ASS. REC. BY:	
Kenneth	GNMENT
From: Date:	Veh No: SNG 321X Yr Regn: 06, 10
Estimated Cost:	Type: McCar/ M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD / PJ WS / TP RES / OD RES / EVA / INV / MY	Truck / Trailer or A)
To Inspect Vehicle No:	Make: BMW 523; c.c 2897
at Workshop m/s Crown Motor	Colour M. Silve AC: Insured / Std / NI / NA
of	Sp.Reading //862/ T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: WBAFP 32050 C 546261
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: NII / S/Rim / S70 A/Rim or
	Tyre Size: F:
(Policy Condition)	R: 245/45R18
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR SUMI /
	TOYO / YOKO or
Bal, or Market Value: \$75K	Eroni Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm 'R/Ba'. 9 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 9 mm U/Bal. 9 mm
Est. Repairs: O3 days Res.: Yes or No	D.O.A. 9/9/24 D.O.I. 11/9/202
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 09/30 Vehicle: IN / OUT Date: Person Contacted:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or / O/S The U/C / Chassis frame / Body Structure affected due to collision.
Dale / Time Action / Instruction	
	A CONTRACTOR OF THE PARTY OF TH
	gradinant de la companya (anno anno anno anno anno anno anno an
	a contraction of the contraction
	The second secon
Time, File Pass to? Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
ine, File Return to?	Transportation
Add Fee:	: Site Insp (\$) _s - RSSI
Add I voi	
	: Interview (\$), Fix-136
rt Format :	Tech Invs (\$) Others
,	Weekend (\$
Sum / I.B.I: (\$	AAGOVOIO 14
	IGTAL

ASS. REC. BY:

REF: Sm

ASS. REC. BY:

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 H/P: 9742 6003

REPAIR ESTIMATE FOR SNG321X

	REPAIN ESTIMATE TOUS
No.	Qty
1	1 Front bumper Busin 1,485.50
2	1 Front bumper RH parking sensor \$ 607 256.80
3	1 Front bumper RH fog lamp cover \$ \$\mu_{\text{R}} \text{89.00 X}
4	1 Front bumper RH fog lamp \$ 64 315.15
5	1 Front bumper RH headlamp washer nozzle \$ 5 € 201.50 ⊀
6	1 Front bumper RH side retainer \$ 1\sim 33.80 X
7	1 Rear bumper inner foam \$ 118.00 7
8	1 Rear bumper inner reinforcement \$ 843.95 7
9	1 Rear bumper inner parts \$ 210.95 7
10	1 RH headlamp \$ 64 2,896.40
	\$ 6,451.05
	Less 5% \$ 322.55
	Total: \$ 6,128.50
	Labour
1	Labour Charges for remove/refit, cutting/welding and \$ 500.00 2501
-	rople coment of demands
2	+ F00.00 / 101
2	To putty and spray paintings charges.
3	To check withings and lightings.
4	10.000
5	To supply and apply until ruse treatment
	Total: \$ 1,150.00

Total Parts and Labour : \$ 7,278.50

Not Nothasses 1/hr & Rehny Afre Pains Zday,

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:

\$52\$249A0002 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 10/09/2024 16:02 (SGT) SUBMITTED BY: SMBFG Admin VERSION: 1 (10/09/2024 16:02 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 3. Information provided must be as truthful and accurate as possible. Any willium misrepresentation in 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 Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

10/09/2024 16:02 (SGT) Both Policyholder and Actual Driver 09/09/2024 09:40 (SGT) Singapore

DAWSON PLACE MULTI-STOREY CARPARK LEVEL 3

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNG321X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No BRANDON WONG LIANG FU SXXXX381H brandonwonglf@gmail.com (Phone) +65-91379117

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category **Transmission** CC Vehicle Fuel

No - Claiming third party Private car Auto

2497

BMW

523i

Effective Date/Time of Ownership

INSURANCE COMPANY

First Regisration Date

Chassis no

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5148536631

DRIVER



DETAILS OF OTHER VEHICLE PROPERTY 1

vehicle Registration Number SKE247Z Vehicle Manufacturer Mercedes vehicle Model C180 Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident

WITNESS DETAILS

WITNESS 1

of Passenger (Including Driver)

Name MELVIN

Phone (Phone) +65-91910831 Email

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 As 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 wiorkshop 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 [fem] and any other personal information provided by me or possessed by my insurer (coffectively 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' law yers/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 clasms including the settlement of the claims and any necessary investigations relating to the claims:
- (t) investigating the accident and/or my claims.
- (ii) carrying out and/or dealing with my instructions or responding to any enquines by me:
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, wit chicould 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

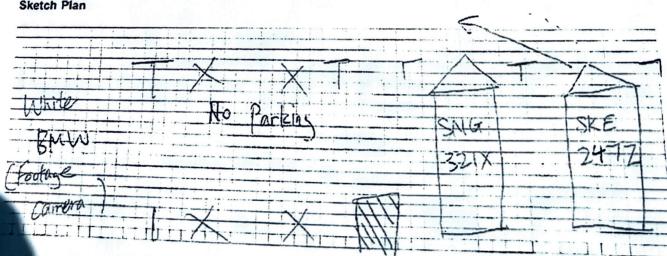
Policyholder's Signature / Date & Time 10.47am

10/9/2024

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

Witnessed by Reporting Centre Personne:

Sketch Plan





T/20240909/7081

12024050511001

, 2 of 3 Report No. T/20240909/7081

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

CONTINUATION OF REPORT

Name	NIL D		ID No.		S9051381H		
Related Vehicle				Contact No.		91379117	
Hospital/Clinic			Class of Driving Licence & Expiry Da		9 ce &	Class: NIL Date of Expiry: NIL	
Date Treatment					NIL		
No. of Days grante	d Medical Leave (MC) NII	-	Degree of		NIL		

Brief Details.

At about 9:41am, A black Mercedes SKE247Z white exiting the carpark lot number 72, damaged my BMW 523i (SNG321X) at lot 73. Driver of SKE247Z did not stop and left the scene without exchanging of contacts or leaving a note. I managed to get a nearby parked car for his dashcam footage of the scene when i came back to the parking lot at 12.30pm. I can furnish the video dashcam upon required.