

ASS. REC. BY:

Steve

REF:

CS/AIG 21012610/ERF3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. 5933574984SG

Sum Insured: \_\_\_\_\_ Excess: 400

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMH 357A Yr Regn: 9/1/19

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

Truck / Trailer or

Make: Mitsubishi Eclipse Cross c.c 1499

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 37668 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JMAXT6K1WJ2004786

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50R18

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. 13/12/21 D.O.I. 14/12/21

Survey held at Cycle &amp; Carriage

Des. of Damages ☒ Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MV-92K

15/12/21 @ 9.12am revert to AIG via Merimen.

15/12/21 @ 6.09pm Kok Chong informed C/A via Merimen.

16/12/21 @ 9.30am Informed Kevin C/A &amp; ex:\$800 by email.

16/12/21 @ 2.09pm Azlan informed the excess should be \$400/-.

16/12/21 @ 3.46pm informed Kevin the excess should be \$400/- instead of ex:\$800/- by email

26/01/22 @ 10.27am confirmed with Larry final fig \$5594.84, 5 days. (Red \$2080.04, 27%)

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 3

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Report Format : MER-OD

Lump Sum / I.B.I: (\$ 5594.84 )





CYCLE &amp; CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

## ESTIMATE

Co Reg No : 1977014696

LKK Auto Consultants hence notify the Repairer of the following:

- To display damaged part(s) during repair
- No illegal modification(s) is allowed
- Supplementary item(s) must be approved and is subject to final inspection

MITSUBISHI MOTORS

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name /Mr. PANG (PAN) Reg No/Reg Date SMH357A / 09/01/201 Date In/Mileage / 0 Chassis No JMAXTGK1WJZ004786 Engine No 4B40GB9312 Make/Model MIT/ECLIPSE CROSS 1.5 T/C SPORTS SU Colour/Trim W13 SILKY WHITE / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	13/12/2021/ 17:00		282 / Kevin Leong	18661		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000	1	REPLACE FRONT BUMPER PANEL, FRT LH HEADLAMP PANEL & AFFECTED AREA	450				900.00
E PNT98000	1	PAINT WORK ON FRT BUMPER PANEL	350				350.00
E PNT88000		REMOVE & INSTALL FRONT PARKING ASSIST FOR FACILITATE REPAIR					120.00
M SUNDRY		PERFORM RUST PREVENTION					40.00
A 54900099		CHECK WIRING & CHASSIS ELECTRICAL SYSTEM					30.00
A 10028901		TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM					120.00
M SUNDRY		TO SUPPLY FRONT NUMBER PLATE WITH FRAME					50.00
M SUNDRY		SUNDRIES					30.00
M HEADLAMP ASSY, LH	BR		1.00	1986.00	23.00		1529.22
M LAMP A, T/SIG & FOG, FR LH	CUT (SILVER) (DARK)		1.00	506.00	23.00		389.62
M COVER, FR BUMPER	BR		1.00	382.00	23.00		294.14
M FACE, FR BUMPER	BR		1.00	664.00	23.00		511.28
M GARNISH, FR BUMPER SIDE			1.00	73.00	23.00		56.21
M GARNISH, FR BUMPER SIDE			1.00	214.00	23.00		164.78
M BRKT, F/BMPR T/SIG LAMP, LH			1.00	17.00	23.00		13.09
M BAR, FR BUMPER GUARD			1.00	100.00	23.00		77.00
M REINFORCEMENT, FR BUMPER			1.00	555.00	23.00		427.35
M REINFORCEMENT, FR BUMPER			1.00	236.00	23.00		181.72
M STAY, FR BUMPER			1.00	9.00	23.00		6.93
M REINF, FR BUMPER SIDE, LH			1.00	35.00	23.00		26.95
M BRACKET, FR BUMPER SIDE, LH			1.00	18.00	23.00		13.86
M EXTENSION, FR BUMPER	CUT (SILVER)		1.00	318.00	23.00		244.86
M GRILLE ASSY, RADIATOR			1.00	486.00	23.00		374.22
M COVER, FR BUMPER GRILLE			1.00	302.00	23.00		232.54
M PNL, HEADLAMP SUPT, UPR LH			1.00	59.00	23.00		45.43

Confirm &amp; accepted by

Supp  
Spray FRT LH Fender \$750 ✓

Stere (LKR)

14/12/21, 12-14

OD-NA AL

Excell - ?

P/P

M BtF 5%

3 djs

Nett

6229.20

Total Payable

6,229.20

436.04

6,665.24

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.





## 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	13/12/2021 17:20 (SGT)
Date of Accident	13/12/2021 08:30 (SGT)
Exact Location of Accident	Margaret Dr, Singapore
Additional Location Information	MARGARET DR TOWARDS QUEENSWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH357A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PANG KOK WEE, DAVID (PAN GUOWEI, DAVID)
NRIC No	SXXXX378B
Email Address	CREST2449@YAHOO.COM
Mobile Phone No	(Phone) +65-91555867
Alternative Phone No	+65-98639616

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
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	1499

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	190001478-01
Cover Note Number	-

### DRIVER

Name of Driver	MAH MEI KUEN
NRIC No	SXXXX165Z



Accident report SC1A21CD0007

Date Of Birth	24/12/1975
Occupation	Indoor
Date Of Driving Pass	01/02/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98639616
Alt. Phone Number	-
Email Address	F75MAH@LIVE.COM
Address	BLK 88 DAWSON ROAD #04-33
Address complement	-
Postcode	142088
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	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

##### 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	SLD8435M
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LIM CHOO PHEI
Contact Number	(Phone) +65-81381185
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

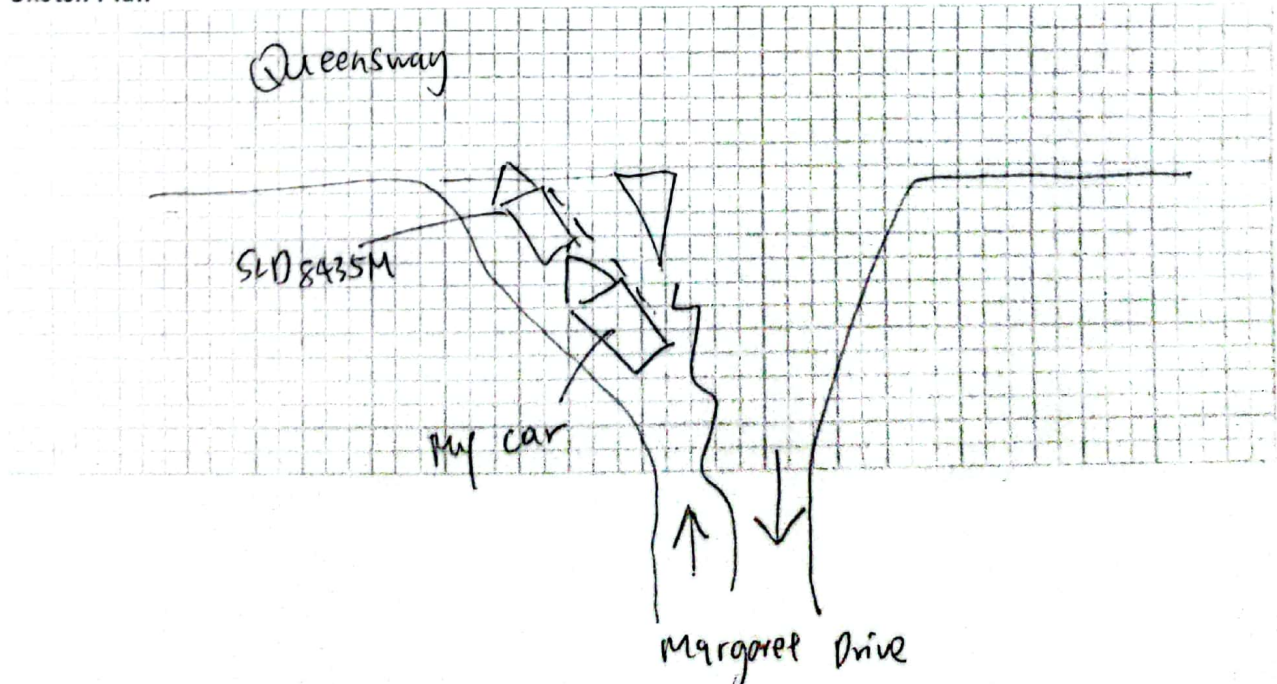
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
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


MOVE

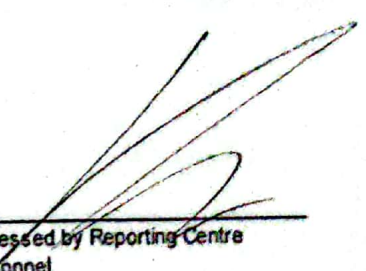
I WAS WAITING BEHIND SLD 8435M. I SAW SLD 8435M TURNING ON-30 I  
ALSO STARTED MY CAR. HE (THE DRIVER STOPPED SUDDENLY AND I  
COULD NOT STOP IN TIME.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel



## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Pang Kok Wee, David(Pan Guowei, David)  
**Period of Insurance** : 09 Jan 2021 To 08 Jan 2022  
**Engine No.** : 4B40GB9312  
**Chassis No.** : JMAXTGK1WJZ004786

**Vehicle No.** : SMH357A  
**Policy No.** : 1900001478-01  
**Endorsement No.** :  
**Issued Date** : 24 Dec 2020

### ABOUT THE COVER

**Make/Model** : MITSUBISHI Eclipse Cross 1.5  
**Engine Capacity/Tonnage** : 1,499.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2019  
**Insuring with COE/PAF** : Yes

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" ("YIDER") 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 - \$800 Theft - \$0 Flood Cover - \$800

**Section 2**  
Property Damage - \$0

Windscreen : \$100

**Named Driver and Excess** (where applicable)

Pang Kok Wee, David(Pan Guowei, David) - \$800 (Own Damage), \$800 (Flood Cover)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- 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: 20 Leng Kee Rd Singapore 159094 64708688
- 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](http://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: DBS BANK LTD

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).

**AIG Asia Pacific Insurance Pte. Ltd.**  
This computer generated document does not require a signature.

0504623206

FULCOMICP2 - JN

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP