

ASS. REC. BY: Tanji

REF: CS/ICS 24110160/1vp3

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.

Bal. or Market Value: 9120K

IDAC Accident Rpt: _____ 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: Chua Vehicle: IN / OUT

Veh No: SGV5219E Yr Regn: 2019, 07

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

Truck / Trailer or

Make: BMW 520I c.c. 1998

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

Sp. Reading: 104 222 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAJA1201 0BJ21240

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modl: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/45R18
R: _____

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm

D.O.A. _____ D.O.I. 13/11/24

Survey held at Performance motor

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prell. Report
☐ : Final Report

1) _____
Date/Time, File Return to? _____
2) _____

Rep. Format: _____
Lump Sum / L.B.I. / F

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS \$ _____
Photos _____
Others _____

BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559W GST Reg. No M2-0020081-x
Toll-Free Number (1800-2255269)

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax. 64747770

280, Kampong Arang Road
East Coast Centre
Singapore 438180
Fax. 63449773

315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax. 64796601 (AfterSales)
64796624 (Motorrad)



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

ECICS
25 OCT 2024

Estimate No. : b1 71609
Date Estimated : 25/10/2024
Prepared By : Chua Kee Sin

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Tan Wei Cheong
31 Amber Gardens
#06-03

Singapore 439967

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SGV5219E	WBAJA12010BJ21240	04/07/2019	520i	93822

DESCRIPTION**VALUE**

Replace rear bumper include remove attachment etc and carryout necessary re pairing work on accident damage area

850 1,275.00

Painting rear bumper

✓ 1,038.00

To check electrical wiring system and lighting at the rear section for proper function.

✓ 177.00

Sundries.

? 150.00

Total Labour 1: 2,640.00

DESCRIPTION**QTY****PRIC****VALUE**

(S/L) LH PROTECTION FOIL

1

14.70

rel ✓ 14.70

(S/L) RH PROTECTION FOIL

1

14.70

rel ✓ 14.70

REAR BUMPER CARRIER

1

633.60

X 633.60

REAR BUMPER LH SIDE GUIDE

1

203.40

? 203.40

REAR BUMPER TRIM STRIP

1

82.20

act ✓ 82.20

REAR BUMPER TOWING EYE FLAP PRIMED

1

57.50

X 57.50

REAR BUMPER PANEL PRIMED (PDC/PMA)

1

1,731.95

de ✓ 1,731.95

REAR LH REAR REFLECTOR

1

45.70

cra ✓ 45.70

DECOUPING RING PDC TORQUE CONVERTER

6

5.65

rel ✓ 33.90

ULTRASONIC SENSOR IMPERIALBLAU(WA89

1

391.40

? 2,348.40

Total Parts : 5,166.05

Performance Motors Limited

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GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 71609
Date Estimated : 25/10/2024
Prepared By : Chua Kee Sin

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SGV5219E	WBAJA12010BJ21240	04/07/2019	520i	93822

Tanjik 97495749 / 62563561
WP 13/11/24 @ 1230pm
Tanjik e (khando.com)
03 days
P/P Resurvey before paint.

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:



Labour 1	:	2,640.00
Parts	:	5,166.05
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 9%	:	702.54
Grand Total	:	8,508.59

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **



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 25/10/2024 16:26 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 24/10/2024 17:47 (SGT)
Exact Location of Accident Keppel Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV5219E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN WEI CHEONG
NRIC No SXXXX708J
Email Address wtan@deloitte.com
Mobile Phone No (Phone) +65-96870884
Alternative Phone No +65-87263483

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
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
Vehicle Fuel -
First Registration Date -
Chassis no -
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Policy Number / Cover Note Number DHOM110176452103

DRIVER



Name of Driver	TAN WEI CHEONG
NRIC No	SXXXX708J
Date Of Birth	06/08/1979
Occupation	Indoor
Driving Pass Date	17/05/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96870884
Alt. Phone Number	+65-87263483
Email Address	wtan@deloitte.com
Address	31 AMBER GARDENS
Address complement	#06-03
Postcode	439967
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)	1
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 ATTACHED 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

Vehicle Registration Number	SKQ8085H
Vehicle Manufacturer	BMW

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	CHONG ZHI XIU AARON
NRIC No	SXXXX268B
Contact Number	(Phone) +65-90018801
Address	-
Address complement	-
Postcode	-
Insurance Company Name	ECICS Limited
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 25/10/24

Driver's Signature

(If driver is not the policyholder)

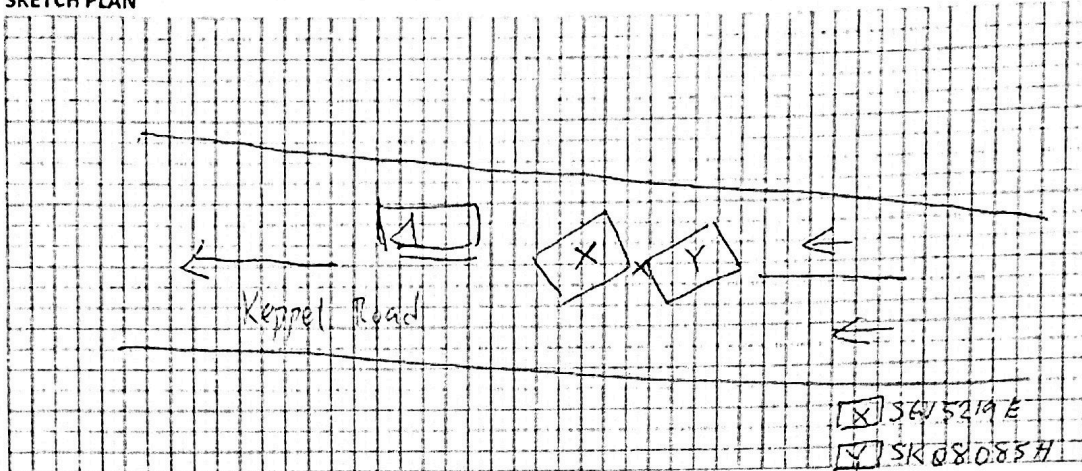
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was on Keppel Road towards AVE and came to a stop at a traffic junction where the car ahead of me was waiting to turn right onto Cantonment Link. I signal and change lane to the left and there was no oncoming traffic. As I turned out, I heard a bump and realised that a back end vehicle had collided into me.

DECLARATION

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


Policyholder's Signature
Date & Time:

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

 25/10/24
Reporting Centre Personnel's Signature
Name: @ 120ft
NRIC/FIN No.:

CRABMC SketchPlanForm V3