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# **CYCLE & CARRIAGE KIA PTE LTD** PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE** 

o Reg No : 199405410K	ESTIMATE	GST Reg No : MR-8500111-)		
Invoice Name & Address	Com Acres (Company)	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	Cust No/Name	/TAN BOON SOO		
	Reg No/Reg Date	SFT7710L / 07/12/201		
	Date In/Mileage	01/12/2021/ 0		
	Chassis No	KNAF3416MK5022966		
	Engine No	G4FGJH712643		
	Make/Model	KIA/CERATO 1.6 A EX G333		
	Colour/Trim	BAU GRAVITY BLUE / WK SATURN BLACK		

Account No Terms Date/Time Printed	CSE	Operator	1136 10	WIP No		14.
LAX00000 Credit 01/12/2021/ 15:29	BLK	282 / Kevin Leong		43264		
Description of Goods	/ Services		Qty U	nit Price	Disc%	Amount
E PNT88000 REPLACE ON REAR LH DOOR & AFFECTED ARI REPAIR ON REAR BUMPER, REAR LH FENDER E PNT98000 PAINT WORK ON REAR BUMPER, REAR LH FEI E PNT88000 TO TRANSFER REAR LH DOOR ATTACHMENTS TO TRANSFER REAR LH DOOR ATTACHMENTS TO TO APPLY SEALANT ON AFFECTED AREA A 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYS A 10028901	& LH SID	R LH, DOOR & LH, SIDE S	ILL 4 X (	350		1400.00 1400.00 120.00 40.00 30.00
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Confirm & accepted by  LKK A 1/2 Consultant's hence notify the Repairer of the following:  To resure before all a party painting  To display damaged party; desire resurvey  Parts prices are a sloped thread to those  Third party survey is an any mouth projudice that  Authorized signatory and company stamp  Validity of this estimate is 14 days from date of a		Exact-1 PIP, Mg S days		Net 5788.0 al Payabl	0	5,788.00 405.16 6,193.16

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

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 witholding of material facts may allow insurance companies to repudiate

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 Independent of this report to the insurers was hearby consent to the centre and to copies of the report being made available aforesaid.

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 01/12/2021 16:07 (SGT) Date of Accident 30/11/2021 23:00 (SGT) **Exact Location of Accident** 

Singapore Additional Location Information CARPARK LOT BEHIND OF GIANURN BUILDING

Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SFT7710L

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN BOON SOO NRIC No SXXXX028D **Email Address** ADELENE1122@YAHOO.COM Mobile Phone No (Phone) +65-97274184 Alternative Phone No (Home) +65-97274184

#### VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant Exact purpose for which vehicle was being used at time of 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 1800145347-01 Cover Note Number

# DRIVER

Name of Driver LIM MING JUN NRIC No SXXXX365C

Date Of Birth 22/09/1994 Occupation Indoor Date Of Driving Pass 13/10/2016 Driving experience 5 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-97274184 Alt. Phone Number **Email Address** YIROY3@GMAIL.COM Address 39 CROWHURST DRIVE Address complement Postcode 557918 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 Collided into Parked Vehicle Weather Conditions IN CARPARK Road Surface IN CARPARK OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name RINDUZ Gender **Female** PASSENGER 2 Name **ELSHEUN** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHMENTS. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number UNKNOWN

Vehicle Manufacturer

Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	•
	Commercial vehicle
Name of Driver	_
Contact Number	
Address	•
Address complement	· <del>•</del> .
Postcode	•
Insurance Company Name	-
Insurance Company Name Nature Of Damage	•
Details of property damaged in assistant	-
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 w orkshop 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' law yers/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' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

All 1/12/21 gry Who 01/12/21 400HN

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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

& Time

Witnessed by Reporting Centre Personnel