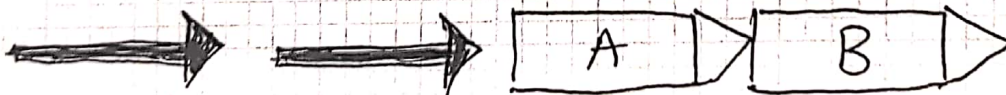
Policyholder's Signature / Date & Time

18/11/21

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At time of driving, I was filtering left going on to slip road towards PIE.

Car in front Sudden brake

Due to slight left turn and slight going up slope, potential blind spot and I couldn't stop on time.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
18/11/21
1442
8:00

Driver's Signature (If driver is not the policyholder) / Date & Time
18/11/2021
2:42pm

Witnessed by Reporting Centre Personnel
E. Ar