ASS. REC & BY: Steve

ASSIGNMENT

From: _____ Date: _____	Veh No: SYY6851L Yr Regn: 28/3/19
Estimated Cost: _____	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: _____	Make: KIA Stinger c.c 1998
at Workshop m/s _____	Colour: White A/C: Insured / Std / NI / NA
of _____	Sp.Reading 176440 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No:
Policy No. _____	C/No: KNAE351AMK6000505
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: _____	Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/50R17

R: ()

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

N/S	O/S
	X

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. 13/9/22		D.O.I. 13/9/22	

(Policy Condition)

Bal. or Market Value: _____

IDAC Accident Rport: ____	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	

Survey held at: Cycle

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
	MV - 140R

Date/Time, File Pass to? [ ] : Prell. Report	Days Of Repair: _____	
1)	Resurvey No. of Trip: _____	Survey Fee: _____
Date/Time, File Return to? [ ] : Final Report		Transportation:
2)	Add Fee! [ ] : Site Insp ($_____)	S + RS.___SI
	[ ] : Interview ($_____)	Photos
Report Format : _____	[ ] : Tech. Invs ($_____)	Others
Lump Sum / L.S.I: ($_____)	[ ] : Weekend ($_____)	TOTAL

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

CYCLE & CARRIAGE

KIA
Movement that inspires

ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info	
SOH SENG KEE 17 GALISTAN AVENUE SINGAPORE 669691 Contact No Mobile: 98385385	Cust No/Name	/SOH SENG KEE
	Reg No/Reg Date	SFY5758L / 28/03/201
	Date In/Mileage	/ 0
	Chassis No	KNAE351AMK6060505
	Engine No	G4KLKH020371
	Make/Model	KIA/STINGER 2.0 A GAA4
	Colour/Trim	SWP SNOW WHITE PEAR/ WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00081	Cash	13/09/2022/ 19:30	TLC	442 / CocoLu	57355

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 REPAIR REAR BUMPER, RENEW BUMPER LOWER COVER				640.00
E PNT88000 REMOVE & INSTALL PARKING SENSOR			*80*	100.00
E PNT98000 SPRAY PAINT FOR REAR BUMPER				550.00
A 90000001 CHECK WIRING & ELECTRICAL SYSTEM				50.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM *(Invoice & Certificate)*			*?*	280.00
M SUNDRY REDO REAR BUMPER FILM				600.00
M SUNDRY Sundry				20.00
M COVER-RR BUMPER LWR	1.00	342.00	00.00	342.00

Steve (LKK)
16/9/22, 1.00pm

WK R
P/P
by BL y
3 Lys

Confirm & accepted by

		Nett	2,582.00
7% GST on	2582.00		180.74
		Total Payable	2,762.74

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	13/09/2022 13:28 (SGT)
Reported by	Driver
Date of Accident	13/09/2022 08:24 (SGT)
Exact Location of Accident	Pending Rd, Singapore
Additional Location Information	PENDING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY5758L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH SENG KEE
NRIC No	SXXXX892Z
Email Address	JEFFREY_SOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98385385
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Stinger
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900022113-02

DRIVER

Name of Driver	SOH BAO MING (SU BAO MING)
NRIC No	SXXXX767Z
Date Of Birth	17/06/1978
Occupation	Indoor

CamScanner

Date Of Driving Pass	02/09/2003
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-98385385
Alt. Phone Number	-
Email Address	JEFFREY_SOH@HOTMAIL.COM
Address	BLK 181 JELEBU ROAD #20-06
Address complement	-
Postcode	670181
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB5017E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	CHEN WANBING
Contact Number	(Phone) +65-83881036

CamScanner

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

Sketch Plan
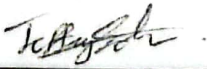

stationary after accident.
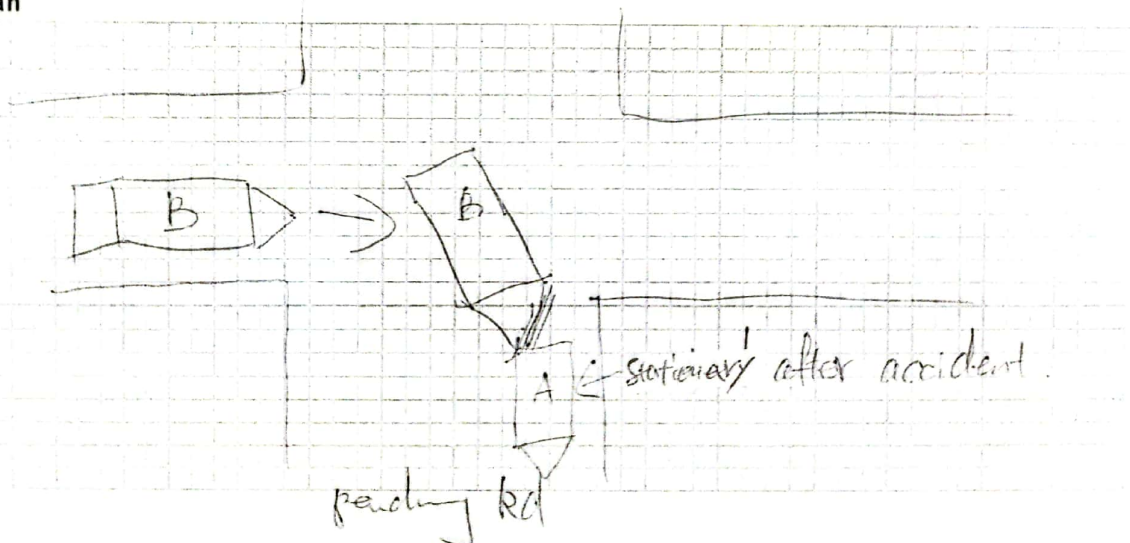
pending Rd

Describe Circumstances of the Accident

My vehicle was stationary along Pending Road, waiting for a tow truck after accident. A bus made a right turn at a junction and collided into ~~the~~ the rear of my vehicle even though the hazard light was turned on.

Declaration

I/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