

**ASSIGNMENT**

Front: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 DO / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 insured: SHD 6159X  
 Policy No. \_\_\_\_\_  
 Claims No. TAX/10/22/2028  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SNC 3398D Yr Regn: 29/4/21  
 Type:  M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: KIA Cerato cc 1691  
 Colour: Red A/C: Insured / Std / NI / NA  
 Sp. Reading: 74358 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KNA F 5416M 175097 854  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / SRim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 205/55R16  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front R/Bal. 4 mm Rear R/Bal. 4 mm  
 U/Bal. 4 mm U/Bal. 4 mm  
 D.O.A. 10/10/22 cycle D.O.I. 1/11/22  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Pnt /  Res / O/S / N/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

N/S	O/S
<u>10X</u>	

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. 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  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>MR 10/11</u>
<u>23/11/22</u>	<u>Steve informed final fig \$2562 (Red 4474, 63%)</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 Date/Time, File Return to?  
 2) 24/11/22-typist  
 Report Format: TP  
 Lump Sum / L.S.: (\$) 2562

Days Of Repair: 3  
 Resurvey No. of Trip: 1  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + PS: \_\_\_\_\_  
 Prices: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_



CYCLE & CARRIAGE

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



ESTIMATE

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

Table with 2 main columns: Invoice Name & Address, Owner Name & Vehicle Info. Includes details for Ms Lee Seok Hoon and vehicle specifications like LCV14085, SNC3328D, KIA/CERATO 1.6 A GT LINE H370.

Table with 6 columns: Account No, Terms, Date/Time Printed, CSE, Operator, WIP No. Row 1: CSK00001, Cash, 10/10/2022/ 18:21, 1015/ Vikneswaran Naidu A, 58624

Main items table with columns: Description of Goods / Services, Qty, Unit Price, Disc%, Amount. Includes items like REPLACE THE REAR BUMPER, SPRAY REAR BUMPER, and various bumper covers.

Estimate

Handwritten notes: Steve (LKK), 1/11/22, 12.30p, m k, P/P, 3 days

Summary table with columns: Confirm & accepted by, 7% GST on, Total Payable. Total Payable: 7,528.52

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.



## 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 ..... 10/10/2022 15:56 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 10/10/2022 07:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF WOODLANDS RING ROAD/WOODLAND DRIVE  
63  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC3328D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE SEOK HOON  
NRIC No ..... SXXXX457Z  
Email Address ..... JOHNLEE13@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-91393328  
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 ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7210122483-01

#### DRIVER

Name of Driver ..... LEE YEH HAN, JOHN  
NRIC No ..... SXXXX190E  
Date Of Birth ..... 22/02/1975

Occupation .....	Indoor
Date Of Driving Pass .....	01/06/2000
Driving experience .....	22 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91393328
Alt. Phone Number .....	-
Email Address .....	JOHNLEE13@HOTMAIL.COM
Address .....	628A WOODLANDS RING ROAD
Address complement .....	#02-290
Postcode .....	-
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHMENTS.

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 .....	SHD6159X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person	LEE YEH HAN, JOHN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNC3328D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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)**

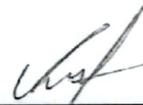
I understand, acknowledge, agree and consent that :

(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.

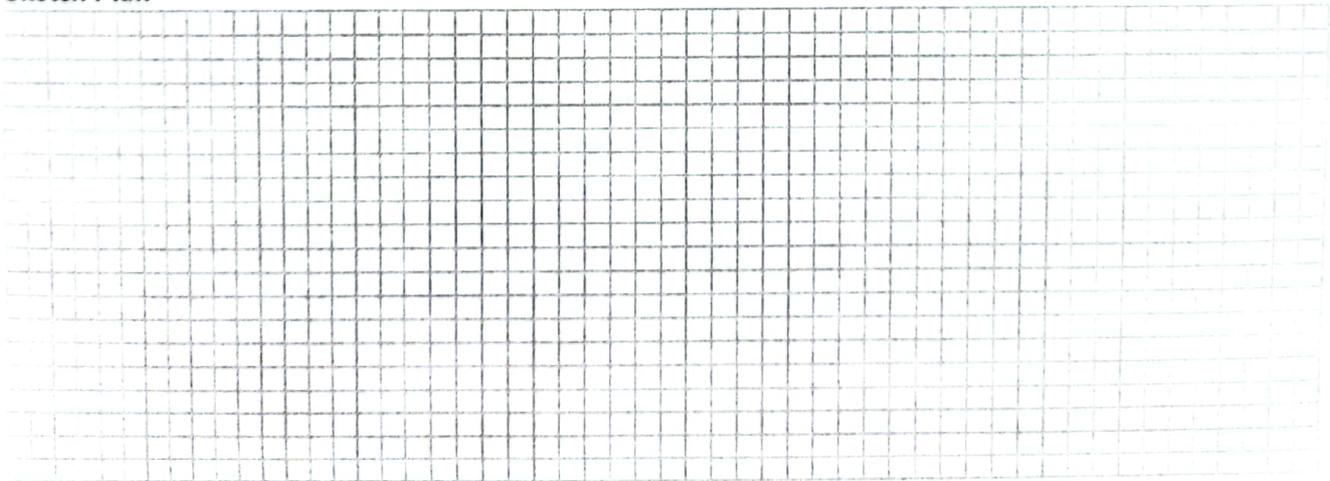


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 10/10/22

Witnessed by Reporting Centre Personnel 10/10/22

**Sketch Plan**



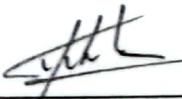
**Describe Circumstances of the Accident**

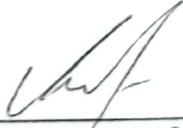
REFER TO POLICE REPORT  
T/20221010/7016

**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 10/10/22

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel 10/10/22





**SINGAPORE  
POLICE FORCE**



T/20221010/7016

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20221010/7016

**CONTINUATION OF REPORT**

Driver			
Name	LEE YEH HAN, JOHN	ID No.	S7505190E
Related Vehicle	SNC3328D (Car)	Contact No.	91393328
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was traveling along woodlands drive 63 towards woodlands ring road. When the traffic light turns green for me to turn left towards Blk640, I stop for the pedestrian to cross, and this Strides Taxi (SHD6159X) rear end the back of my car. Both of us came out of our car and agreed to exchange details inside Blk 640 carpark. When I turn into the carpark the mention taxi driver dashes off with his taxi. I had my Dashcams recording as prove. I did call Strides Taxi company and they acknowledge that their driver was involve in the accident and had reported it to the company.



**SINGAPORE  
POLICE FORCE**



T/20221010/7016

3 of 3

Report No. T/20221010/7016

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SUFYAN BIN KHAIRI  
Contact No.: 65476148

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
10/10/2022 11:12

Classification Of Case: