

ASS. REC'D By:

Stere

CS/AWA 22009251/EWY3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / IP 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.



Est. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 G/A / 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: SKR 8484J Yr Regn: 13/3/15  
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: KIA. PATE c.c. 1591  
 Colour: Blue A/C: Insured / Std / HI / NA  
 Sp. Reading: 163009 T/Radio: Insured / Std / HI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KNAF 2411MP 5349345  
 Gen. Cond: Good ☒ Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / 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. 5 mm R/Bal. 6 mm  
 U/Bal. 6 mm U/Bal. 5 mm  
 D.O.A. 16/7/22 D.O.I. 1/11/22  
 Survey held at Cycle  
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>ML-35K</u>

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B. (C)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (C)  
☐ : Interview (C)  
☐ : Tech. Insp (C)  
☐ : Weekend (C)

Survey Fee:

Transportation:

S + P.S. \$

Price

Other

TOTAL



CYCLE &amp; 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
Chua Soh Khoon Blk 513 Woodlands Dr 14 #09-187 Singapore 730513 Contact No Mobile: 96676646	Cust No/Name /Chua Soh Khoon Reg No/Reg Date SKR8484J*# / 13/03/201 Date In/Mileage / 0 Chassis No KNAFZ411MF5349345 Engine No G4FGEH748833 Make/Model KIA/15MY F K3 1.6 A SX 690 BLACK Colour/Trim K3U / WK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00081	Cash	19/09/2022/ 11:17	TLK	282 / Kevin Leong	57522		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							1920.00
REPLACE REAR BUMPER PANEL & AFFECTED AREA							640
REPAIR ON END PANEL							
E PNT98000							1650.00
PAINT WORK ON REAR BUMPER PANEL & END PANEL							550
E PNT88000							150.00
REMOVE & INSTALL REAR PARKING ASSIST FOR FACILITATE REPAIR							80
E PNT88000							180.00
REMOVE & INSTALL REAR BOOT COMPARTMENT FOR FACILITATE REPAIR							X
M SUNDRY							120.00
TO APPLY SEALANT ON AFFECTED AREA							40 X
M SUNDRY							120.00
PERFORM RUST PREVENTION							40
A 54900099							150.00
CHECK WIRING & CHASSIS ELECTRICAL SYSTEM							120
A 10028901							280.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM							
M SUNDRY							50.00
SUNDRIES							20
M COVER-RR BUMPER				1.00	684.00	00.00	684.00
M COVER-RR BUMPER,UPR				1.00	294.00	00.00	294.00
M BEAM-RR BUMPER				1.00	438.00	00.00	438.00
M BRACKET-RR RAIL UPR MTG,LH				1.00	4.00	00.00	4.00
M BRACKET-RR RAIL UPR MTG,RH				1.00	4.00	00.00	4.00
M BRACKET-RR BEAM LWR MTG				2.00	6.00	00.00	12.00
M BRACKET-RR BEAM LWR,CTR				1.00	6.00	00.00	6.00
M ANTENNA ASSY-SMARTKEY				1.00	69.00	00.00	69.00
M BRACKET-RR RAIL UPR MTG,LH				1.00	4.00	00.00	4.00
M BRACKET-RR RAIL UPR MTG,RH				1.00	4.00	00.00	4.00

Estimate

Sten CLKK  
11/11/22, 12.00p

Sten (CLKK)  
11/11/22, 12.00p

Confirm &amp; 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

Authorized signatory and company stamp

3 d/s  
PIP  
My on g

7% GST on      **Nett**      **6,139.00**  
6139.00      **429.73**

**Total Payable**      **6,568.73**

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.

Date:

Page 1 of 1



## 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 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 ..... 19/09/2022 09:05 (SGT)  
Reported by ..... Both  
Date of Accident ..... 16/09/2022 13:30 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... SLE AFTER MANDAI EXIT NEAR AT SPEED CAMERA  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKR8484J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHUA SOH KHOON  
NRIC No ..... SXXXX257B  
Email Address ..... skchua6859@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96676646  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... K3  
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 ..... -

#### DRIVER

Name of Driver ..... REBECCA CHUA SOR KHIAM  
NRIC No ..... SXXXX751A  
Date Of Birth ..... 16/01/1970  
Occupation ..... Indoor

Date Of Driving Pass	27/12/1993
Driving experience	28 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96676646
Alt. Phone Number	-
Email Address	rchuask@gmail.com
Address	BLK, 513 WOODLANDS DRIVE 14
Address complement	#09-187 SINGAPORE
Postcode	730513
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)	3
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	CHUA LEONG GUAN
Gender	Male

#### PASSENGER 2

Name	RATIN IRIYANTI
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
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7282Y
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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

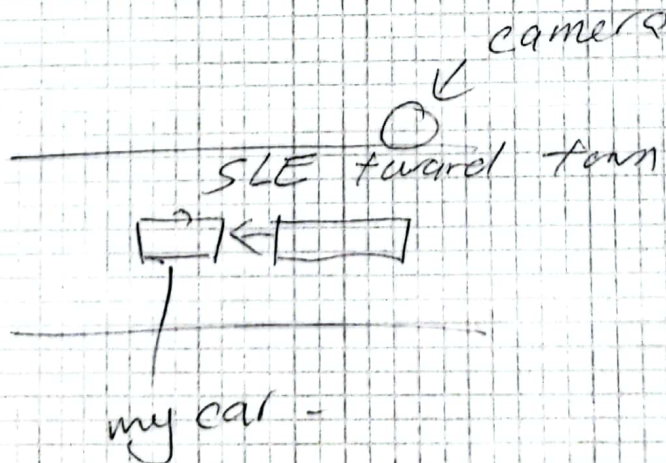
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



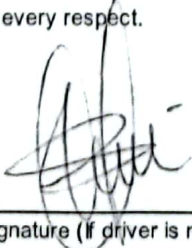
Describe Circumstances of the Accident

I was driving along SLE after Masdar <sup>next</sup> to Speed camera, a vehicle <sup>gap</sup> immediately in front of me, and the van YGBB 7282 Y hit at the back of my car.


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

17/4/22 10:55

  
Witnessed by Reporting Centre Personnel