

REF:

CS/ICS 24100353 / A/p3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MV

To in Vehicle No: _____

at W/O _____

of _____

Insured: **SLS 8321D**

Policy No. _____

Claims No. **DMPC2301174/02/CT**

Sum Insured _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

Remarks: Vehicle had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report _____ Consistent? : Yes or No

GIA / 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

Veh No: **SKK4109G** Yr Regn: **2021 / Nov**Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or _____

Make: **BMW 318i** C.D. **1998**Colour: **Green** A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: **63798** T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: **WBA70PY0608B99079**Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: **225/50R17**R: **225/50R17**BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **26/12/23** D.O.I. **22/10/24**Survey held at **Bitrost**

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

Front x/s

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

Date / Time	Action / Instruction
	TP ECICS
7/12/24	LS \$5800 confirmed by email (red 12,086.95, 67%)
	COE Expiry
	Estimate given during : Yes (✓)
	1st Survey : No (✓)
	MV : 160K
	PV : 94.4K
	Nett : 65.6K

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **4**

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

Report Form / P.P. / C

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	27/12/2023 16:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/12/2023 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN SPACE CARPARK NEAR TO ANG MO KIO POLYCLINIC OPPOSITE COURTS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4109G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG CHEE KHIANG
NRIC No	SXXXX260I
Email Address	CHRIS8YEO@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96348767
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	318i
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	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01361780

DRIVER

Name of Driver	YEO SIEW HWEE, CHRISTINA
NRIC No	SXXXX098E
Date Of Birth	08/11/1972

Occupation	Indoor
Driving Pass Date	15/12/1994
Driving experience	29 YEARS
Gender	Female
Mobile Number	(Phone) +65-98411833
Alt. Phone Number	-
Email Address	CHRIS8YEO@YAHOO.COM.SG
Address	220 BISHAN STREET 23 #06-193
Address complement	-
Postcode	570220
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLS8321D
Vehicle Manufacturer	-
Vehicle Model	-

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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

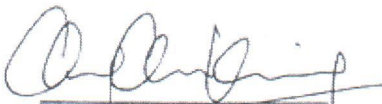
IMPORTANT NOTICE

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

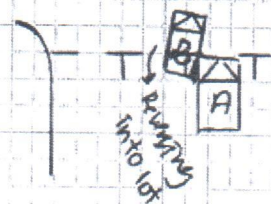

Actual Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Opposite Gable road to
Ang Mo Kio Polytechnic
opposite courts.

A-SKK4109G
B-SLS8321D



vJun2022

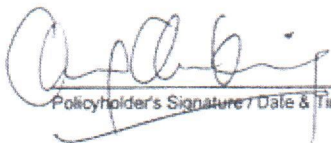
Describe Circumstance of the Accident

Refer to police report.

- E/2023/226/7051 -

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel
(Name as in NR/C/ID card)



**SINGAPORE
POLICE FORCE**



E/20231226/7051

1 of 2

POLICE REPORT (NP299)

Report No. E/20231226/7051

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 26/12/2023 21:17		Vide Report No.		Station Diary No.	
Name Of Informant YEO SIEW HWEE, CHRISTINA		Address 220 BISHAN STREET 23 #06-193 SINGAPORE 570220			
ID Type / ID No. NRIC NO / S7242098E		Contact No. Home/Office: Mobile: 98411833			
Nationality SINGAPORE CITIZEN		Email Address CHRIS8YEO@YAHOO.COM.SG			
Occupation Career coach (counselling)		Sex Female	Age 51	Date of Birth 08/11/1972	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 26/12/2023 09:50 - 26/12/2023 09:55		Location Of Incident Open carpark at 560725, near to Ang Mo Kio Polyclinic			

Brief details.

I've parked my car, BMW, bluish green color, plate no. SKK4109G at open carpark near to Ang Mo Kio Polyclinic, opposite COURTS store near the carpark exit, white parking lot on 26 Dec '23 at 9.15am. When I returned to my car at 9.50am, I found that the front left side skirting of my car have a patch of scratch marks which was not there in the first place.

Upon checking from my in-car camera, I saw a black Mercedes, car plate no. SLS8321D hit my car while reversing into the parking lot on my left. The driver did not left any contact and left. Hence, I would like to file a report on Hit and Run accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2023 21:17
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bishan NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



E/20231226/7051

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20231226/7051

Subjects Involved			
Victim			
Person Name	YEO SIEW HWEE, CHRISTINA		
ID Type	NRIC NO	ID No	S7242098E
Gender	Female	Age	51
Race	Chinese	Language	English
Occupation	Career coach (counselling)	Address	220 BISHAN STREET 23 #06-193 SINGAPORE 570220
Mobile No	98411833	Is Informant A Victim?	Yes
Person Name	YEO SIEW HWEE, CHRISTINA (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2023 21:17
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bishan NPC Kiosk 1

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Vehicle number: SKK4109G

Make & Model: BMW 318i

Chassis number: WBA70DY0608B99079

No.	Description of spare parts	Qty	Amount S\$
1	Bonnet <i>new</i>	1	\$ 1,709.00
2	Bonnet emblem <i>new</i>	1	\$ 78.00
3	Bonnet emblem lock clips <i>new</i>	1set	\$ 28.00
4	Front bumper <i>Detached</i>	1	\$ 1,367.00
5	Front bumper LH side retainer <i>new</i>	1	\$ 73.00
6	Front bumper RH side retainer <i>new</i>	1	\$ 73.00
7	Front bumper lower grille <i>new</i>	1	\$ 276.00
8	Front bumper LH side cover <i>new</i>	1	\$ 83.00
9	Front bumper reinforcement <i>new</i>	1	\$ 607.00
10	Front bumper impact absorber X NN	1	\$ 92.00
11	Front bumper lower reinforcement <i>new</i>	1	\$ 329.00
12	Front bumper LH side parking sensor <i>new</i>	1	\$ 382.00
13	Front bumper LH centre parking sensor <i>new</i>	1	\$ 382.00
14	Front bumper parking sensor holders <i>new</i>	4	\$ 44.00
15	Front bumper parking sensor rubber seal <i>1 piece new</i>	4	\$ 96.00
16	LH headlamp assy <i>crushed</i>	1	\$ 3,748.00
17	LH headlamp bracket <i>new</i>	1	\$ 96.00
18	Front LH sport rim <i>new</i>	1	\$ 1,198.00
19	Front LH wheel bearing <i>new</i>	1	\$ 563.00
20	Front LH shock absorber <i>new</i>	1	\$ 622.00
21	Front LH lower arm <i>new</i>	1	\$ 506.00
22	Front shock absorber <i>new</i>	1	\$ 629.00

\$ 12,981.00
 Parts less 5% \$ 649.05
 Total: \$ 12,331.95

No.	Special Nett Items	Qty	Amount S\$
1	Bonnet body wrap sticker <i>new</i>	1	\$ 900.00
2	Front bumper body wrap sticker <i>new</i>	1	\$ 850.00
3	Front bumper parking sensor body wrap stickers <i>new</i>	2	\$ 30.00
4	Front LH tyre <i>new</i>	1	\$ 580.00
5	Brake fluid <i>new</i>	1	\$ 85.00

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Total: \$ 2,445.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,300.00
2	Spray painting on affected areas and panels	\$ 1,200.00
3	Check wiring and lighting system on affected areas	\$ 80.00
4	Apply rust coating chemical on affected areas and panels	\$ 60.00
5	Remove and replace front bumper parking sensors and holders	\$ 150.00
6	Recoding and program headlamps assy	\$ 950.00
7	Test drive and adjust wheel alignment system	\$ 120.00
8	Remove and replace front undercarriage parts to assist repair	\$ 550.00

Total: \$ 3,110.00

Agreed Amount: _____ (Part by Part / Lump sum)

Working days: _____

Spare Parts: \$ 12,331.95
Special Nett: \$ 2,445.00
Labour: \$ 3,110.00
Total: \$ 17,886.95

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:

Adm L
L/S 22/10/24
04 Days