

ASS. REC. BY: Steve REF: CS/AIG21012707/ETF3

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. 7210016910

Claims No. 5167843302SG

Sum Insured: _____ Excess: 300

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. 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: EX4D Yr Regn: 3/3/17

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

Truck / Trailer or 1598

Make: Citroen Grand C4 c.c. 1560

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

Sp. Reading 36777 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFT3A5GZTGJ811729

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R17

R: 11

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

TOYO / YOKO or _____

Front 5 mm Rear 5 mm

R/Bal. 5 mm L/Bal. 5 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

Front RH

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

Date / Time	Action / Instruction
	<u>MV-65K</u>
	<u>Part by part \$6,294.80, 5days</u>
	<u>red:1520.8;19%</u>

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL



CYCLE & CARRIAGE

CYCLE & CARRIAGE FRANCE PTE. LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240



CITROËN

QUOTATION

Company Reg No. 200609327M
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 6419 1000	Cust No/Name /Ms Stephanie Quek Zhen Ling Reg No/Reg Date EX4D*CC17S5 / 03/03/2017 Date In/Mileage / 0 Chassis/Package VF73A5GZTGJ811729 /NOTES Engine No 10FJCC2285229 Make/Model CIT/GC4P 1.6 THP 165 EAT6 INTENSIVE_ML Colour/Trim F4M GRIS ARTENSE / IXF YATAGO GREY



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
FAX00001	Credit	15/12/2021/ 16:12	BLK	282 / Kevin Leong	17250	0

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 REPLACE FRT BUMPER, FRT RH FENDER & AFFECTED AREA 1-5 x 500				750 1500.00
E PNT98000 PAINT WORK ON FRT BUMPER, FRT RH FENDER & FRT RH DOOR 3 x 380				1140.00
A 11900199 REPLACE TURBO INTERCOOLER ASSY				250 500.00
M SUNDRY PERFORM RUST PREVENTION				40 50.00
A 54900099 CHECK WIRING & CHASSIS ELECTRICAL SYSTEM				50.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				225.00
M SUNDRY SUNDRIES				5.00
M FRONT BUMPER	1.00	1031.00	20.00	824.80
M BUMPER MOULDING	1.00	207.00	20.00	165.60
M BUMPER MOULDING	1.00	207.00	20.00	165.60
M BUMPER MOULDING	1.00	227.00	20.00	181.60
M BRACKET SET	1.00	125.00	20.00	100.00
M BUMPER BRACKET	1.00	224.00	20.00	179.20
M FRONT WING RH ASS	1.00	571.00	20.00	456.80
M HEADLIGHT ASSY RH	1.00	1667.00	20.00	1333.60
M DISTRIB CHAMBER	1.00	840.00	20.00	672.00
M DIST CHB BRACKT	1.00	43.00	20.00	34.40
M DIST CHB BRACKT	1.00	43.00	20.00	34.40
M FOG HEADLIGHT	1.00	128.00	20.00	102.40
M REAR DUCT RH	1.00	119.00	20.00	95.20

Steve CLKK)
16/12/21, 12:00pmOP-MML
EXCIS-?

P/P

5 days

Guarantee Your Warranty, Maintain with Cycle & Carriage!

my Bel sy

Parts	4,345.60	Nett	7,815.60
Labour	3,415.00	7% GST on	7815.60
Standard Menu	0.00		
Specialist Job	0.00		
Diagnostics Job	0.00		
Sundry/Others	55.00		
Total(w/o GST)	7,815.60	Total Payable	8,362.69
		Paid	0.00
		Total Due	8,362.69

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.
Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Acknowledged by Repairer

Page 1 of 1

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 18:05 (SGT)
Date of Accident	14/12/2021 09:30 (SGT)
Exact Location of Accident	5 Hospital Dr, Singapore 169609
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EX4D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	STEPHANIE QUEK ZHEN LING
NRIC No	S9030885H
Email Address	GUANANNIE@GMAIL.COM
Mobile Phone No	(Phone) +65-94786320
Alternative Phone No	+65-94786320

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	GRAND C4 PICASSO 1.6 THP EAT6 S/R
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210016910
Cover Note Number	-

DRIVER

Name of Driver	GUAN ANNIE
NRIC No	S125546F

Date Of Birth	12/02/1957
Occupation	Indoor
Date Of Driving Pass	28/11/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-92372402
Alt. Phone Number	-
Email Address	GUANANNIE@GMAIL.COM
Address	389 BUKIT TIMAH ROAD
Address complement	-
Postcode	259732
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	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

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	SMD5381S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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

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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:

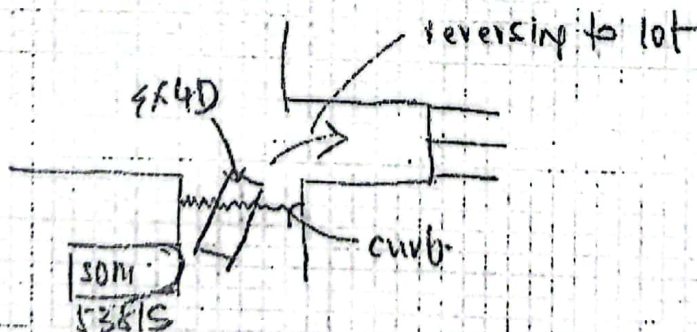
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



LICENSE PLATE: EX4D ACCIDENT DATE & TIME: 14/12/2021 9.30 a.m.
CONTACT NUMBER: 94786320 / 93372402 E-MAIL ADDRESS: guanannie@gmail.com
LOCATION: National Heart Center Car Park (B1) D

I was trying to reverse to a parking lot, the car rolled forward on a curb & hit the car in front
The car no. is SMD 5381S.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state: ☒ Claim Own Policy ☐ Claim Third Party ☒ Claim ODP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Stephanie Quek Zhen Ling
 Period of Insurance : 17 Feb 2021 To 02 Mar 2022
 Engine No. : 10FJCC2285229
 Chassis No. : VF73A5GZTGJ811729

Vehicle No. : EX4D
 Policy No. : 7210016910
 Endorsement No. : 00000000383678
 Issued Date : 26 Feb 2021

ABOUT THE COVER

Make/Model : CITROEN GRAND C4 PICASSO 1.6
 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2017
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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.

* 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)

Stephanie Quek Zhen Ling - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us). For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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: NA

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).

0030365060

G&M PTE LTD

8 SHENTON WAY #13-03 AXA TOWER

SINGAPORE 068611

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

88CND