

Steve

A14

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ 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: _____

(Policy Condition)

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

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SML 8443K Yr Reg: 7/6/19Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: KIA Stonk or 998Colour: Brown A/C: ☐ Insured / ☐ Std / ☐ Nil / ☐ NASp. Reading: 35544 T/Radio: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA

Eng/No: _____

C/No: KNA06811VK6244902Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 185/65R15R: 11

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

TOYO / ☒ OKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 20/3/22 D.O.I. 21/3/22Survey held at Cycle & CarriageDes. 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

MIV-76K

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + PS \$

Photos

Others

TOTAL

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

Report Format:

Lump Sum / U.C. (\$



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

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 64191000	Cust No/Name	/YEM AI LIN
	Reg No/Reg Date	SML8443K*KC17/ 07/06/201
	Date In/Mileage	/ 0
	Chassis No	KNAD6811VK6244902
	Engine No	G3LCJP143388
	Make/Model	KIA/STONIC 1.0 A BET
	Colour/Trim	SEN / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	21/03/2022/ 09:52	QUA	265 / AndreChow	48443
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E PNT88000	RENEW ACCIDENT DAMAGED PORTION ON FRONT BUMPER, BONNET, REPAIR LH FRONT FENDER	1.5		800	1200.00
E PNT98000	RESpray FRONT BUMPER, BONNET, LH FRONT FENDER	3 x 750			1400.00
A 54900099	CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM				30.00
A 10028901	TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				120.00
M SUNDRY	SUNDRIES				30.00
M SUNDRY	SUPPLY ANTI CORROSION				80.00
M SUNDRY	SUPPLY BODY SEALANT				80.00
M COVER-FR BUMPER UPR		1.00	493.00	20.00	394.40
M SKID PLATE-FR BUMPER		1.00	55.00	20.00	44.00
M GRILLE ASSY-RADIATOR		1.00	324.00	20.00	259.20
M COVER-RADIATOR GRILLE UPR		1.00	46.00	20.00	36.80
M ABSORBER-FRONT BUMPER ENERGY		1.00	98.00	20.00	78.40
M LIP ASSY-FRONT BUMPER		1.00	32.00	20.00	25.60
M GRILLE-FRONT BUMPER		1.00	96.00	20.00	76.80
M MOULDING-FRONT BUMPER A/INTAKE		1.00	61.00	20.00	48.80
M AIR DUCT-FR BUMPER, LH		1.00	38.00	20.00	30.40
M COVER-FR BUMPER FOG LAMP, LH		1.00	64.00	20.00	51.20
M BRACKET-FR BUMPER SIDE, LH		1.00	13.00	20.00	10.40
M COVER-FR BUMPER, LWR		1.00	367.00	20.00	293.60
M LAMP ASSY-HEAD, LH		1.00	1845.00	20.00	1476.00
M PANEL ASSY-HOOD		1.00	1135.00	20.00	908.00
M HINGE ASSY-HOOD, LH		1.00	43.00	20.00	34.40

Estimate

SURVEYOR NAME :

Steve (LKK)

00-141 AL

EXCISE?

SURVEYOR SIGNATURE :

P/P. M. R. Sy

Confirm & accepted by

DATE :

4 days

REMARKS :

21/3/22, 12.12pm

7% GST on

Nett
6708.006,708.00
469.56

Total Payable

7,177.56

Authorized signatory and company stamp

K Auto Consultants hence notify
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
to illegal (unauthorized) use
Supplementary liability cover is not available
is subject to underwriting by insurance company
knowledge
signature:
date:

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	21/03/2022 10:18 (SGT)
Date of Accident	20/03/2022 12:35 (SGT)
Exact Location of Accident	3 Simel Street 6, Singapore 528833
Additional Location Information	EASTPOINT CARPARK BASEMENT 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8443K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEM AI LIN
NRIC No	SXXXX560D
Email Address	YEMAILIN01@GMAIL.COM
Mobile Phone No	(Phone) +65-97615008
Alternative Phone No	+65-97615008

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Stonic
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	998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900104708-01
Cover Note Number	-

DRIVER

Name of Driver	YEM AI LIN
NRIC No	SXXXX560D

Date Of Birth 31/10/1971
 Occupation Indoor
 Date Of Driving Pass 21/05/1991
 Driving experience 30 YEARS AND 10 MONTHS
 Gender Female
 Mobile Number (Phone) +65-97615008
 Alt. Phone Number +65-97615008
 Email Address YEMAILIN01@GMAIL.COM
 Address 138D EVERITT ROAD
 Address complement -
 Postcode 428676
 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 Collided into Property
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 1
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? No
 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? No
 Was there any audio recorded? No

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 :

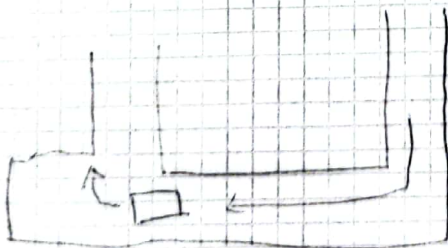
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Witnessed by Reporting Centre Personnel

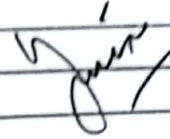
Sketch Plan



Describe Circumstances of the Accident

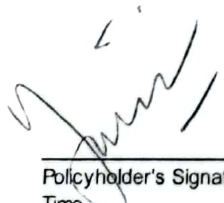
The car hit the curb wall as I was turning up the ramp
off highway 2 of East point car park.

As I was negotiating a right turn up the ramp, the left front
ended into the pillar/wall, damaging the left hand most
portion of the bumper.



Declaration

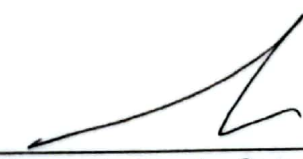
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

21/03/2022

8:50am

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


Witnessed by Reporting Centre
Personnel

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YEM AI LIN
 Period of Insurance : 07 Jun 2021 To 06 Jun 2022
 Engine No. : G3LCJP143388
 Chassis No. : KNAD6811VK6244902

Vehicle No. : SML8443K
 Policy No. : 1900104708-01
 Endorsement No. :
 Issued Date : 03 May 2021

ABOUT THE COVER

Make/Model : KIA Stonic
 Engine Capacity/Tonnage : 998.00 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" ("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.

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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

YEM AI LIN - \$600 (Own Damage), \$600 (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: 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: MayBank

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).

0504622222

C&CKICP2 - WNYEO

239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPCSI