

ASS. REC. BY:

REF:

CS/CT124120058/Tn43

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: 4160K

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seent _____ Consistent? : Yes or No

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS - WP'

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

In person

Veh No:

SLT 1161P

Yr Regn: 2024/02

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

Truck / Trailer or

Make:

BMW 2161 GC Sport.c 1499

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

13692

T/Radio: Insured / Std / NI / NA

Eng/No:

WBA 32 AN 0507 N19930

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModl: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 225/45 R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A.

D.O.I. 17/12/24

Survey held at

Performance

Des. 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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.J. / % _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

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

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) allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

VALUE

850 1,275.00

✓ 1,038.00

✓ 177.00

✓ 177.00

7 80.00

Total Labour 1: 2,747.00

DESCRIPTION

REAR BUMPER CARRIER

REAR BUMPER BOTTOM TRIM PANEL

REAR BUMPER PANEL PRIMED (PDC/PMA)

QTY

PRIC

1 525.75

1 215.70

1 1,132.45

VALUE

? 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 part
Tanjong C/kluaup.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**

** 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	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

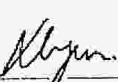
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow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

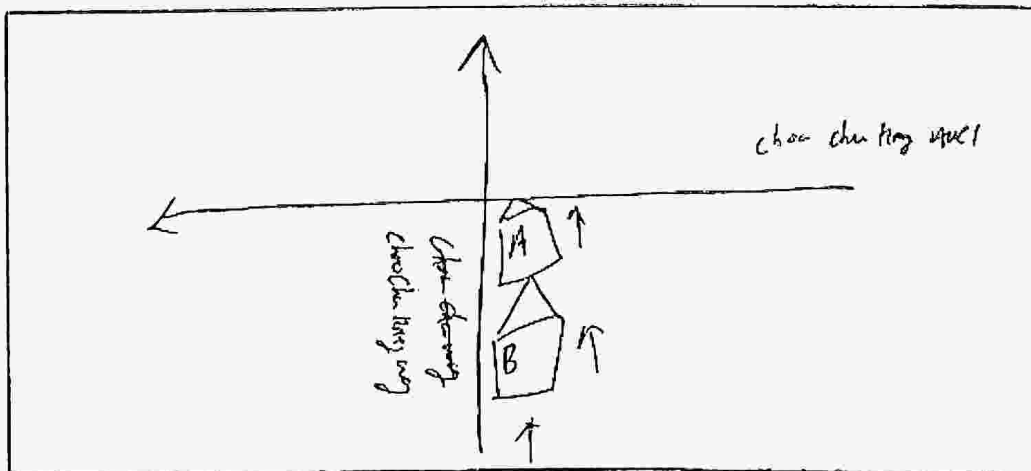
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (a) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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
Singapore 575721
Tel: 6456 3632 Fax: 6456 3688

Sketch Plan



Describe Circumstance of the Accident

Date of Accident: 22 Nov 24 Time: 5pm Location: 6th Ave #

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

my vehicle was stationary, waiting for traffic light to turn green.
~~Long to be~~ banged into the rear of my stationary vehicle.

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

Remarks: Please forward a copy of my file 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 2637 Fax: 6456 3685

Policyholder's Signature / Date & Time: 24/11/24

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

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