

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. **1700088815**Claims No. **8246175387SG**Sum Insured: _____ Excess: **600**

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
N/S	O/S

Bal. or Market Value: _____

IDAG Accident Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SLU 8304T** Yr Regn. **15/12/17**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 / Nil / NASp. Reading: **70711** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **KNAPXG11MJ5755396**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **205/55R16**R: **17**

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTEN / PIR / SUMI /

TOYO / YOKO or **Pirelli**

Front: _____ Rear: _____

R/Bal. **4** mm R/Bal. **4** mmL/Bal. **4** mm L/Bal. **4** mmD.O.A. **22/3/22** D.O.I. **23/3/22**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

MV-65K

Confirm final figure at \$8399.20 before GST and excess
RED:3717.60;30%

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Form:

Lump Sum / U.S. (\$) _____

Days Of Repair: **6**

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + P.S. \$1

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

Co Reg No : 199405410K

ESTIMATE

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 /Mohammed Shafik Bin Md Som Reg No/Reg Date SLU8304T / 15/12/201 Date In/Mileage 22/03/2022/ 0 Chassis No KNAFX411MJ5755396 Engine No G4FGHH687628 Make/Model KIA/CERATO K3 1.6 A EX CAP Colour/Trim SWP SNOW WHITE PEAR/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
LAX00000	Credit	22/03/2022/ 18:05	BLK	282 / Kevin Leong	48515
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E PNT88000	REPALCE FRT BUMPER, BONNET, SUPPORT, FRT LH FENDER & AFFECTED AREA REPAIR ON FRT RH FENDER	2.5 x 400			1000 2800.00
E PNT98000	PAINT WORK ON FRT BUMPER, BONNET, FRT LH DOOR & BOTH FRT FENDER	4 x 350			1400 1750.00
E PNT88000	REMOVE & INSTALL RADIATOR, CONDENSER FOR FACILITATE REPAIR				? 120.00
M SUNDRY	TO TOP UP AIRCON GAS				? 80.00
M SUNDRY	TO APPLY SEALANT ON AFFECTED AREA				40 80.00
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 & REPLACE FRONT NUMBER PLATE WITH FRAME	BT			50.00
M SUNDRY	APPLICATION TO BREAK REAR OPC PLATE AND RESEAL	npc			80.00
M SUNDRY	SUNDRIES				20 50.00
M LAMP ASSY-HEAD, LH		1.00	1707.00	20.00	1365.60
M LAMP ASSY-HEAD, RH		1.00	1707.00	20.00	1365.60
M PANEL ASSY-HOOD		1.00	1384.00	20.00	1107.20
M PANEL-FENDER, LH		1.00	482.00	20.00	385.60
M HINGE ASSY-HOOD, RH		1.00	34.00	20.00	27.20
M HINGE ASSY-HOOD, LH		1.00	34.00	20.00	27.20
M CARRIER ASSY-FRONT END MODULE		1.00	675.00	20.00	540.00
M COVER-FR BUMPER		1.00	633.00	20.00	506.40
M MOULDING-FRT BPR LICENSE PLATE		1.00	18.00	20.00	14.40
M LIP ASSY-FRONT BUMPER		1.00	55.00	20.00	44.00

Confirm & accepted by

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

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.



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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
LAX00000	Credit	22/03/2022/ 18:05	BLK	282 / Kevin Leong	48515			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	GRILLE ASSY-RADIATOR	✓ BR			1.00	328.00	20.00	262.40
M	GARNISH-RADIATOR GRILLE,UPR	✓ BR			1.00	54.00	20.00	43.20
M	STRIP ASSY-FR BUMPER UPR	?			1.00	29.00	20.00	23.20
M	MOULDING-FRONT BUMPER A/INTAKE	?			1.00	91.00	20.00	72.80
M	ABSORBER-FRONT BUMPER ENERGY	✓ BR			1.00	84.00	20.00	67.20
M	BRACKET-FR BUMPER SIDE MTG,LH	✓ BR			1.00	13.00	20.00	10.40
M	BRACKET-FR BUMPER SIDE MTG,RH	?			1.00	13.00	20.00	10.40
M	ORNAMENT-KIA NO.115	✓ n/c			1.00	32.00	20.00	25.60

Estimate

Steve (CLKK)
23/3/22, 10.00am

DD-MAL
EXPRS - ?
PIP
by BL by
4 dys

Confirm & accepted by

	Nett	11,098.40
7% GST on	11098.40	776.89
Total Payable		11,875.29

Authorized signatory and company stamp

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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	22/03/2022 16:00 (SGT)
Date of Accident	22/03/2022 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TO CITY (BEFORE UPP THOMSON EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8304T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMED SHAFIK BIN MD SOM
NRIC No	SXXXX624A
Email Address	SHAFIQ.SOM@GMAIL.COM
Mobile Phone No	(Phone) +65-82998014
Alternative Phone No	(Home) +65-82998014

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700088815-03
Cover Note Number	-

DRIVER

Name of Driver	REBECCA LOUISE QUINN
NRIC No	SXXXX483G

Date Of Birth	31/03/1982
Occupation	Outdoor
Date Of Driving Pass	12/06/2014
Driving experience	7 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92999164
Alt. Phone Number	-
Email Address	RL.QUINN@YAHOO.COM
Address	802 WOODLANDS ST 81
Address complement	#06-89
Postcode	730802
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	SFW3357J
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Colt
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PODISINGHO CHRISTOPHER ALOYSIUS
Contact Number	(Phone) +65-87811867
Address	-
Address complement	-

Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS7608H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEOK WEI QUAN BENJAMIN
Contact Number	(Phone) +65-82000054
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.**
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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

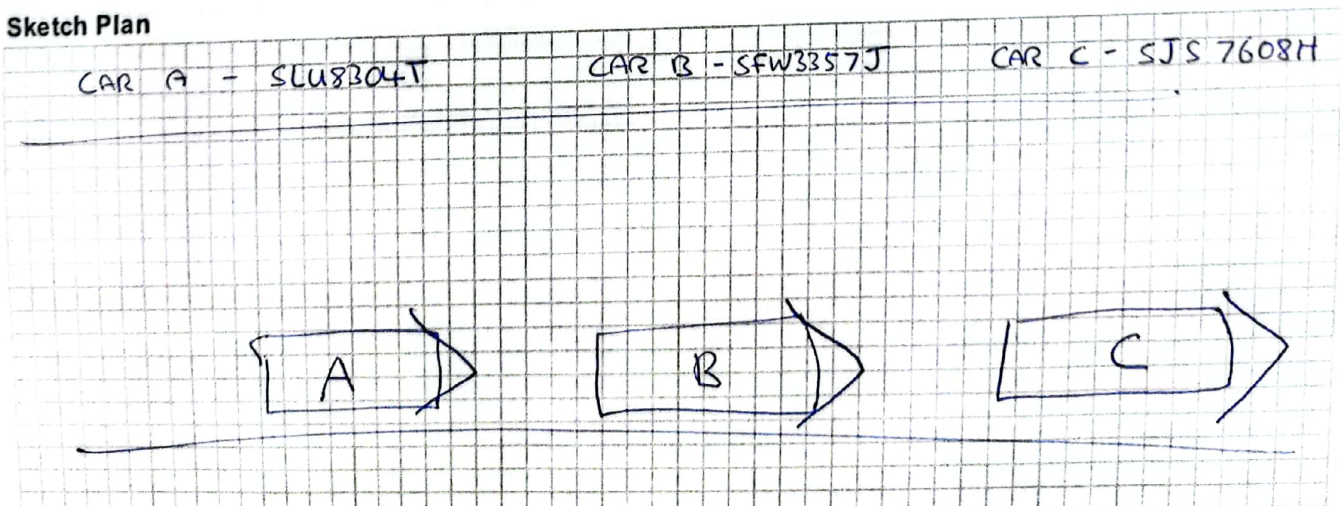
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

 22/03/2022 2:30pm
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Driver C said a car in front of him slammed on brakes, ~~the~~ Car C did not hit that car and they drove off.

Car B hit car C.

I (car A) hit car B.

Cars behind me (car A) also braked and cars behind them hit them.

Declaration

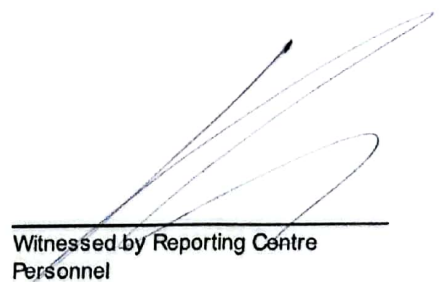
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : MOHAMMED SHAFIK BIN MD SOM
 Period of Insurance : 15 Dec 2021 To 14 Dec 2022
 Engine No. : G4FGHH687628
 Chassis No. : KNAFX411MJ5755396

Vehicle No. : SLU8304T
 Policy No. : 1700088815-03
 Endorsement No. :
 Issued Date : 01 Dec 2021

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EX
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : Yes

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 S\$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above
 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 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)
 MOHAMMED SHAFIK BIN MD SOM - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
 2. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
 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).

0504622215

C&CKICP2 - MIMILE

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.

SSCZSS

1005093002/AC4