

ASS. REQ. BY: Stere

CS/CT172009854/y3

## 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

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: SMY 7405J Yr Regn: 24/3/21

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

Truck / Trailer or

Make: KIA Cerato c.c. 1591Colour: Blue A/C: Insured / Std / NI / NASp. Reading 38061 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KNAP5416MM3M5937Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/50R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MG / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 4/10/22 (cycle) D.O.I. 3/11/22

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / (O/S) / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

MV-101K

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L&amp;J: (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

3 + R.S. \$1

Poles

Others

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
YIOW KOK PENG	Cust No/Name /YIOW KOK PENG
129 PASIR RIS GROVE	Reg No/Reg Date SMY7405J / 24/03/202
#06-07	Date In/Mileage / 0
SINGAPORE 518179	Chassis No KNAF5416MM5095937
Contact No Mobile: 97322285	Engine No G4FGKH739951
	Make/Model KIA/CERATO 1.6 A GT LINE H370
	Colour/Trim B4U GRAVITY BLUE / WK SATURN BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
CSM00081	Cash	04/10/2022/ 19:14	TLE	261 / Edwin Caina	58324		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000							1920.00
REPLACE FR DOOR PANEL & AFFECTED AREA							280.00
A 10028901							80.00
TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM							
A 54900099							
CHECK WIRING AND DOOR HANDLE FUNCTION							
E PNT98000							1650.00
SPRAY PAINT FRONT RIGHT DOOR PANEL, LOWER SKIRT, FRONT RIGHT PANEL							50.00
M MSUNDRY							80.00
SUNDRIES							280.00
M SUNDRY							
SUPPLY BODY PNL SEALANT							
E PNT88000							
REMOVE & REFIT ALL RHF DOOR COMPONENT							
M	PANEL ASSY-FRONT DOOR, RH	1.00	1377.00	00.00	1377.00		
M	HANDLE ASSY-DOOR OUTSIDE, RH	1.00	164.00	00.00	164.00		
M	MOULDING ASSY-FRT DR FRAME, RH	1.00	72.00	00.00	72.00		
M	W/STRIP ASSY-FR DR BELT O/S RH	1.00	80.00	00.00	80.00		
M	BLACK TAPE-FR DR RR, RH	1.00	13.00	00.00	13.00		

SURVEYOR NAME: Steve (LKK)

SURVEYOR SIGNATURE: 3/11/22, 3:30pm

DATE: 3/11/22

REMARKS: P/P

Confirmed & accepted by  
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

Nett 6,046.00  
7% GST on 6046.00 423.22  
Total Payable 6,469.22

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 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	04/10/2022 11:19 (SGT)
Reported by	Both
Date of Accident	04/10/2022 06:50 (SGT)
Exact Location of Accident	Sengkang E Rd, Singapore
Additional Location Information	SENGKANG EAST ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY7405J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YIOW KOK PENG
NRIC No	SXXXX869H
Email Address	DESMONDYIOW@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97322285
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	7210026025

### DRIVER

Name of Driver	YIOW KOK PENG
NRIC No	SXXXX869H
Date Of Birth	24/02/1974
Occupation	Indoor

Date Of Driving Pass	28/04/1998
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97322285
Alt. Phone Number	-
Email Address	DESMONDYIOW@YAHOO.COM.SG
Address	129 PASIR RIS GROVE #06-07
Address complement	-
Postcode	518179
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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	HUANH CHER MING
Gender	Female

#### PASSENGER 2

Name	DARIUS YIOW
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	SMT9545B
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	EDWIN
Contact Number	(Phone) +65-91467333
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

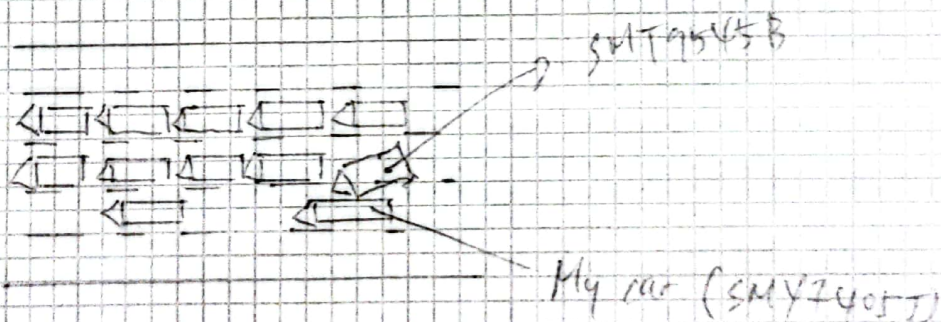
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time 1004hrs

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan




## Describe Circumstances of the Accident


On 4/10/22 at about 0650 hrs, I was driving my car SY47XESJ along  
Sengkang East Road at towards Compassvale Strait. I was travelling at  
a very slow speed on the 2nd lane from the left lane of 4 lanes from the  
right) straight towards the junction, when SYT 9545B, which was  
queuing at the lane on my right suddenly turn out and hit my  
car driver side. The accident was so sudden that his car damaged the  
my vehicle and I didn't open my car door as his car left hand  
left corner was totally strike onto my car door. As I had to  
drive to the side of the road and open up my car door  
to take photos of the accident.

### Declaration

We declare the foregoing particulars are true in every respect.

 4/10/22  
Policyholder's Signature / Date &  
Time 1004 hrs.

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

  
Witnessed by Reporting Centre  
Personnel