

ASS. REC. BY: Tough

REF:

CS/CT124120058/Tnh3

## 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	X

Bal. or Market Value: \$160K

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seent \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sumt \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS - WP'Date: \_\_\_\_\_ Person Contacted: Intervan

Vehicle: IN / OUT

Veh No: SLT 1161P Yr Regn: 2024/02Type: M.C / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 2161 GC Sport.c 1499Colour: White A/C: Insured / Std / NI / NASp. Reading: 13692 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WBA 32 AN 0507 N19930Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 R17

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 17/12/24Survey held at PerformanceDes. 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 \_\_\_\_\_

We will be advising our principal a cost of repair of \$2,497.70 with 3 days of repair  
(red, \$2123.2, 45%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trlp: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

S + RS \$ \_\_\_\_\_

☐ : Interview (\$ \_\_\_\_\_)

Photos \_\_\_\_\_

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

## ESTIMATE

→ China

3 Dec 2024

Estimate No. : b1 71989  
Date Estimated : 03/12/2024  
Prepared By : Inthiran A/L Thurasamy

Page No. : 1 of 4

## - ESTIMATE REPAIR FOR -

Lin Zhicai  
78 Choa Chu Kang Avenue 5  
#06-33

Singapore 688200

## - ACCOUNT - 135

China Taiping Insurance (S) Pte Ltd  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLT1161P	WBA32AN0507N19930	27/02/2024	216i Gran Coupe	9934

## DESCRIPTION

To replace rear bumper and attachments.

To painting rear bumper.

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

To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.

Sundries.

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:

## VALUE

50 1,275.00

✓ 1,038.00

✓ 177.00

✓ 177.00

nec 80.00

40

Total Labour 1: 2,747.00

## DESCRIPTION

REAR BUMPER CARRIER  
REAR BUMPER BOTTOM TRIM PANEL  
REAR BUMPER PANEL PRIMED (PDC/PMA)

## QTY

## PRIC

## VALUE

1 525.75

1 215.70

1 1,132.45

nn X 525.75

de ✓ 215.70

Ry ✓ 1,132.45

Total Parts : 1,873.90



Tanpin 97495744/62563561  
wp 17/12/24 3pm  
3 days  
P/P Resurvey new parts  
tanpin@chhamp.com

Labour 1	:	2,747.00
Parts	:	1,873.90
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 9%	:	415.88
Grand Total	:	5,036.78

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



# 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	23/11/2024 12:32 (SGT)
Reported by	Owner
Date of Accident	22/11/2024 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION BETWEEN CCK WAY & CCK AVE1
Country/State of Loss	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLT1161P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIN ZHICAI
NRIC No	SXXXX115I
Email Address	ZCLIM.85@GMAIL.COM
Mobile Phone No	(Phone) +65-94318373
Alternative Phone No	-

**VEHICLE PARTICULARS**

Manufacturer	B.M.W.
Model	216I GC SPORT
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	1499
Vehicle Fuel	Petrol
First Registration Date	27/02/2024
Chassis no	WBA32AN0507N19930
Effective Date/Time of Ownership	27/02/2024 01:02 (SGT)

**INSURANCE COMPANY**

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01455513

DRIVER

Name of Driver	TEO XIU YUN
NRIC No	SXXXX689A
Date Of Birth	26/05/1985
Occupation	Indoor
Driving Pass Date	03/08/2009
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	15 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81981074
Alt. Phone Number	-
Email Address	ZCLIM.85@GMAIL.COM
Address	78 CHOA CHU KANG AVE 5
Address complement	#06-33
Postcode	688200
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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?	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

#### REFER TO 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

Vehicle Registration Number	GBL391L
Vehicle Manufacturer	-


Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMED MUZAMIL BIN MOHD YUSOF
NRIC No	SXXXX828H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

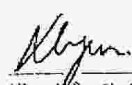
Insurer: Direct Asia  
Vehicle: SLT 1161P

SKETCH PLAN

IMPORTANT NOTICE

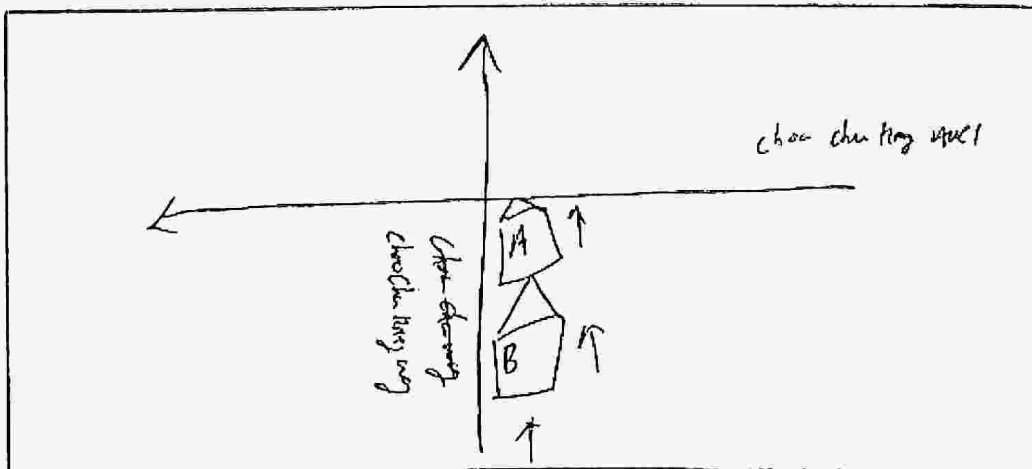
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 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.

  
Policyholder's Signature / Date & Time

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

**AH LIM MOTOR COMPANY**  
(SINGAPORE BRANCH)  
176, Sin Ming Drive, #05-12  
Micro-processed by Reporting Centre Personnel  
Singapore Motor Insurance Co. Ltd.  
Tel: 6456 3632 Fax: 6456 3688

Sketch Plan



Describe Circumstance of the Accident

Date of Accident: 22 Nov 24 Time: 5pm Location: Chuanway #

My Vehicle A: SLT1161P Vehicle B: GTBL 341L Vehicle C: —

my vehicle was stationary, waiting for traffic light to turn green.  
~~Long~~ ~~too long~~ ~~being~~ ~~into~~ the rear of my stationary vehicle. use vehicle.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident Report to:

My Workshop: \_\_\_\_\_

Workshop Email Address: \_\_\_\_\_

☐ Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

Declaration

We declare the foregoing particulars are true in every respect

AH LIM MOTOR COMPANY  
(SIN MING BRANCH)

176, Sin Ming Drive, #05-12,  
Sin Ming Auto Centre, Singapore  
Tel: 6456 7337 Fax: 6456 5686

Policyholder's Signature / Date & Time: [Signature]

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

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