ASS. REC'D BY: Steve | CS/CT/22006745/Eqy3

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
XX	

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 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: SMK1755L Yr Regn: 29/3/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: KIA Cerato c.c 1591

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

Sp.Reading 32849 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFE161MK5031074

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	11/7/22	D.O.I.	29/8/22

Survey held at Cycle

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-80K
	28/09/22 Steve confirmed final fig: ~~$8993.00~~ and 8 days (red, 4584, 34%)

Date/Time, File Pass to?

1) 28/09/22 ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.I: ($ 8993)

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

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	
TAN WEI NI BLK 435 YISHUN AVENUE 6 #05-2106 SINGAPORE 760435 **Contact No** Mobile: 96607568	**Cust No/Name**	/TAN WEI NI
	Reg No/Reg Date	SMK1755L / 29/03/201
	Date In/Mileage	/ 0
	Chassis No	KNAF1416MK5031074
	Engine No	G4FGJH722038
	Make/Model	KIA/CERATO 1.6 A L S116
	Colour/Trim	ABT PLATINUM GRAPHI/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	12/07/2022/ 16:51	BLC	442 / CocoLu	54162

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW REAR BUMPER, BOOTLID, REAR END PANEL, REPAIR REAR LAMP HOUSING LH				3200.00 1280
E PNT88000 REMOVE & INSTALL PARKING SENSOR				80 100.00
E PNT98000 SPRAY PAINT FOR REAR BUMPER, BOOTLID, REAR END PANEL REAR LAMP HOUSING LH				2200.00 1100
E PNT88000 REMOVE & INSTALL REAR COMPARTMENT TRIMS				300.00
M SUNDRY C&C LOGO				50.00
M SUNDRY APPLY SEALANT FOR ACCIDENT PORTION				40 80.00
M SUNDRY SUPPLY PARKING SENSOR				? 220.00
A 54900099 CHECK WIRING & ELECTRICAL SYSTEM				50.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM				280.00
M SUNDRY Sundry				20.00
M COVER-RR BUMPER BR	1.00	651.00	00.00	651.00
M COVER-RR BUMPER LWR BR	1.00	241.00	00.00	241.00
M COVER-RR BUMPER UNDER,LH ?	1.00	33.00	00.00	33.00
M COVER-RR BUMPER FOG LAMP,LH CUT	1.00	19.00	00.00	19.00
M LAMP ASSY-SIDE T/SIGNAL,LH CUT	1.00	201.00	00.00	201.00
M BRACKET-RR BEAM UPR MTG,LH CRU	1.00	9.00	00.00	9.00
M BEAM-RR BUMPER ?	1.00	318.00	00.00	318.00
M STAY-RR BUMPER RH ?	1.00	65.00	00.00	65.00
M STAY-RR BUMPER LH BT	1.00	65.00	00.00	65.00
M BRACKET ASSY-RR BPR SIDE UPR,L ?	1.00	25.00	00.00	25.00
M BRACKET-ASSY RR BPR SIDE UPR,R ?	1.00	31.00	00.00	31.00

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. 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.

& CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE
209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

Movement that inspires

ESTIMATE

g No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
TAN WEI NI BLK 435 YISHUN AVENUE 6 #05-2106 SINGAPORE 760435 Contact No Mobile: 96607568	Cust No/Name	/TAN WEI NI
	Reg No/Reg Date	SMK1755L / 29/03/201
	Date In/Mileage	/ 0
	Chassis No	KNAF1416MK5031074
	Engine No	G4FGJH722038
	Make/Model	KIA/CERATO 1.6 A L 5116
	Colour/Trim	ABT PLATINUM GRAPHI/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	12/07/2022/ 16:51	BLC	442 / CocoLu	54162

	Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M	LOGO ASSY-KIA SUB	1.00	32.00	00.00	32.00
M	EMBLEM-CERATO	1.00	28.00	00.00	28.00
M	PANEL ASSY-TRUNK LID	1.00	1491.00	00.00	1491.00
M	PANEL ASSY-BACK	1.00	324.00	00.00	324.00
M	HINGE ASSY-TRUNK LID,LH	1.00	97.00	00.00	97.00
M	HINGE ASSY-TRUNK LID,RH	1.00	97.00	00.00	97.00
M	LATCH ASSY-TRUNK LID	1.00	112.00	00.00	112.00
M	W/STRIP-TRUNK LID OPNG	1.00	100.00	00.00	100.00
M	LAMP ASSY-REAR COMB OUTSIDE,LH	1.00	402.00	00.00	402.00
M	LAMP ASSY-REAR COMB INSIDE,LH	1.00	346.00	00.00	346.00

Estimate

Steve (LKK)
29/8/22, 11.20a

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

	Nett	11,187.00
7% GST on	11187.00	783.09
	Total Payable	11,970.09

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.

Your NCD will be affected due to late reporting

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	13/07/2022 11:16 (SGT)
Reported by	Driver
Date of Accident	11/07/2022 20:18 (SGT)
Exact Location of Accident	Brickland Rd, Singapore
Additional Location Information	BRICKLAND ROAD,JUST AFTER EXIT 5 OF KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1755L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WEI NI
NRIC No	SXXXX825F
Email Address	SSAINTDDUCK@GMAIL.COM
Mobile Phone No	(Phone) +65-96607568
Alternative Phone No	-

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.
Policy Number / Cover Note Number	1900081921-02

DRIVER

Name of Driver	EDWIN TAN ZHAO YANG
NRIC No	SXXXX298A
Date Of Birth	23/02/1993
Occupation	Indoor

,ving Pass	19/08/2011
xperience	10 YEARS AND 11 MONTHS
	Male
e Number	(Phone) +65-92225291
Phone Number	-
,nail Address	WESTMERES@GMAIL.COM
Address	BLK 435 YISHUN AVENUE 6 #05-2106
Address complement	-
Postcode	760435
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	TAN SHI YING
Gender	Female

PASSENGER 2

Name	MANDY CHOO SWEET MUN
Gender	Female

PASSENGER 3

Name	SHAWN KO WAI KIT
Gender	Male

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

ny video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

nicle Registration Number	SLH2142B
ehicle Manufacturer	Toyota
Vehicle Model	ALTIS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	AMBIAH BIN KASIMAN
Contact Number	(Phone) +65-86442691
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**.
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.

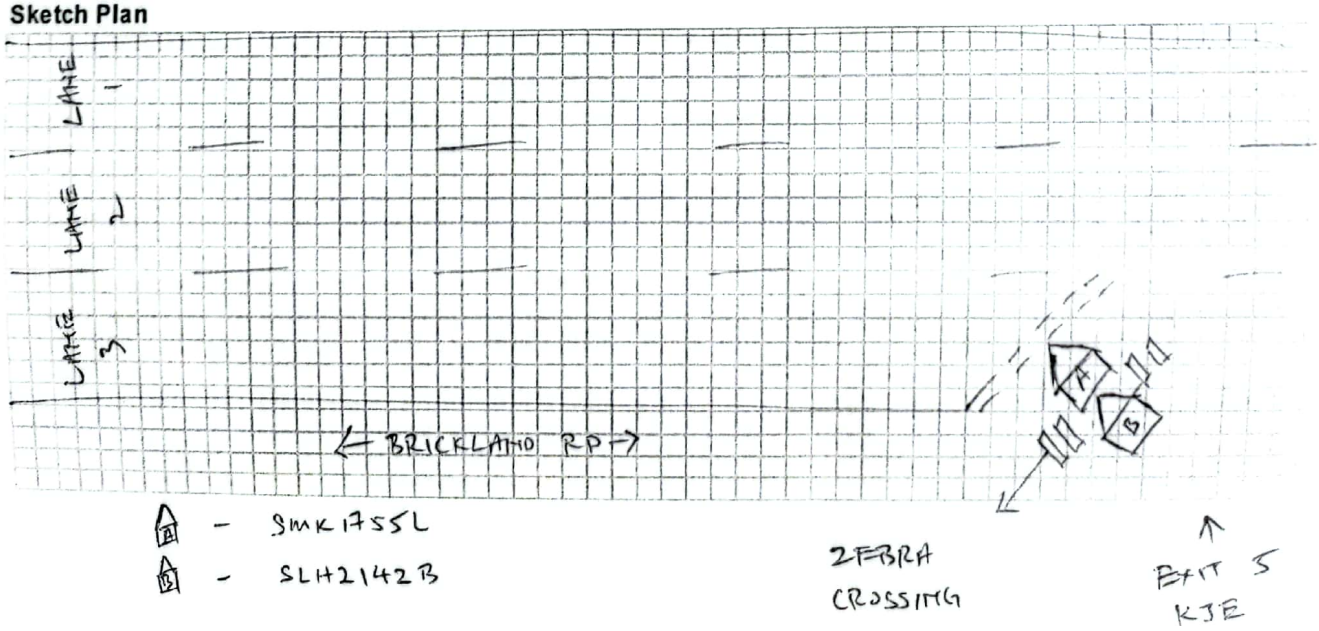
(collectively the "**Purposes**")

(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	Witnessed by Reporting Centre Personnel
	12072022 1418	

Sketch Plan



Circumstances of the Accident

ON 11 JULY 2022 AT APPROXIMATELY 2018 HOURS AT THE EXIT NUMBER 5 OF KJE TOWARDS BRICKLAND ROAD. THE VEHICLE I WAS DRIVING IN, (A) ALONG WITH 3 PASSENGERS (FRIENDS), WAS HIT BY ANOTHER VEHICLE FROM BEHIND, (B).

VEHICLE A - KIA CERATO SMK1755L
VEHICLE B - TOYOTA ALTIS SLH2142B

THE WEATHER WAS COOL AND ROAD CONDITION WAS DRY. AS I EXITED KJE TOWARDS BRICKLAND ROAD, THE TRAFFIC CONDITION WAS IN FAVOUR FOR VEHICLES TRAVELLING ON BRICKLAND ROAD. I ADHERED TO THE "GIVE WAY" ROAD MARKINGS UPON SEEING THE APPROACHING VEHICLE AND STOPPED. FEW SECONDS LATER, I WAS HIT BY VEHICLE B FROM BEHIND

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
	12072022 1418	