

ASS. REC. BY: Steve

REF: CS/CT122000865/ETY3

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. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SMA 8494L Yr Regn: 5/12/19
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: KIA Cerato c.c. 1591
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 16864 T/Radio: Insured / Std / NI / NA
Eng/No: _____
O/No: KNAP3416MK5052415
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Mod: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 205/55R16
R: "

(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

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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front R/Bal. 5 mm Rear R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.I. 14/12/22 D.O.I. 14/12/22
Survey held at Cycle & Carrep
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-70K
We will be advising our Principal a cost of repair of \$2517.00 (P/P before GST) - with 3 days of repair, subject to their approval.	
red:1202:32%	

Date/Time, File Pass to? : Prel. Report
 : Final Report
1) _____
Date/Time, File Return to? _____
2) _____
Report Format : _____
Lump Sum / I.B.I: (\$ _____)

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S + RS: \$ _____
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 LEE PENG WENG JOSEPH and vehicle specifications like Reg No, Chassis No, Engine No, etc.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Row 1: CSM00081, Cash, 24/01/2022/ 09:48, 442 / CocoLu, 45714

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists items like REPAIR FRT BUMPER, SPRAY PAINT, SUNDRIES, and various radiator parts.

Estimate

Handwritten notes: Steve (LKK), 14/2/22, 10-30a

Handwritten notes: W PL, PIP, by BL, 3 days

LKK 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
- 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

Confirm & accepted by

Acknowledged by Repairer
Signature:
Date:

7% GST on 3719.00 = 260.33
Total Payable 3,979.33

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.

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 17/01/2022 16:27 (SGT)
Date of Accident 16/01/2022 15:42 (SGT)
Exact Location of Accident Jurong West Street 93, Singapore
Additional Location Information 966 JURONG WEST STREET 93
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ8494L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE PENG WENG JOSEPH
NRIC No SXXXX607C
Email Address josephlee@gfsfilter.com
Mobile Phone No (Phone) +65-96681135
Alternative Phone No +65-96681135

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? No - Claiming third party
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 1900255272-01
Cover Note Number -

DRIVER

Name of Driver LEE ZHI HAN, EUGENE
NRIC No SXXXX748B

Driving Pass	06/02/1992
Experience	Indoor
Number	30/03/2011
Phone Number	10 YEARS AND 10 MONTHS
Address	Male
Postcode	(Phone) +65-81004346
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured	zhihan26@gmail.com
Does Driver Own Other Vehicles?	53 HILLVIEW AVENUE
Vehicle Registration Number of Other Vehicle Owned by Driver	#06-07 SINGAPORE
Insurance Company of Other Vehicle Owned by Driver	669566
	No
	Child
	No
	-
	-

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

TP REVERSED HIT INSURED - 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	GBA2332A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KWEH PENG NGUANG
Contact Number	(Phone) +65-91085418
Address	-
Address complement	-

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**.
- 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)

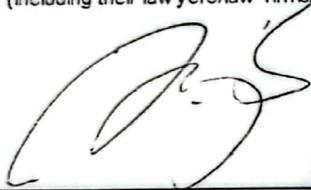
I understand, acknowledge, agree and consent that:

(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



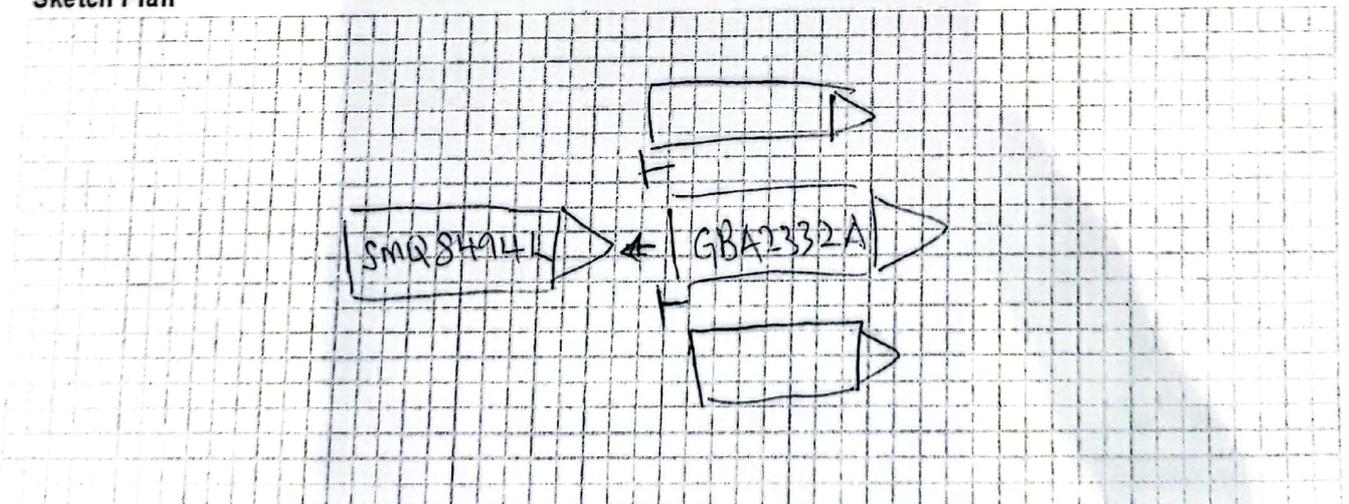
Driver's Signature (if driver is not the policyholder) / Date & Time

17/01/2012



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Vehicle SMQ8494L parked stationary behind lorry GBA2332A
Driver of SMQ8494L sits in the car the whole time.
Lorry GBA2332A suddenly reversed into SMQ8494L.
SMQ8494L honk continuously to issue warning to lorry
GBA2332A once it started reversing.
GBA2332A continued reversing into SMQ8494L.
Only stopped when collision occur.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

X  17/01/2022.
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel