ASS, REC. BY: Tayphi - KEF: (S)(T)24/20/60/Tuh3 ASSIGNMENT Veh No: 5NC9083V Yr Regn: 2021, Date: Type: N.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Estimated Cost: OD ! PIWS ! TP RES! OD RES! EVA! INV! MY BMW 430 To Inspect Vehicle No: AC: Insured / Std / Ní / NA at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured WB472 MTO-20 CH52494 Policy No. Gen. Cond; Good / Fair / Poor / Burnt Claims No. Steering: Inorder | Jammed | Leaked | Burnt or Sum insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: NIT I SIRIM I STD A/RIM or Make oil Veh; Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PER / SUMI / Remark: The veh had commenced its O/S repair at the time of inspection. TOYO / YOKO or Bal or Market Value: Front Rear IDAC Accident Roort Consistent? : Yes or No R/Bal. R/Bal. mm GIA / PR Seem Consistent?: Yes or No L/8al. L/Bal Est. Repairs: Res.: Yes or No D.O.A. 8 days D.O.L. 3 Val.: Yes or No Lum Sum Survey held at Des. of Damages : Frt / Rear / ols I N/S I U/G I Rooftop- or CA I REV I REP. I 24 HRS Vehicle: IN / OUT Person Contacted: China The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Taufikh confirmed COR \$20,398.40, 8 days. (red, \$4475.05, 18%) Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Dale/Time, File Return to? Survey Fee: Transportation: Add Fee: :Site Insp (\$ S+RS__SI :Interview (\$ Population Photos Tech. Invs (\$ Lump Sun / LB.E.C. Others Meeliend (&

BMW Dealer

Singapore 298309

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)

China

GST REG. NO : M2 - 0020081 - X

ESTIMATE

-> (ar 18) 11 Dec 2024

Estimate No. : b1 72044

Date Estimated : 07/12/2024

Prepared By : Chua Kee Sin

- ESTIMATE REPAIR FOR - - ACCOUNT - 40000

Ng Wai Hung Andrew Cash Sales - Service
14 Narooma Road Singapore

REGN. NO. CHASSIS NO. REGN. DATE MODEL MILEAGE
SNC9083U WBA22AT020CH52494 13/08/2021 430i Convertible 16028

DESCRIPTION VALUE Replace front bumper, bonnet , right front side fender include remove 2975 3,400.00 attachment etc and carryout necessary repairing wor k on acident damage area Conduct painting work on bonnet, right front side fender and front 3,221.00 bumper 🗸 **236.00** To carry out body cavity preservation. (2 panel). 7 2 177.00 To check electrical wiring system at the front section for proper function. 481.00 To replace right headlight. To check steering geometry and conduct wheel alignment in × 531.00 accordance with BMW specifications. (1x). 150.00 To tow accident vehicle to PML workshop. **150.00** Sundries.

	То	tal Labour	1: 8,346.00
DESCRIPTION	QTY	PRIC	VALUE
ALLOY RIM 8.5JX19 DOUBLE SPK 793	1	1,773.70	X 1,773.70
Bracket side	2	45.50	M > 91.00
Side panel b	1	63.70	? 63.70
Side panel b	1	64.95	₹ 64.95
FRT RH 2 SIDE PANEL BRACKET	1	64.95	? 64.95
FRT RH SIDE PANEL BRACKET 1	1	64.95	7 64.95
FRT RH SIDE PANEL	1	887.15	bf-887.15
ALUMINIUM ENGINE HOOD	1	1,764.40	bt_1,764.40
LH BUMPER GUIDE TOP	1	57.55	× 57.55
RH BUMPER GUIDE TOP	1	57.55	de - 57.55
LH BUMPER GUIDE BOTTOM	golas Longia (1)	57.55	× 57.55

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

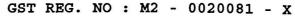
280, Kampong Arang Road East Coast Centre Singapore 438180 Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Fax. 64796601 (AfterSal 64796624 (Motorrac

(AfterSales) (Motorrad)

Grand Total

24,575.52



ESTIMATE

Estimate N Date Estim Prepared E	nated : 07/1	72044 2/2024 Kee Sin				Page N	No. : :	2 of 5
REGN. NO.	CHASSIS NO		REGN. DATE	MODEL		- 22 cady	NOTE TO SECURE	MILEAGE
SNC9083U	WBA22AT02	UCH52494	13/08/2021	430i	Converti	ble	die 11 wet 2 pas	16028
	DESCRIPTION				Omze	DDTC		
	RH BUMPER GUIDI	F BOTTOM			<u>QTY</u>	PRIC 57.55		VALUE 57.55
	FRT BUMPER CAR				1	718.20		bt/ 718.20
	RH FOG LAMP SUF				1	144.55		04-144.55
	FRT RH AIR DUCT				1			de 82.15
	RH GRILLE AIR INL					82.15		82.15
	RH GRILLE AIR INL				1	119.35		7 119.35
	RH SIDE GRILLE TI				1	119.35		119.35 119.35 dis_98.50
	FRT BUMPER BOT		(8.4)		1	98.50		./- 00.00
	ADAPTER UNDERE				1	388.25		7 388.25 7 163.50
	FRT BUMPER PANE				-	163.50		103.50
	FRT TOWING LUG				1	1,394.55		de 1,394.55
	SET MOUNTING PE				1	62.75		de 62.75
	FRT ORNAMENTAL				1	66.10		M - 66.10
	BADGE SIDE PANE		.		1	348.80		ut 348.80
	PLAQUE 82MM	.L (W)			- <u>!</u>	88.05		
	RH HEADLIGHT BR	ACKET			1	76.55		76.55
	FRT SHOCK ABSOR				1	262.20		dis-262.20
	FRT RH WHEEL AR		ON COVED		1	71.10		dl 71.10
	FRT RH WHEEL AR				1	133.20		cut 133.20
	RH HEADLIGHT LEI				1	133.20		133.20 3,129.45
	RH FOG LIGHT LED		•		. 1	3,129.45		3,129.45
	Ultrasonic side	,			1	631.30		cm 631.30
	DECOUPLING RING				1	391.05		7 391.05
					6	5.65		35.90
	ULTRASONIC SENS				1	269.65		× 269.65
	ULTRASONIC SENS	OK BLACK			1	269.65		× 269.65
	Taulille 97	495749			Tot	tal Parts	:	14,200.35
	1412 D 11/12	1740 3300	h					
		1. Jamesai	d					
	pll Kesury	mys g	1					
	1 (1	A III le mate.	wh					
	fair	c I know						
	Tautim 97 WP 11/12/ P// Resurs	-6days.						
		10.10						
	LKK	Auto Consultants	hence notify	i i ja				
	the	Repairer of the fol	lowing:	1				
	• To :	resurvey before/after s	pray painting			= 1 = 0.9 = =	4 Tal. 14	
	• To c	display damaged pan(s) during resurvey	3	Tob			
■	Pan	ts prices are subject to	confirmation		Labour 1			8,346.00
	I Inir	o party survey is on a	"Without Prejudice" basis		Parts		:	14,200.35
2006		illegal modification(s)			Labour 2		:	0.00
	Sup is si	pierrientary item(s) nii	ost be resurveyed <u>and</u> from Insurance Company		Excess		:	0.00
	Mai l	, toai oppioval	mourance company		Total GS	T @ 9%	5 5 5	2,029.17

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

Acknowledged by Repairer



^{**} 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 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.

Manufacturer

- 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 09/12/2024 16:15 (SGT) Reported by **Actual Driver** Date of Accident 06/12/2024 20:47 (SGT) Exact Location of Accident Singapore Additional Location Information Kheam Hock road / Dunearn Rd Junction Country/State of Loss Singapore

OWN VEHICLES

BMW

Vehicle Registration Number **SNC9083U**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG WAI HUNG ANDREW NRIC No SXXXX317F Email Address ANDREWNWHNG@GMAIL.COM Mobile Phone No (Phone) +65-98297202 Alternative Phone No +65-67333268

VEHICLE PARTICULARS

Model 430i Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1998 CC Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number

DRIVER

Name of Driver	NO VEEL AM DANIELLE
NRIC No	NG YEE LAM DANIELLE
Date Of Birth	SXXXX193H
	24/09/1997
Occupation	Indoor
Driving Pass Date	18/01/2020
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 YEARS AND 11 MONTHS
Gender	
Mobile Number	Female
	(Phone) +65-90057447
Alt. Phone Number	
Email Address	DANIELLENYL@GMAIL.COM
Address	14 NAROOMA ROAD
Address complement	-
Postcode	298309
Is the driver the policyholder?	
	No
If No, Relationship of the Driver with the Insured	Child
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 - Cross Junction
Weather Conditions	
	Clear
Road Surface	Dry
OTHER INFORMATION	
ANT CONTRACTOR OF THE CONTRACT	A
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	
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 name	
Translator's ID	
Translator's phone number	H
Translator's email	-
Original language used in the statement	-
DETAILS OF POLICE ACTION	
	No
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
The second of the second secon	
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
was mere any video captured by Cai Camera	
	OVERICLE DRUBERTVIA
DETAILS OF OTHER	REPLANTATION OF THE PROPERTY O
Vehicle Registration Number	SNG7706Z
	Mazda
Vehicle Manufacturer	그런 그래 그는 그들은 그렇게 되는 나를 가지 않는데 없다.

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private hire
Name of Driver	LOUIS SNG FAITH
NRIC No	SXXXX997B
Contact Number	(Phone) +65-92776580
Address	Blk 22 Telok Blangah Crescent #13-51
Address complement	<u> </u>
Postcode	090022
Insurance Company Name	- , , , ,
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	1

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 Authorised 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 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:

- 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)
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

9.35 am

7 pec 2024

(If driver is not the policyholder)

Date & Time: 7 12 2024

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Accident report SP0X24C90001

GRANME SECTION FOR PARTY VA

Bukit Timah Road three lanes	it Timah, Foad
+ Other car	
Durzam Coal G = my cor	
Bean Yelk Park	
1	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	the state of the s
	15: 1. 2. 0. 1. 1. 1.
I was driving straight out of Kheam Hock Road towards the mi	
jurction (the traffic light had just turned green). All or	a sudden, this car on the opposite
side of the road stored turning right, strought int	o my line. I tried to stop but
2 이번 10 전에 대한 제작 전에 대한	ver leps turning resulting in a
	wrong as he should have
	ning, given he was
	. 10
turning right and I was going strong!	n1.
Destruction	
And the state of t	
	2 1 100 1 1 100 1 1 1 1 1 1 1 1 1 1 1 1
CLARATION	
We declare the foregoing particulars are true in every respect.	
0	
· Ok	1 2/12/3
licyholder's Signature Driver's Signature	Reporting Centre Personnel's Signature
ly ly	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
U(N: \$665500206 / 651 Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
) PARTICULARS OF PE	RSON MAKING THE AMENDMENTS:
Original Report No	SPOX24C96CO1 PM1 Vehicle Registration No: SNC 9082
Name(as shownin NRIC)	NG wai Hung NRIC/FIN/PassportNo: SXXXX 317
	hicle Owner) (*) Please delete as appropriate
Address	Singapore()
Contact (Tel)	Mobile No.: 9825 7202
Email Address	
Date of Accident :	06, 12, 2024 Time of Accident: 20:47 W.S.
Place of Accident :	Khearn Hock Goad Dunearn Rd Ju
Insurance Company:	ALG MSURVICE
	Mation / Amendments:
I have made a report make the following a	on the above mentioned accident and would like to include additional information or mendments:
deri O	to Claim against Third Party Inventor
011-0	
Wittaly	videc tectape
	`,
= 10 11 2 11 2	
	2 11/12
Policyholder / Driver's Date:	Reporting Centre Personnel's Signature Name: NRIC/FINNo.:

Date:

OP (W. J.) Frag. V