ASS. REC. BY: Taufik | REF: CS/FC/241004911/Typ3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

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.

N/S	O/S
	X

Bal. or Market Value: $115K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SNK3395S Yr Regn: 2020, 10

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: BMW 118 cc 1499

Colour: Orange A/C: Insured / Std / NI / NA

Sp.Reading: 11621 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA7K320 705R76557

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225 | 40R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PTR / 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.		D.O.I.	3-10-24

Survey held at Transeuro Kon

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

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

Date / Time	Action / Instruction
	Taufikh finalised final fig $2975.35, 3 days (Red $4649.80, 61%)

Date/Time, File Pass to? 1) 14/01. Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___$ + RS___SI

Photos

Others

Report Format: TP

~~Lump Sum~~ / I.B.I: ($ 2975.35)

EUROKARS GROUP

REPAIR ESTIMATE

Name & Address:
Motor Claims Department
FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

Email/Fax No:

Contact No:

Vehicle No:
SNK3395S

Brand & Model:
BMW 118I

Chassis/VIN No:
WBA7K320705R76557

WIP#:
29554

Date:
25-Oct-24

Franchise:
BMW

Contact Person (Eurokars):
HUI WEN

Contact No (Eurokars):
6331 0680

Type of Claim:
THIRD PARTY

YEAR MODEL:
29/10/2020

PARTS / MATERIAL CHARGES — MARK = Survey Marking [Key "A" if item is approved]

NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE
1	REAR BUMPER	51 12 9881580	1		-	$ Rp 1,132.45
2	LOWER BUMPER TRIM	51 12 8070950	1		-	$ de ✓ 269.65
3	CLAMP	07 14 7332700	6		-	$ X 20.10
4	EXPANDING RIVET	07 14 7148444	6		-	$ nel ✓ 16.50
5	TOWING COVER	51 12 9881582	1		-	$ X 56.50
6	KIT, MOUNT PDC	51 12 9881581	1		-	$ X 75.55
7	CORNER BUMPER MOUNT LH	51 12 7461397	1		-	$ X 53.70
8	CORNER BUMPER MOUNT RH	51 12 7461398	1		-	$ X 53.70
9	GUIDE, CENTER	51 12 8496655	1		-	$ X 172.60
10	MOUNT FOR SMO	51 12 8072572	1		-	$ X 123.85
11	PLUG-IN NUT	51 12 7461407	6		-	$ nel ✓ 19.20
12	REAR REINFORCEMENT	51 12 7462338	1		-	$ X 477.95
13	WASHER-GASKET	51 12 7300789	2		-	$ X 23.80
14						$ -

Sub-Total (Parts Price) $ - $ 2,495.55

LABOUR / SERVICES CHARGES

NO	DESCRIPTION	REVISED	PRICE
1	TO REMOVE /REPLACE REAR BUMPER , REAR REINFORCEMETN AND ALL RELATED DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.	850.	$ 1,700.00
2	TO RESPRAY REAR BUMPER.	1000	$ 1,500.00
3	TO TRANSFER THE REVERSE SENSORS. 150.	nett	$ 500.00
4	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	150.	$ 250.00
5	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	nett	$ ✓ 500.00
6	SUNDRIES.	nett	$ 20 50.00

Survey Date & Time:	Repair Days:	Excess:

Sub-Total (Labour Price) $ - $ 4,500.00

EUROKARS GROUP

REPAIR ESTIMATE

Surveyor Remarks:

		REVISED	PRICE
Parts Price		$ -	$ 2,495.55
Labour Price		$ -	$ 4,500.00
Total (Initial Estimate)		$ -	$ 6,995.55
Supp 1		$ -	$ -
Supp 2		$ -	$ -
Supp 3		$ -	$ -
Total (Before Excess)		$ -	$ 6,995.55
Less Excess		$ -	$ -
TOTAL (After Excess)		$ -	$ 6,995.55
GST	9%	$ -	$ 629.60
GRAND TOTAL		$ -	$ 7,625.15

Remarks:
- This is only an estimate based on visual inspection. Should there be more damages found during repair, it will be informed and quoted additionally.
- An administrative fee of 20% of the quotation value will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

Taufik 97495749 / 62563561
wip 30/10/2020
3 days
Resurvey new parts with old part
taufikh@lkkauto.com

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 witholding 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	25/10/2024 15:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/10/2024 11:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM TOA PAYOH RISE TOWARDS THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK3395S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW WEE PING
NRIC No	SXXXX362F
Email Address	swplow@gmail.com
Mobile Phone No	(Phone) +65-98155584
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	118i
Variant	118i
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	0
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LOW WEE PING
NRIC No	SXXXX362F
Date Of Birth	30/10/1973
Occupation	Indoor
Driving Pass Date	10/06/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98155584
Alt. Phone Number	-
Email Address	swplow@gmail.com
Address	138C Lorong 1A Toa Payoh
Address complement	27-26
Postcode	313138
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	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	CHEE PEI RHAN
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

REFER TO THE 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	SH9860H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	LUI FOOK WENG
NRIC No	SXXXX833H
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 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**")

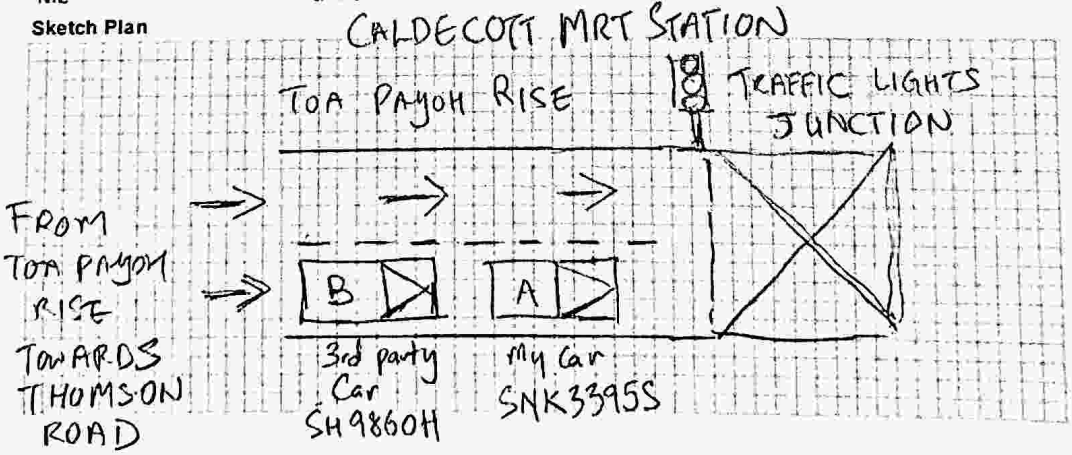
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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.

25/10/24 2.30pm

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

DATE: 25 OCTOBER 2025
TIME: 11:49 AM
LOCATION: TOA PAYOH RISE

I WAS AT TOA PAYOH RISE TOWARDS THOMSON ROAD. DUE TO RED LIGHT AT THE JUNCTION OF TOA PAYOH RISE AND TOA PAYOH LINK, I STOPPED MY CAR (SNK 3395S) WHILE WAITING FOR THE TRAFFIC LIGHTS TO CHANGE TO GREEN. THEN SUDDENLY I HEARD A LOUD THUD AND MY CAR JERKED FORWARD. UPON LOOKING AT MY REAR VIEW MIRROR, I SAW A COMFORT-DELGRO TAXI (SH 9860H) HIT MY REAR. I CAN SEE THE FULL FRONT WINDSCREEN OF THE TAXI (SH 9860H) BUT NOT THIS BONNET. THEN, I OBSERVED THAT THE TAXI (SH 9860H) STARTED TO REVERSE. KNOWING IT WAS AN ACCIDENT, I PUT MY CAR (SNK 3395S) TO PARK, EXITED MY CAR TO INSPECT THE DAMAGE. THE DRIVER ACKNOWLEDGED HE HIT MY CAR AND REQUESTED NOT TO REPORT THE ACCIDENT. I REJECTED AND REQUESTED EXCHANGE OF PARTICULARS. AFTER THAT, WE EXCHANGED WORDS AS HE CLAIMED NO DAMAGE. MY CAR HAD SCRATCHES AND I SAID TO HIM I NEED TO REPORT TO MY CAR INSURER. AFTER THAT, WE BOTH LEFT THE SCENE OF THE ACCIDENT

Declaration

We declare the foregoing particulars are true in every respect.

25/10/24 2:30PM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel