

ASS. REC. BY:

REF:

C4/Smo24100287/K9P3

C

Kenneth

## 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 Vsh:

(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

Veh No:

PKL 5855-8 Yr Regn: 12 15

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

Truck / Trailer or

Make:

BMW 116d C.C. 1496

Colour

M. Grey A/C: Insured / Std / NI / NA

Sp. Reading

148219 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA1V72058V249843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR) / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

14/10/24

D.O.I.

16/10/2024

Survey held at

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

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

Date / Time

Action / Instruction

1 EM not ready

23/10 L/Rp @ 3400k Carbur Ured 6/205.50, 26%

Date/Time, File Pass to?

☐

: Prel. Report

1) 28/10 14:00

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

P. 100

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

TP

Lump Sum / I.B.A. (\$

3400



# ESTIMATE RC AUTO

NOT Withdraw  
L1 Sy @ 3400h  
Penny After Penny  
2 days

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722

Tel : 97619383 Email: rcauto5555@gmail.com

Reg. No. 53199168K

SKL 5855 Z

Date : 21.10.2024

WBA1V72050V249843

Quantity	Description/Particular	Unit Price	Amount	
1 pc	FRONT BUMPER	Bur	1100	00
1 pc	FRONT HEADLAMP	MOUNT	2000	00
1 pc	FRONT HEADLAMP BRACKET		35	00
1 pc	FRONT BUMPER EMBLEM(LOGO)		170	00
1 pc	FRONT RADIATOR RUBBER GANISH		190	00
1 pc	FRONT BUMPER BEAM		320	00
2 pcs	FRONT GRILLE @190	Dell Cr	380	00
		TOTAL	4195	00
		LESS 10	3775	50
	NUMBER PLATE		30	00
	TO RENEW ABOVE PARTS		500	00
	TO RESPRAY ABOVE PARTS		300	00
			4605	50

✓  
✓  
X  
✓  
✓  
✓  
✓  
✓  
✓  
✓  
250h  
250h

Received the above goods in good order and condition

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting and 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

for RC AUTO

Received by

Acknowledged by Repairer  
Signature: E.&O.E.

Authorised Signature



## 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	15/10/2024 19:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/10/2024 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COLLEGE AVENUE WEST, SINGAPORE 138607
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL5855Z

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO KOK LEONG
NRIC No	SXXXX679G
Email Address	TEO_KOKLEONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93883004
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
Variant	B.M.W. / 116D 5DR HATCHBACK 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
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	WBA1V72050V249843
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	10706475

#### DRIVER

Name of Driver .....	TEO KOK LEONG
NRIC No .....	SXXXX679G
Date Of Birth .....	01/12/1967
Occupation .....	Indoor
Driving Pass Date .....	14/12/1992
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	31 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93883004
Alt. Phone Number .....	-
Email Address .....	TEO_KOKLEONG@YAHOO.COM.SG
Address .....	10 JALAN SERULING
Address complement .....	-
Postcode .....	576844
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 - 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? .....	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 .....	TEO ZI YANG
Gender .....	Male

#### PASSENGER 2

Name .....	JIN YI LEI
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

#### KINDLY REFER TO STATEMENT & SKETCH PLAN

#### ATTACHMENT(S)



Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... No


#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... YQ328U  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-81588966  
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

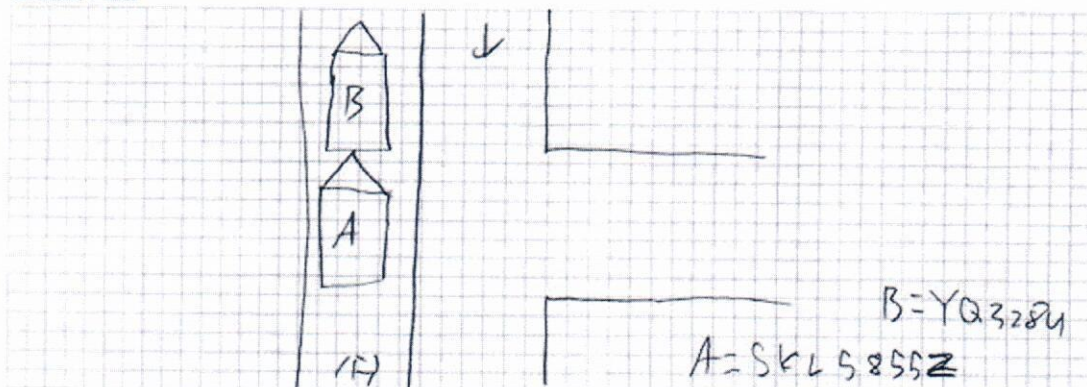
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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  
 15 Oct 2024  
 9.45am

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

Witnessed by Reporting Centre Personnel  
  


## Sketch Plan






**Describe Circumstances of the Accident**



On 14 October 2024 at about 1.50pm, I was sending my son and his classmate to Stephen Riady Centre in NUS-UTown. As I was driving along College Ave west just before the Stephen Riady Centre carpark entrance, lorry Y0328U suddenly started reversing. I honked at him to stop but he continued to reverse and collided onto my vehicle.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

 15 Oct 2024  
Policyholder's Signature / Date & Time  
9.48am

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

   
Witnessed by Reporting Centre Personnel