

ASS. REC. BY:

CS/INC 24100241/Dvh³

ASSIGNMENT

28 June 2025

29 June 2015

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBG 2713C

Policy No: _____

Claims No: MT/1298648-002

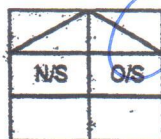
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repair: 4 days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMY 600 H Yr Regn: 29 June 2015

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

Truck / Trailer or

Make: BMW M3 CC: 2979

Colour: Green A/C: Insured / Std / Nil / NA

Sp. Reading: 103455 T/Radio: Insured / Std / Nil / NA

Eng No: 0722 9068555B30A

G/No: WBS3C92010P818164

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/35 R19

R: 285/35 R19

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

TOYO / YOKO or Bridgestone

Front Rear

R/Bal: 5 mm R/Bal: 5 mm

L/Bal: 5 mm L/Bal: 5 mm

D.O.A: 02/10/2024 D.O.I: 16/10/2024

Survey held at 11 Vinyas Kaki Bukit

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

0/3 Rmt.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Income GBG 2713C

MV 78K
LTA 57.3K

05/11/24 Insured 2/5 6,550/- with 4 days of m (red 12,497, 65%)

Date/Time, File Pass 1/2

Preli. Report

Final Report

Date/Time, File Return 1/2

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Insp (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format:

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

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	03/10/2024 11:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/10/2024 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BASEMENT CAR PARK, WATER PLACE TANJONG RHU ROAD S436608
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY600H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOO NGUK KUAN
NRIC No	SXXXX619C
Email Address	goondu44@yahoo.com.sg
Mobile Phone No	(Phone) +65-90059008
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M3
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	2979
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2009014385-01

DRIVER

Name of Driver	GOO NGUK KUAN
NRIC No	SXXXX619C
Date Of Birth	31/01/1965
Occupation	Indoor
Driving Pass Date	03/12/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90059008
Alt. Phone Number	-
Email Address	goondu44@yahoo.com.sg
Address	BLK 179 TANJONG RHU ROAD #15-27
Address complement	-
Postcode	436608
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please Refer To Accident Sketch Plan

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	GBG2713C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

Veh A: SMY600H
Veh B: G8GJ713G

IMPORTANT NOTICE

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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:

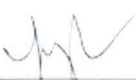
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

**I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

 3/10/24
11:36am
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Basement car park
Water Place, Tanjong Rhu
Road (S 436608)

Describe Circumstances of the Accident

Car was parked at home basement car park at about 1715hrs. When I came back to the car at about 1810hrs I noticed that my ~~car~~ right side infant have been binged. A note was also found on my windscreen to say that he have knocked my car and to contact his employer Mr Teoh at 90038553. I contacted Mr Teoh and he told me that his delivery worker have knocked into my car.

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time 3/10/24
Driver & Time
1138hr

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

Witnessed by Reporting Centre Personnel



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:

2 Gambas Crescent, Nordcom II, #02-22 Singapore 757044

Tel: 8399 1078 Reg. No: 53420354W

Email: contact@11vinyls.com

Reference No.: 1410-SMY600H

Date: 14 OCTOBER 2024

Estimate Repair Cost for Motor Vehicle Reg. No: SMY 600 H (BMW M3)

1 pc Front Bumper <i>cut</i>	3,200.00	✓ 2190.00
2 pc Front Bumper Retainer <i>sn</i>	750.00	X
1 pc Front Bumper Side Bracket <i>sn</i>	210.00	X
1 pc Front Bumper Beam <i>hm</i>	650.00	X
1 pc Front Bumper Sponge <i>hm</i>	399.00	X
1 pc Front Bumper RH Air Garnish <i>broken money</i>	210.00	✓
1 pc Front Bumper RH Lower Grille <i>hm</i>	345.00	X
10 pc Front Bumper Clips <i>hm</i>	70.00	✓ 20/- SH
1 pc Front Bumper Tow Cover <i>hm</i>	120.00	X
1 pc Front Bumper RH Headlight Washer Cover <i>dislodged</i>	120.00	✓
1 2 pc Front Bumper Carbon Fiber Lower Lip Spoiler <i>conc</i>	1,800.00	✓ 800/- SH
2 pc Front Bumper RH Side Carnards <i>dislodged</i>	700.00	✓ 350/- SH
1 pc Front Bumper Carbon Fiber Center Lower Lip <i>hm</i>	500.00	X
10 pc Front Bumper Lower Lip Clips <i>hm</i>	80.00	X
1 set Spoiler Sealant <i>hm</i>	80.00	✓ 20/- SH
1 set Spoiler Rebit <i>hm</i>	80.00	X
1 pc Front Logo <i>hm</i>	200.00	✓ 103.60
1 pc Front Fender Dust Cover <i>hm</i>	305.00	X
10 pc Front Fender Dust Cover Clips <i>hm</i>	60.00	X
2 pc Front Parking Sensor <i>1 pc Dam 1 pc hm</i>	1,800.00	✓ 342.20
4 pc Front Parking Sensor Holder <i>1 pc hm 3 pc hm</i>	160.00	✓ 40.00
4 pc Front Parking Sensor Ring <i>1 pc hm 3 pc hm</i>	120.00	✓ 15.00
1 pc RH Headlamp Assembly <i>cut</i>	3,388.00	✓ 3123.30
1 pc RH Headlamp Holder <i>hm</i>	310.00	X
1 pc RH Headlamp Washer <i>money broke</i>	590.00	✓
1 pc RH Headlamp Washer Hose <i>hm</i>	200.00	X

Total (Panels / Parts):

16,447.00 (SGD)

LABOR CHARGES

To Remove & Refit All Wires, Check Wires

100.00 30/-

To Perform Diagnostics and Reset on All Parking Sensors

500.00 hm

Lst 6734.10

SH 1190.00 =

10% 6060.69

Labour 930.00 =



2 Gambas Crescent 2, Nordcom II, #02-22 Singapore 757044
Tel: 8946 5565 Reg. No: 53420354W
Email: contact@11vinyls.com

To Knock, Straighten, Repair & Renew All Accident Affected Areas
To Respray Paint On All Accident Affected Damaged Area
To Install All Carbon Fiber Parts *refer to labour*

~~1,000.00~~ 600/-
~~800.00~~ 300/-
200.00 NH

Total (Labour charges):

2,600.00 (SGD)

*16/10/2024 @ 1130m
Not done*

8180-69

4/3 6550/-

TOTAL COST SUMMARY

Total Panels / Parts
Total Labour Costs

*4/5mm Check part prices.
Trade disc
2kk done 4 days.*

16,447.00
2,600.00

Grand Total:

19,047.00 (SGD)

Note: Estimate is valid for 7 days from date of quote.

Payment Method

1. PAYNOW via UEN 53420354W
2. Bank Wire Transfer - (SGD Account)

Beneficiary/Company Name	11 VINYLs
UEN no.	53420354W
Beneficiary's Bank Name	OCBC BANK
Account No.	601-29002600-1
Bank Code	7339
Branch Code	601
Swift Code	OCBCSGSG

Note: Full payment must be completed 7 days from the invoice date. There will be an interest of 1.5% imposed per month on overdue invoice. Thank you.