

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**ESTIMATE** : ACCIDENT REPAIRS  
**WORKSHOP** : UBI ROAD 1  
**CONTACT NO** : 6366 2323  
**FAX NO** : 6841 1183  
**REFERENCE** : PA/TP/0853/2024/KS  
**DATE** : 12-Nov-24  
**WIP** : 38060

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 14/11/2024**

**YOUR INSURED VEH NO : SML 6146 G**

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road

#15-00 Springleaf Tower

Singapore 079909

Attn: Motor Claims Dept

**OWNER'S NAME** : MR SEOW KHIM CHUANG (XIAO JINCHUAN)  
**ADDRESS** : 10 PARI DEDAP  
#09-21  
SINGAPORE 486062  
**TELEPHONE** : HP +65 96495036  
**TYPE OF CLAIM** : THIRD PARTY CLAIM  
**POLICY NO** : P10611420R03  
**VEHICLE NO** : SMU 7690 Y  
**MODEL CODE** : BMW 320I LED HL  
**MODEL YEAR** : 28/8/2020  
**ENGINE NO** : F7023511B48B20A  
**CHASSIS NO** : WBA5F32070FH84693  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 6-Nov-24  
**PLACE OF ACCIDENT** : NICOLL HIGHWAY TOWARDS SUNTEC CITY

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**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SMU 7690 Y**

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHT, HORNS, OUTSIDE TEMPERATURE SENSOR AND FRONT PARKING AID.	S/N \$ 180 360.00	
2	TO REMOVE AND TRANSFER RHS HEADLIGHT CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00	/
3	TO DISMANTLE AND RENEW FRONT BUMPER AND RHS HEADLIGHT. TO REPAIR RHS FRONT FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,750.00	1700
4	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.	\$ 1,800.00	1200
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 292.00	/
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 4,552.00</b>	

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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMU 7690 Y**

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>/ BR</i>	1	\$ 2,400.00	
2	FRONT SIDE GUIDE - LH / RH <i>?</i>	2	\$ 480.00	
3	FRONT SIDE GUIDE - UPPER LH / RH <i>?</i>	2	\$ 480.00	
4	HEADLAMP - RH <i>/ CH</i>	1	\$ 11,280.00	
5	FRONT WHEEL HOUSE LINER - RH UPPER <i>?</i>	1	\$ 405.00	
6	FRONT WHEEL HOUSE LINER - RH LOWER <i>?</i>	1	\$ 405.00	
7	FRONT FENDER - RHS <i>/</i>	1	\$ 1,650.00	
8	SUNDRIES <i>?</i>		\$ 500.00	
<b>TOTAL SPARE PARTS</b>		:	<b>\$ 17,600.00</b>	
<b>TOTAL LABOUR CHARGES</b>		:	<b>\$ 4,552.00</b>	
<b>GRAND TOTAL</b>		:	<b>\$ 22,152.00</b>	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED  
SPARE PARTS ARE SPECIAL NETT.



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EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME : Steve (LKK)  
SURVEYED DATE : 14/11/24 2:30 pm  
AUTHORISED DATE :  
EXCESS COST :  
LIABILITY :  
REMARKS :  
P/P  
4 Bk. sy, 4 days

**PLEASE NOTE** : THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY.  
FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORA KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,  
PREMIUM AUTOMOBILES PTE LTD

**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: \_\_\_\_\_

JOHNNY BOO  
BODY REPAIR MANAGER

ALLAN WU  
CLAIMS CONSULTANT

## 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	07/11/2024 16:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/11/2024 22:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NICOLL HIGHWAY TOWARDS SUNTEC CITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7690Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW KHIM CHUANG (XIAO JINCHUAN)
NRIC No	SXXXX990G
Email Address	STANSEOW@YAHOO.COM
Mobile Phone No	(Phone) +65-96495036
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
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	2000
Vehicle Fuel	Petrol
First Registration Date	28/08/2020
Chassis no	WBA5F32070FH84693
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10611420R03

#### DRIVER



Name of Driver ..... SEOW KHIM CHUANG (XIAO JINCHUAN)  
 NRIC No ..... SXXXX990G  
 Date Of Birth ..... 17/08/1977  
 Occupation ..... Indoor  
 Driving Pass Date ..... 12/02/1998  
 Driving License Pass Class ..... 3  
 Driving License Validity ..... Valid  
 Driving experience ..... 26 YEARS AND 9 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96495036  
 Alt. Phone Number ..... -  
 Email Address ..... STANSEOW@YAHOO.COM  
 Address ..... 10 PARI DEDAP  
 Address complement ..... #09-21  
 Postcode ..... 486062  
 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 ..... -

Vehicle Registration  
 Vehicle Manufacture  
 Vehicle Model  
 Vehicle Variant

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Cross Junction  
 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

I WAS DRIVING HOME FROM UOB PLAZA. AT ESPLANADE DRIVE, I STOPPED AT THE TRAFFIC JUNCTION WHEN THE LIGHT WAS RED. THE MOMENT THE LIGHT TURNED GREEN, I GRADUALLY ACCELERATED. VEHICLE SML 6146 G TURNED LEFT INTO MY LANE FROM THE RIGHT LANE SUDDENLY. IT COLLIDED WITH MY VEHICLE. THE LANES ARE FOR DRIVING STRAIGHT. IT IS AN OFFENCE THAT SML 6146 G HAD COMMITTED, TRYING TO TURN LEFT INTO STAMFORD ROAD.

#### 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	SML6146G
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ROY S SELVARAJAN@SIRAAJ
Contact Number	(Phone) +65-97726477
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.

*[Signature]*

Policyholder's Signature / Date & Time

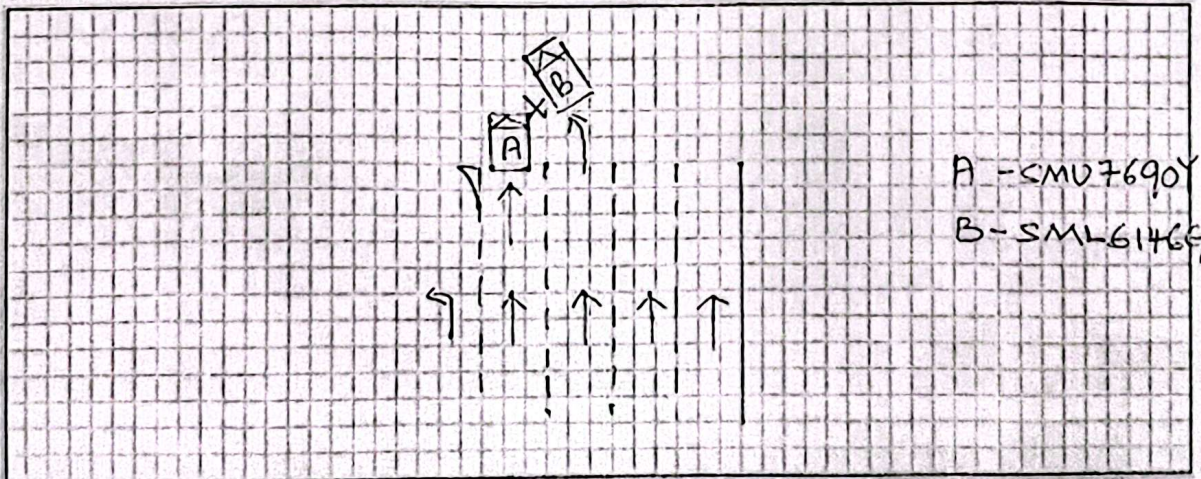
*[Signature]*

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**



vJun2022

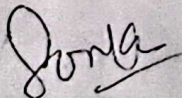


## Describe Circumstance of the Accident

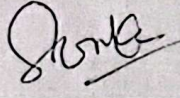
I was driving home from UOB Plaza.. At esplanade drive, I stopped at the traffic junction when the light was red. The moment the light turned green, I gradually accelerated. Vehicle SML 6146G turned left into my lane from the right lane suddenly. It collided with my vehicle. The lanes are for driving straight. It is an offence that SML 6146G was ~~trying~~ had committed, trying to turn left into Stamford road

## Declaration

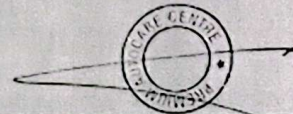
I/We declare the foregoing particulars are true in every respect.



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 NRIC ID card)