

ASS. REC. BY: Steve

REF: CS/A1621012699/EVF3

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. 1700091333

Claims No. 8125285374SG

Sum Insured: _____ Excess: 0

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SLV 35794 Yr Regn: 28/12/17

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

Make: KIA Carens cc 1685

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

Sp. Reading: 115302 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAH4815VJ7193822

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order Jammed Leaked Burnt or

Brake: In order Jammed Leaked Burnt or

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

Tyre Size: F: 205/55ZR16

R: 11

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 14/12/21 D.O.I. 16/12/21

Survey held at Cycle & 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
	<u>MV-70K</u>
<u>10/1/22</u>	<u>Final fig \$6472.80 confirmed by email (Red 3099.60, 32%)</u>

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to? 10/1/22-typist

Report Format: Merimen

Lump Sum / I.B.I: (\$ 6472.80)

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____))
 : Interview (\$ _____))
 : Tech. Invs (\$ _____))
 : Weekend (\$ _____))

Survey Fee:	_____
Transportation:	_____
Photos	_____
Others	_____
TOTAL	_____



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

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for AIG Asia Pacific Insurance Pte. Ltd. and vehicle information for a KIA/CARENS 1.7 A D EX FL DY7.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Row 1: LAX00000, Credit, 15/12/2021/ 11:42, BLK, 282 / Kevin Leong, 43990

Main itemized list table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes items like 'REPLACE REAR BUMPER, TAILGATE, END PANEL & AFFECTED AREA' and 'PAINT WORK ON REAR BUMPER, TAILGATE, END PANEL & REAR RH FENDER'.

Estimate (Watermark)

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.



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Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various car parts like EMBLEM-CRDI, GLASS ASSY-TAIL GATE, STOPPER-RR WINDOW GLASS, etc.

Estimate

Steve (LKK) 16/12/21, 12:30pm
90-MAL
Excess-?
PIP, M B C Sy

LKK Auto Consultants hence notify the Repairer of the following:

Confirm & accepted by

- 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

Authorized signatory and company stamp

6 days
7% GST on 8655.60
Total Payable 9,261.49

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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 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	14/12/2021 17:12 (SGT)
Date of Accident	14/12/2021 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLAND AVE 5 / WOODLAND AVE 4 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3579U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEEM KOK SENG
NRIC No	SXXXX100H
Email Address	KOKSENGSEEM@GMAIL.COM
Mobile Phone No	(Phone) +65-91888253
Alternative Phone No	(Home) +65-91888253

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
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	1800

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700091333-03
Cover Note Number	-

DRIVER

Name of Driver	SEEM KOK SENG
NRIC No	SXXXX100H

Date Of Birth	06/03/1965
Occupation	Indoor
Date Of Driving Pass	23/10/1989
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91888253
Alt. Phone Number	(Home) +65-91888253
Email Address	KOKSENGSEEM@GMAIL.COM
Address	766 BEDOK RESERVOIR ROAD
Address complement	#05-20
Postcode	479248
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 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	SJD1909H
Vehicle Manufacturer	Renault
Vehicle Model	Scenic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD ZIQKRUL BIN ISMAIL
Contact Number	(Phone) +65-93865464
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 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.
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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 

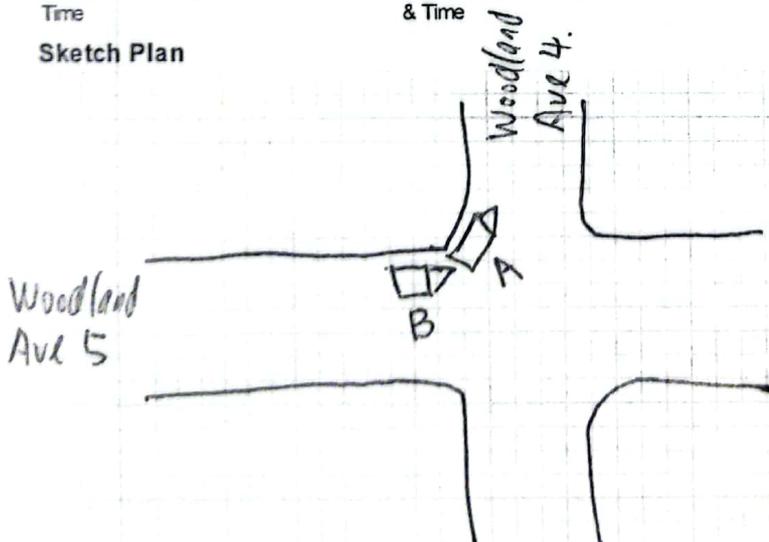
Policyholder's Signature / Date & Time

X 

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At about 08:25 a.m.
As I travel along Woodland Ave 5 ~~to~~ eastward
toward Woodland Ave 4. I stopped at the junction,
the car SJD1909H hit my car from back.

Declaration

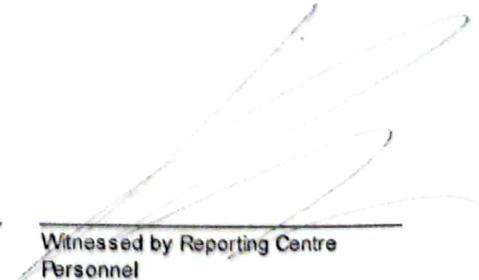
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

CERTIFICATE OF INSURANCE

AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SEEM KOK SENG
 Period of Insurance : 28 Dec 2020 To 27 Dec 2021
 Engine No. : D4FDHH546890
 Chassis No. : KNAHU815VJ7193822

Vehicle No. : SLV3579U
 Policy No. : 1700091333-03
 Endorsement No. :
 Issued Date : 02 Dec 2020

ABOUT THE COVER

Make/Model : KIA Carens 1.7 Diesel EX
 Engine Capacity/Tonnage : 1,685.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : 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" ("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
 Limitation as to use* :
 Mileage Condition : Unlimited Mileage

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 2018, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SEEM KOK SENG - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 208 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408660 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 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: Standard Chartered Bank (Singapore) Limited

We hereby certify that this 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, 1989 (Malaysia).

0500709928
 CYCLE & CARRIAGE - CINDY

239 ALEXANDRA ROAD
 SINGAPORE 158930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

ESPTLA