

ASS. REC. BY:

REF: C721Kenneth

## ASSIGNMENT

From: \_\_\_\_\_

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

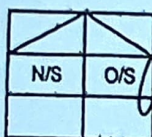
Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 03 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SLQ 1574YYr Regn: 06, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or A)Make: BMW116d

c.c.

1498Colour: M. P. White

A/C:

Insured / Std / NI / NA

Sp. Reading: 146793

T/Radio:

Insured / Std / NI / NA

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

C/No: WBAIV72010V944935Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 225/40ZR18

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 4/5/24D.O.I. 10/6/2024

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

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

o/s body

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

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$

)



: Interview (\$



Tech Invs (\$



Weekend (\$

) : FRANKS

) : Others

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_

TOTAL



10/08 2024 12:32 FAX

RECEIVED 08/07/2018 15:45  
→ Guan Motor

001

源摩哆廠

GUAN MOTOR WORKS

Business Regn No. 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 FUP: 9742 6003

**REPAIR ESTIMATE SLQ1574Y**

No.	Qty	List Items	Price	
1	1	RH lower rocker panel outer cover/skirting	580.00	✓
			\$ 580.00	
Less 5%			\$ 29.00	
Total :			\$ 551.00	
<b>Labour</b>				
1		Labour Charges for remove, refit, panel beat and replacement of damages.	\$ 400.00	2501
2		To putty and spray Spray Paintings charges.	\$ 700.00	6001
3		To check wirings.	\$ 40.00	201
4		To supply and apply anti rust treatment.	\$ 30.00	X
Total :			\$ 1,170.00	
Total Parts and Labour :			\$ 1,721.00	

Not Asstent  
11 Sep @  
Primary After Paint  
3 days

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

Acknowledged by Repairer

Signature:

Date:



## 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 First Submission	06/05/2024 12:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/05/2024 20:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENTOSA AFTER GANTRY TOWARD SILOSO BEACH
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1574Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALEX LIM AH HWEE
NRIC No	S7144229B
Email Address	LIM.ALEX6816@GMAIL.COM
Mobile Phone No	(Phone) +65-96266766
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
Variant	5DR HATCH DSC LED
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01032736

#### DRIVER

Name of Driver	ALEX LIM AH HWEE
NRIC No	S7144229B
Date Of Birth	03/12/1971
Occupation	Indoor



Driving Pass Date	01/12/1994
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96266766
Alt. Phone Number	-
Email Address	LIM.ALEX6816@GMAIL.COM
Address	BLK 14 ST. GEORGE'S RD #02-76
Address complement	-
Postcode	320014
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	Side Swipe
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)	2
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 CHEOW PENG
Gender	Female

#### 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

PLEASE REFER TO STATEMENT.

#### 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	SMY5385X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



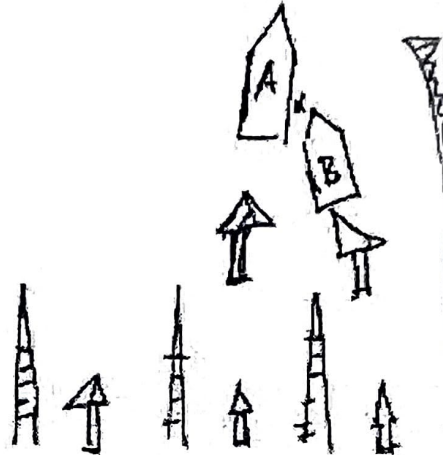
# Accident Toolkit

## Sketch plan

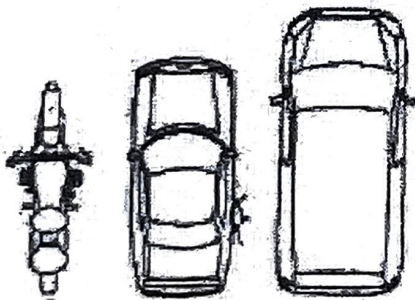
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

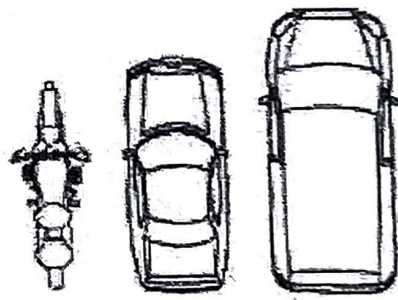
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A  
SLQ 1574Y



Vehicle B

Direct x/m  
a x 06/15/24  
Insurance 10:10

Call us direct

Customer Care  
6665 5555

Claims Support 24/7 hotline  
6532 1818

or 1800 123 4567