ASS. REC. BY: Kenneth | REF: ICS/ CS/ICS24110401/ Knp3 | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Vin's

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 1250/-

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $ 35K

IDAC Accident Rport: _____ 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 (A)

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: WBA5A320600 790590

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: 245/35ZR 20

R: 285/30ZR 20

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.	16/11/24	D.O.I.	20/11/2024

Survey held at _____

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

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

Date / Time	Action / Instruction
26/11	L/Stp & Food: Calw (Red: $ 11025, 61%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___ $ + RS. ___ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

Lump Sum / I.B.I: ($ _____)

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	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 Regisration 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

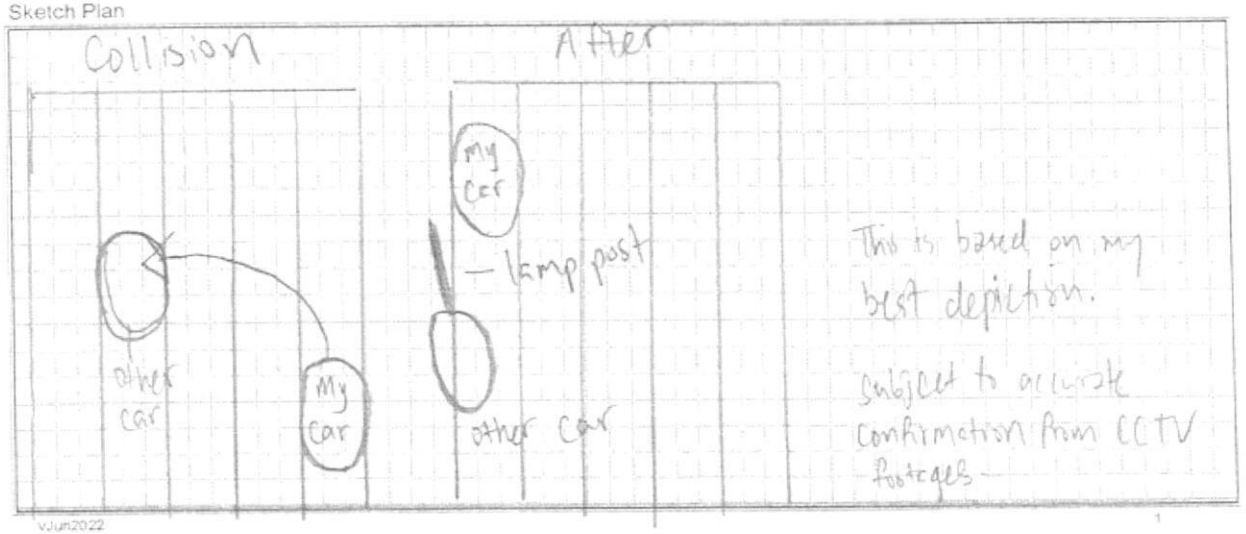
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VIN'S MOTOR PTE LTD

Blair

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



vJun2022

SKETCH PLAN #2

Describe Circumstance of the Accident

Refer to the police report.

There is no video footage.

Declaration

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

VIN'S MOTOR PTE LTD

Blair

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)

SINGAPORE POLICE FORCE

T/20241116/7123

Report No. T/20241116/7123

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

REPORT OF A TRAFFIC ACCIDENT

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

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			

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

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

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

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

T/20241116/7123

Report No. T/20241116/7123

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

CONTINUATION OF REPORT

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: 16/11/2024 23:05
Officer In Charge Of Case: TP / TPIB / KWOK WEI JIE, DANIEL Contact No.: 89220186	Classification Of Case:

> 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

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

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

Not Authorised
Kenneth (ECIC) L/Limp $7000/- Max
Reserve After Paint
Ex $1250/-
4 days

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

S/N	Description	Qty	Amount (S$)
1	FRONT BONNET	1.00	$2,100.00
2	BONNET RH HINGE	1.00	$150.00
3	BONNET LH HINGE	1.00	$150.00
4	BONNET RH LOWER LOCK	1.00	$210.00
5	LH GRILLE	1.00	$240.00
6	RH GRILLE	1.00	$240.00
7	RH HEADLAMP	1.00	$3,600.00
8	RH HEADLAMP SUPPORT HOUSING Pr?	1.00	260 ~~$3,600.00~~
9	RH HEADLAMP WASHER SPRAY	1.00	$160.00
10	FRONT BUMPER	1.00	$1,200.00
11	FRONT BUMPER EMBLEM	1.00	$90.00
12	FRONT BUMPER TOWING COVER	1.00	$60.00
13	FRONT BUMPER PARKING SENSOR @ CENTER	2.00	$400.00
14	FRONT BUMPER CENTER LOWER GRILLE	1.00	$140.00
15	FRONT BUMPER RH FOG LAMP COVER	1.00	$90.00
16	FRONT BUMPER RH SIDE RETAINER	1.00	$20.00
17	FRONT BUMPER LH SIDE RETAINER	1.00	$20.00
18	FRONT BUMPER SPONGE	1.00	$110.00
19	FRONT BUMPER REINFORCEMENT	1.00	$650.00
20	FRONT BUMPER LOWER BEAM	1.00	$180.00
21	FRONT BUMPER UNDER COVER	1.00	$330.00
22	FRONT BUMPER CLIPS	10.00	$20.00
23	FRONT SUPPORT PANEL	1.00	$260.00
24	RADIATOR AIR DUCT	1.00	$430.00
			$14,450.00
	Margin: 10%		$1,445.00
			$15,895.00
25	FRONT NO.PLATE	1.00	$40.00
26	TO REFILL AIRCON GAS	1.00	$150.00

VINS

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

20%

27	TO RESET HEADLAMP SYSTEM	1.00		$280.00
28	TO REPAIR DAMAGES	1.00	50%	$780.00
29	TO SPRAY PAINTING	1.00	50%	$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.