

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: _____

(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: _____

IDAC Accident Rpt: _____ 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

Veh No: SMH 8634Y Yr Regn: 13/2/19

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

Truck / Trailer or

Make: Mitsubishi Attrage c.c 1193

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

Sp. Reading: 21470 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA AKH 000635

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: 185/55R15

R: /

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.A. 29/3/22 D.O.I. 31/3/22

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-61K
	Confirm \$20,014.11 before GST and Excess
	red:12502.82;38%

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

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: 12

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



MITSUBISHI MOTORS

ESTIMATE

Co Reg No : 197701469G

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 ONG LAY HOON.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Row 1: KAX00008, Credit, 30/03/2022/ 17:44, BLE, 261 / Edwin Caina, 22067

Main table with 4 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various repair items like bumper, body kit, bonnet, fenders, AC cond, radiator, dashboard, instrument panel, engine, gear, airbags, safety belts, wiring, diagnostic, chassis alignment, wheel alignment, and sundries.

Estimate

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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PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

GST Reg No : MR-8500111-X

Co Reg No : 197701469G

Table with 2 main columns: Invoice Name & Address (AIG Asia Pacific Insurance Pte. Ltd.) and Owner Name & Vehicle Info (Cust No/Name, Reg No/Reg Date, Date In/Mileage, Chassis No, Engine No, Make/Model, Colour/Trim).

Main items table with columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No, Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes handwritten notes like 'BR', 'BT', 'DD', 'x nn' and a large 'Estimate' watermark.

Confirm & accepted by

Authorized signatory and company stamp

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Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Row 1: KAX00008, Credit, 30/03/2022/ 17:44, BLE, 261 / Edwin Caina, 22067

Main table with 5 columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Lists various car parts like LAMP ASSY, FOG, FR RH, TANK, WINDSHIELD WASHER, etc. Includes handwritten notes and a large 'Estimate' watermark.

Confirm & accepted by

Authorized signatory and company stamp

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ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	Cust No/Name	/ONG LAY HOON
	Reg No/Reg Date	SMH8634Y / 13/02/201
	Date In/Mileage	/ 0
	Chassis No	MMBSTA13AKH000635
	Engine No	3A92UHL9319
	Make/Model	MIT/19MY ATTRAGE 1.2 CVT
	Colour/Trim	P57 WINE RED PEARL / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No			
KAX00008	Credit	30/03/2022/ 17:44	BLE	261 / Edwin Caina	22067			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	ROD ASSY,ENG ROLL STOPPER				1.00	155.00	23.00	119.35
M	INSULATOR,T/M MOUNTING				1.00	209.00	23.00	160.93
M	EMBLEM ECO				2.00	17.00	00.00	34.00
M	UNPAINTED BODYKITS				1.00	1643.00	20.00	1314.40
M	LLC 4L				1.00	26.00	23.00	20.02

Estimate

SURVEYOR NAME : Steve (LKK) 31/3/22, 12.00.00

SURVEYOR SIGNATURE : _____ OO-MAL

DATE : _____ Excess-?

REMARKS : _____ PIP

_____ MJ BLH

_____ 12 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:

	Nett	31,690.72
7% GST on	31690.72	2218.35
Total Payable		33,909.07

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.

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	30/03/2022 14:30 (SGT)
Date of Accident	29/03/2022 17:55 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	ALONG BKE, AFTER CAMERA ZONE, BEFORE EXIT TO KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH8634Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LAY HOON
NRIC No	SXXXX507B
Email Address	shany_ong3@yahoo.co.uk
Mobile Phone No	(Phone) +65-90275063
Alternative Phone No	+65-90275063

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	190006484-02
Cover Note Number	-

DRIVER

Date Of Birth	06/04/1993
Occupation	Outdoor
Date Of Driving Pass	06/10/2020
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92209331
Alt. Phone Number	-
Email Address	wenbinQ93@gmail.com
Address	BLK. 180 BUKIT BATOK WEST AVENUE 8
Address complement	#07-171 SINGAPORE
Postcode	650180
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Raining
Road Surface	Wet

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 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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX1116A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIVAGNANAM INDRANI
Contact Number	(Phone) +65-90678531
Address	

Code -
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.**
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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along BKE and it was ~~the~~ drizzling and floor was wet. ~~I was~~
It was heavy traffic and I was driving behind the Mercedes. The driver suddenly
jpm brake and I immediately jpm brake. However, even though I jpm brake
but still hit the vehicle. ~~I believe~~ at that traffic

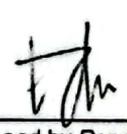
Declaration

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

CYCLE & GARANTAGE MOTOR INSURANCE POLICY NUMBER

Name of Policyholder: **ONG SIAH HOON**
 Person of Insurance: **LIANG SENG AIT FONG HOE**
 Engine No: **JAR 004 0119**
 Chassis No: **ARV23440410003**

Vehicle No: **AB100247**
 Policy No: **1072070201402**
 Endorsement No: **27 Jun 2012**
 Issued Date:

VEHICLE DATA

Make/Model: **AIR SHIMMY AFFRACO 1.2 CUE** First Year of Registration: **2010**
 Engine Capacity/Type: **1.195 CMCC** Year Engine: **199** Market Value: **RM** Insured with COUPON: **Yes**
 Colour/Registration: **NA** Colour: **LM PINK LTR** No:

Person or Classes of Person Entitled to Drive:
 As Insured only.
 This cover is provided for use by the insured only and is not to be used for hire or reward. The insured shall be liable for any damage or loss caused by the use of the vehicle for hire or reward.

Age/Condition: **As Age Condition** Mileage Condition: **Unlimited Mileage**

Limitation as to use:
 This cover is provided for use by the insured only and is not to be used for hire or reward. The insured shall be liable for any damage or loss caused by the use of the vehicle for hire or reward.

State of the vehicle: **As New**
 This cover is provided for use by the insured only and is not to be used for hire or reward. The insured shall be liable for any damage or loss caused by the use of the vehicle for hire or reward.

EXCESS

Excess 1:
 As of the date of the loss, 100% of the value of the vehicle.
 Excess 2:
 As of the date of the loss, 100% of the value of the vehicle.
 Excess 3:
 As of the date of the loss, 100% of the value of the vehicle.

APPROVED GARAGE/REPAIRERS/AUTHORIZED REPAIRERS FOR CLAIMS RELATED REPAIRS

1. Cycle & Garage Sdn Bhd, 100, Telok Ayer St, Singapore 068557
 2. Cycle & Garage Sdn Bhd, 100, Telok Ayer St, Singapore 068557
 3. Cycle & Garage Sdn Bhd, 100, Telok Ayer St, Singapore 068557
 4. Cycle & Garage Sdn Bhd, 100, Telok Ayer St, Singapore 068557

IMPORTANT NOTES

1. This Policy is subject to the terms and conditions of the Policy and the Schedule of Rates and Charges.

2. The insured shall be liable for any damage or loss caused by the use of the vehicle for hire or reward.

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