

ASS. REC. BY: TajREF: (S)CT124120160/Tuh3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / W / S / 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 |
|     |     |

Bal. or Market Value: 9215K

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seer: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

ChuaVeh No: SNC9083UYr Regn: 2021, 08Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 430i

cc

1998Colour: Green

A/C: Insured / Std / NI / NA

Sp. Reading: 7

T/Radio: Insured / Std / NI / NA

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

C/No: WB422 ATJ-20CH52494Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 255/35 R19R: 255/35 R19BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIE / 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. \_\_\_\_\_

D.O.I. 11/12/24Survey held at Performance Auto

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

Frt. O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Insp (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

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

Photos

Others

Rep. Format: \_\_\_\_\_

Lump Sum / I.B.B. / (P: \_\_\_\_\_)

TOTAL

## 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

→ Car In

11 Dec 2024

Estimate No. : b1 72044  
Date Estimated : 07/12/2024  
Prepared By : Chua Kee Sin

Page No. : 1 of 5

## - ESTIMATE REPAIR FOR -

Ng Wai Hung Andrew  
14 Narooma Road

Singapore 298309

## - ACCOUNT - 40000

Cash Sales - Service  
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 attachment etc and carryout necessary repairing work on accident damage area

2975 3,400.00

Conduct painting work on bonnet, right front side fender and front bumper

✓ 3,221.00

To carry out body cavity preservation.  
(2 panel).

✓ 236.00

To check electrical wiring system at the front section for proper function.

? 177.00

To replace right headlight.

✓ 481.00

To check steering geometry and conduct wheel alignment in accordance with BMW specifications. (1x).

X 531.00

To tow accident vehicle to PML workshop.

? 150.00

Sundries.

✓ 150.00

Total 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

de 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

? 64.95

FRT RH SIDE PANEL

1 887.15

bt 887.15

ALUMINIUM ENGINE HOOD

1 1,764.40

bt 1,764.40

LH BUMPER GUIDE TOP

1 57.55

X 57.55

RH BUMPER GUIDE TOP

1 57.55

de 57.55

LH BUMPER GUIDE BOTTOM

1 57.55

X 57.55

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GST REG. NO : M2 - 0020081 - X

## E S T I M A T E

Estimate No. : b1 72044  
Date Estimated : 07/12/2024  
Prepared By : Chua Kee Sin

Page No. : 2 of 5

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

| DESCRIPTION                         | QTY | PRIC     | VALUE       |
|-------------------------------------|-----|----------|-------------|
| RH BUMPER GUIDE BOTTOM              | 1   | 57.55    | de 57.55    |
| FRT BUMPER CARRIER                  | 1   | 718.20   | bt 718.20   |
| RH FOG LAMP SUPPORT (M)             | 1   | 144.55   | cu 144.55   |
| FRT RH AIR DUCT COVER (M)           | 1   | 82.15    | de 82.15    |
| RH GRILLE AIR INLET OPEN (M)        | 1   | 119.35   | ? 119.35    |
| RH GRILLE AIR INLET OPEN (M)        | 1   | 119.35   | ? 119.35    |
| RH SIDE GRILLE TRIM (M)             | 1   | 98.50    | dis 98.50   |
| FRT BUMPER BOTTOM CARRIER (M)       | 1   | 388.25   | bt 388.25   |
| ADAPTER UNDERBONNET SCREEN          | 1   | 163.50   | ? 163.50    |
| FRT BUMPER PANEL PRIMED (M PDC/PMA) | 1   | 1,394.55 | de 1,394.55 |
| FRT TOWING LUG COVER PRIMED (M)     | 1   | 62.75    | de 62.75    |
| SET MOUNTING PDC/PMA SENSOR FRT (M) | 1   | 66.10    | na 66.10    |
| FRT ORNAMENTAL GRILLE BLACK         | 1   | 348.80   | cut 348.80  |
| BADGE SIDE PANEL (M)                | 1   | 88.05    | nei 88.05   |
| PLAQUE 82MM                         | 1   | 76.55    | nei 76.55   |
| RH HEADLIGHT BRACKET                | 1   | 262.20   | dis 262.20  |
| FRT SHOCK ABSORBER (M ECE)          | 1   | 71.10    | de 71.10    |
| FRT RH WHEEL ARCH FRT SECTION COVER | 1   | 133.20   | cut 133.20  |
| FRT RH WHEEL ARCH COVER REAR SECTIO | 1   | 133.20   | ? 133.20    |
| RH HEADLIGHT LED TECHNOLOGY         | 1   | 3,129.45 | cu 3,129.45 |
| RH FOG LIGHT LED                    | 1   | 631.30   | cu 631.30   |
| Ultrasonic side                     | 1   | 391.05   | ? 391.05    |
| DECOUPLING RING                     | 6   | 5.65     | nei 33.90   |
| ULTRASONIC SENSOR BLACK             | 1   | 269.65   | x 269.65    |
| ULTRASONIC SENSOR BLACK             | 1   | 269.65   | x 269.65    |

Total Parts : 14,200.35

Taufik 97495749  
WP 11/12/24 230pm  
P/P Resurvey before paint  
taufik@lkhart.com  
5-6 days.

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:

|                |   |           |
|----------------|---|-----------|
| Labour 1       | : | 8,346.00  |
| Parts          | : | 14,200.35 |
| Labour 2       | : | 0.00      |
| Excess         | : | 0.00      |
| Total GST @ 9% | : | 2,029.17  |
| Grand Total    | : | 24,575.52 |



\*\* 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 ..... 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

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC9083U

### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

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

### DRIVER



|  |                       |
|--|-----------------------|
| Name of Driver   | NG YEE LAM DANIELLE   |
| NRIC No  | SXXXX193H             |
| Date Of Birth  | 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   | Female                |
| Mobile Number  | (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

|   |     |
|---|-----|
| 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 THE ATTACHED

#### 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 | SNG7706Z |
| Vehicle Manufacturer        | Mazda    |

|   |                                      |
|---|--------------------------------------|
| 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 .....                      | -                                    |
| 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 companies.
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:

- (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.
- (d) 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.
- (e) 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

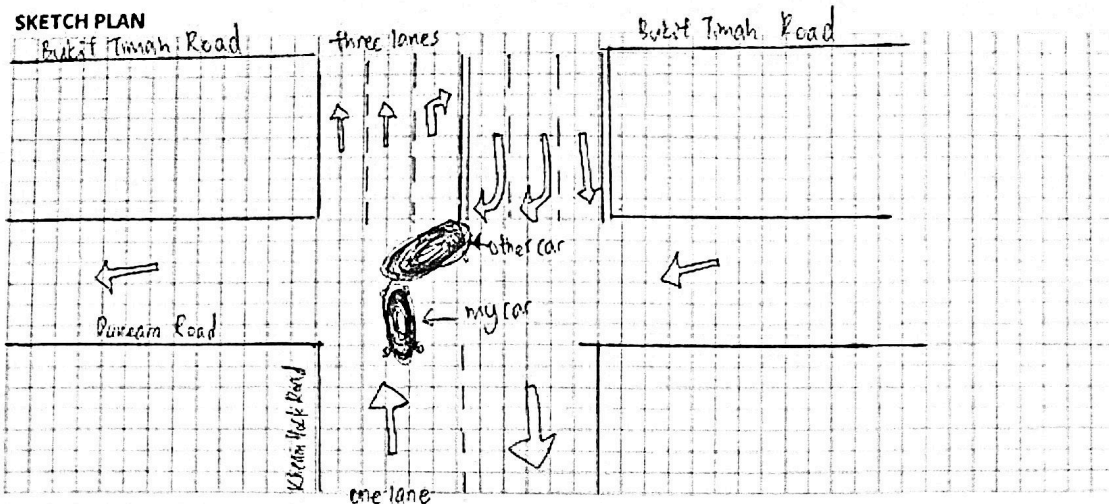
Date & Time: 7 Dec 2024  
9.35am

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 7 Dec 2024  
9.35am

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving straight out of Kheam Hock Road towards the middle lane on the other side of the junction (the traffic light had just turned green). All of a sudden, this car on the opposite side of the road started turning right, straight into my line. I tried to stop but could not stop in time as the ~~other~~ other driver kept turning, resulting in a collision. I believe the other driver was in the wrong as he should have ~~be~~ looked for oncoming traffic before turning, given he was turning right and I was going straight.

**DECLARATION**

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

Policyholder's Signature

Date & Time: 7 Dec 2024  
9:35am

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 7 Dec 2024  
9:35am

Reporting Centre Personnel's Signature

Name: a 95cb  
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  
UEN: S665500206 / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SPOX24C90001/PM1 Vehicle Registration No: SNC 90824

Name (as shown in NRIC): NG Wai Hung NRIC/FIN/Passport No: SXXXX 317 F

(\* Vehicle Driver / Vehicle 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 hrs

Place of Accident: Khearn Hock Road / Duneam Rd Junction

Insurance Company: AIK Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- (\*) I wish to claim against Third Party Insurance
- (\*) Attach video Footage

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

11/12/24  
1044hr