

ASS. REC. BY:

REF:

1CS/

CS/1CS24110401/KNP3

C

Kenneth

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:

\$ 35k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 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:

SCF-111X

Yr Regn:

06, 15

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

Truck / Trailer or

Make:

BMW 520i

c.c

1997

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

81557

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA5A320600790590

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

245/35ZR20

R:

285/30ZR20

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.

18/11/24

D.O.I.

20/11/2024

Survey held at

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

Rm OK

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

Date / Time

Action / Instruction

26/11/21 Pm @ Food: Calw (Red, #11025, 61%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trlp:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

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 | 17/11/2024 16:07 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 16/11/2024 14:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | LORNIE HIGHWAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SCF111X |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAN NGUAN KENG |
| NRIC No | SXXXX052H |
| Email Address | catherinetan198@gmail.com |
| Mobile Phone No | (Phone) +65-94887708 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|------------------------------|
| Manufacturer | BMW |
| Model | 520I AT D/AB 2WD 4DR LED NAV |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1997 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|----------------|
| Name of Insurance Company | ECICS Limited |
| Policy Number / Cover Note Number | MPC23A00383602 |

DRIVER

| | |
|--|-----------------------|
| Name of Driver | LIM JIA XIONG JEREMY |
| NRIC No | SXXXX523H |
| Date Of Birth | 13/12/1990 |
| Occupation | Indoor |
| Driving Pass Date | 16/06/2009 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 15 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81256879 |
| Alt. Phone Number | - |
| Email Address | JEREMYLINJX@GMAIL.COM |
| Address | 35 ROBIN ROAD #04-03 |
| Address complement | - |
| Postcode | 258210 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | SON-IN-LAW |
| 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 - Change/cross lane |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| 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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SNL5061L |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------|
| Name of injured person | 2 PASSENGERS |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SNL5061L |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

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]

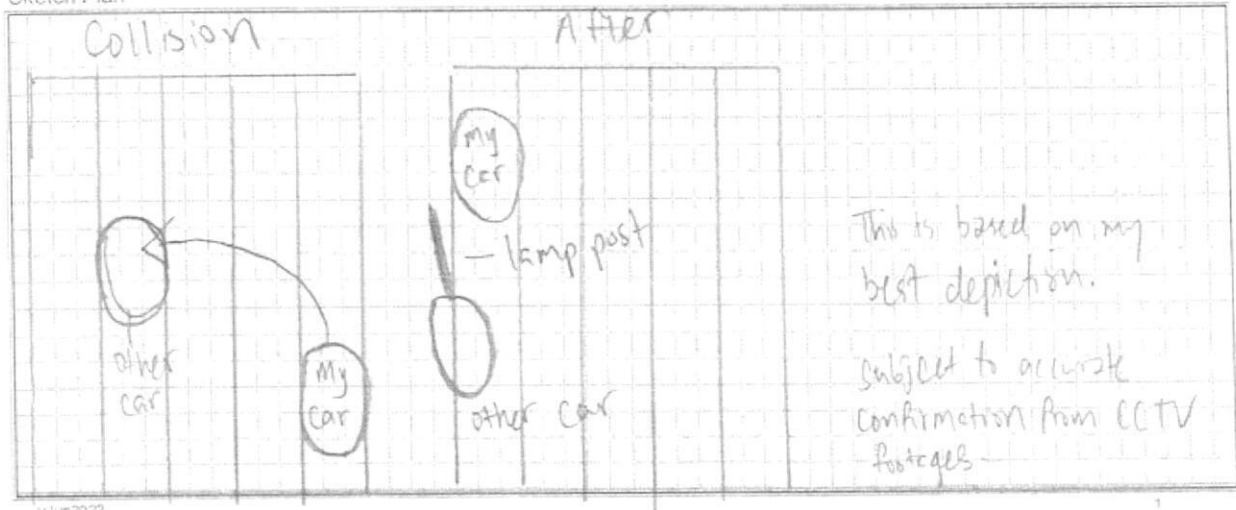
Policyholder's Signature / Date & Time

[Signature] *[Stamp: VINH MOTOR PTE LTD]*

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

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

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



SINGAPORE POLICE FORCE



T/20241116/7123

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20241116/7123

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 16/11/2024 23:05 | Vide Report No.: E/20241116/0103 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: Jeremy Lim | | Address: 35 Robin Road #04-03 Robin Regalia SINGAPORE 258210 | |
| ID Type / ID No.: NRIC NO / S9050523H | | Contact No.: Home/Office: Mobile: 81256879 | |
| Nationality: SINGAPORE CITIZEN | | Email: jeremylimjx@gmail.com | |
| Sex: Male | Age: 33 | Date of Birth: 13/12/1990 | Type of Informant: Driver |
| Race: Chinese | | Language: English | |
| Occupation: Financial analyst | | Driving Licence Information: Class: 2B,2A,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|-------------------------------------|------------------------------|----------------------|--|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 16/11/2024 14:55 | Type of Location: Flyover |
| Location: LORNIE HIGHWAY | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-----------|--------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SCF111X | Motor car | BMW | | | | 0 |
| SNL5061L | Motor car | TOYOTA | Noah | White | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|----------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
| SCF111X | ECICS LIMITED | | | |



SINGAPORE POLICE FORCE



T/20241116/7123

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241116/7123

CONTINUATION OF REPORT

| | | | |
|--|----------------------|--|---------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | JEREMY LIM | ID No. | S9050523H |
| Related Vehicle | SCF111X (Motor car) | Contact No. | 81256879 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | Unknown Passenger | ID No. | NIL |
| Related Vehicle | SNL5061L (Motor car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | NIL | Degree of Injury | Slight |

Brief Details.

On the above date and time, I was driving my vehicle along Lornie Highway during heavy rainfall. I want to emphasize that I was driving within the posted speed limit at all times. However, the weather conditions at the time were challenging due to heavy rainfall, which almost completely reduced visibility and road traction.

As I approached a particularly large puddle on the roadway, my vehicle hit the water, causing it to skid unexpectedly. Despite my best efforts, I was unable to regain control and avoid colliding with another car that was traveling in the adjacent lane, identified by the car plate number SNL5061L.

After the accident, I was able to bring my vehicle to a full stop, and immediately exited my vehicle to check on the occupants (a Grab driver - Mr Chua, a male and female passenger) of the other car involved. I observed that the male and female passengers of the other vehicle were not wearing their seat belts at the material time of the accident.

I offered to call an ambulance but learned that the Mr Chua had already called the police. Shortly after, the SCDF arrived at the scene. I spoke with the SCDF personnel and they advised me that their preliminary indication of the injuries sustained by the passengers in the other vehicle were minor. I learned that the male and female passengers were subsequently conveyed to a hospital for further assessment in the SCDF vehicle. Shortly after the SCDF vehicle arrived, the TP also arrived and took the particulars of Mr Chua and myself.

I would like to reiterate that the adverse weather conditions played a significant role in this accident. The heavy rain, combined with reduced visibility and poor road traction due to large puddles, created a situation that was difficult to manage. I acted responsibly by attempting to avoid further collisions and ensuring the safety of all parties involved



**SINGAPORE
POLICE FORCE**



T/20241116/7123

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241116/7123

CONTINUATION OF REPORT

after the accident occurred.

I am willing to cooperate fully with any investigations regarding this incident and provide any further information as needed.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241116/7123

4 of 4

Report No. T/20241116/7123

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KWOK WEI JIE, DANIEL
Contact No.: 89220186

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
16/11/2024 23:05

Classification Of Case:

NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|--|---------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 052H |
| Vehicle Details | |
| Vehicle No.: | SCF111X |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 17 Nov 2024 |
| Vehicle Make: | B.M.W. |
| Vehicle Model: | 520I AT D/AB 2WD 4DR LED NAV |
| Primary Colour: | Grey |
| Manufacturing Year: | 2014 |
| Engine No.: | B4960872N20B20B |
| Chassis No.: | WBA5A32060D790590 |
| Maximum Power Output: | 135.0 kW (181 bhp) |
| Open Market Value: | \$41,475.00 |
| Original Registration Date: | 30 Jun 2015 |
| First Registration Date: | 30 Jun 2015 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$45,065.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 29 Jun 2025 |
| PARF Rebate Amount: | \$22,532.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 29 Jun 2025 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$71,509.00 |
| COE Rebate Amount: | \$4,409.00 |
| Total Rebate Amount: | \$26,941.00 |
| Message | |
| You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE. | |

The information contained herein is correct as at 17 Nov 2024

OK

Estimated Cost of Repair

Attention To : **ECICS LIMITED**
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987

Claim Details

Case Ref. No. : OD/112024/7857
Date : 18-11-2024
Accident Date : 16-11-2024

Vehicle Details

Make & Model : B.M.W. 520I AT D/AB 2WD 4DR
LED NAV
Chassis No : WBA5A32060D790590
Registration No : SCF111X

Not Authorized
Kenneth (LKK) L1 Rmp & Foodp Max
Resony After Rain
4 days Ex \$1250/

| S/N | Description | Qty | Amount (\$\$) | |
|-----|--------------------------------------|-------|---------------|---|
| 1 | FRONT BONNET | 1.00 | Bz \$2,100.00 | ✓ |
| 2 | BONNET RH HINGE | 1.00 | R \$150.00 | X |
| 3 | BONNET LH HINGE | 1.00 | R \$150.00 | X |
| 4 | BONNET RH LOWER LOCK | 1.00 | DIT \$210.00 | ✓ |
| 5 | LH GRILLE | 1.00 | Pa \$240.00 | ✓ |
| 6 | RH GRILLE | 1.00 | Pa \$240.00 | ✓ |
| 7 | RH HEADLAMP | 1.00 | Bu \$3,600.00 | ✓ |
| 8 | RH HEADLAMP SUPPORT HOUSING Pr? | 1.00 | CM \$3,600.00 | ✓ |
| 9 | RH HEADLAMP WASHER SPRAY | 1.00 | Pa \$160.00 | ✓ |
| 10 | FRONT BUMPER | 1.00 | Bu \$1,200.00 | ✓ |
| 11 | FRONT BUMPER EMBLEM | 1.00 | Pa \$90.00 | ✓ |
| 12 | FRONT BUMPER TOWING COVER | 1.00 | Pa \$60.00 | X |
| 13 | FRONT BUMPER PARKING SENSOR @ CENTER | 2.00 | Shor \$400.00 | ✓ |
| 14 | FRONT BUMPER CENTER LOWER GRILLE | 1.00 | CM \$140.00 | ✓ |
| 15 | FRONT BUMPER RH FOG LAMP COVER | 1.00 | Pa \$90.00 | X |
| 16 | FRONT BUMPER RH SIDE RETAINER | 1.00 | DIT \$20.00 | ✓ |
| 17 | FRONT BUMPER LH SIDE RETAINER | 1.00 | Pa \$20.00 | X |
| 18 | FRONT BUMPER SPONGE | 1.00 | CM \$110.00 | ✓ |
| 19 | FRONT BUMPER REINFORCEMENT | 1.00 | Bz \$650.00 | ✓ |
| 20 | FRONT BUMPER LOWER BEAM | 1.00 | DIT \$180.00 | ✓ |
| 21 | FRONT BUMPER UNDER COVER | 1.00 | Pa \$330.00 | X |
| 22 | FRONT BUMPER CLIPS | 10.00 | Pa \$20.00 | ✓ |
| 23 | FRONT SUPPORT PANEL | 1.00 | R \$260.00 | X |
| 24 | RADIATOR AIR DUCT | 1.00 | CM \$430.00 | ✓ |
| | | | \$14,450.00 | |
| | | | Margin: 10% | |
| | | | \$1,445.00 | |
| | | | \$15,895.00 | |
| 25 | FRONT NO.PLATE | 1.00 | Bz \$40.00 | ✓ |
| 26 | TO REFILL AIRCON GAS | 1.00 | Pa \$150.00 | X |

VIN S

Vin's Motor Pte Ltd
160 Sin Ming Drive
#03-03 Sin Ming Autocity
Singapore 575722
Tel : 6453 2121 Fax : 6459 9795
GST Registration No. 199906067G

| | | | | |
|----|--------------------------|------|------|----------|
| 27 | TO RESET HEADLAMP SYSTEM | 1.00 | | \$280.00 |
| 28 | TO REPAIR DAMAGES | 1.00 | 500l | \$780.00 |
| 29 | TO SPRAY PAINTING | 1.00 | 500l | \$880.00 |

Subtotal w/o GST: \$18,025.00

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:

Issued by Vithyaa

This is a computer-generated document. No signature is required.