

ASS. REC. BY: Taufikh

REF: CS/CT 2412 0248 / Tvh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKT 51S

Policy No. _____

Claims No. SNM24D207030

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 Mark \$184K

IDAC Accr _____ Consistent? : Yes or No

GIA / PR _____ 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: Intuyan Vehicle: IN / OUT

Veh No: SNK6178+1 Yr Regn: 2-23 04

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

Truck / Trailer or

Make: BMW X1 c.c. 1499

Colour: White AC: Insured / Std / NI / NA

Sp. Reading: 27868 TP Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WB462E90305.V93263

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRM / STD A/Rim or

Tyre Size: F: 245/45R19

R: _____

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. 13/12/2024 D.O.I. 21/1/25

Survey held at Performance Motor

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
6/2/25	Taufikh confirmed final fig \$2922.75 (Red 1734.65, 37%)

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Days Of Repair: 3

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)

S&R
21/01 @ 10am

Survey before 12pm



LOR-Chan

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159944
Fax: 64796601 (AfterSales)
64796624 (Motorrad)

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)

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

GST REG. NO : M2 - 0020081 - X

ESTIMATE

16 DEC 2024

Estimate No. : b1 72121

Page No. : 1 of 4

Date Estimated : 14/12/2024

Prepared By : Inthiran A/L Thurasamy

- ESTIMATE REPAIR FOR -

TEE PAK CHUAN
BLK 38 ANCHORVALE LANE
#13-35

SINGAPORE 544593

- 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
SNK6178H	WBA62EG0305V93263	27/04/2023	X1 sDrive16i	19726

DESCRIPTION

To replace replace rear bumper and attachments.

850 1,275.00

To painting rear bumper.

✓ 1,038.00

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

✓ 177.00

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

✓ 177.00

Sundries.

? 80.00

Total Labour 1: 2,747.00

DESCRIPTION

EXPANDING RIVET

QTY 8 PRIC 0.50

✓ 4.00

REAR BUMPER PANEL PRIMED (M)

1 1,265.65

✓ 1,265.65

REAR BUMPER BOTTOM TRIM (M)

1 207.70

✓ 207.70

REAR BUMPER BOTTOM COVER (M)

1 364.35

✓ 364.35

REAR BUMPER LH TRIM (M)

1 53.70

✓ 53.70

Total Parts : 1,895.40



Tanfah 97495749/62563561
WP' 21/1/25 @ 12pm = 3 days

tanfah@khand.com

Resurvey new parts/after repair

Labour 1 : 2,747.00

Parts : 1,895.40

Labour 2 : 0.00

Excess : 0.00

Total GST @ 9% : 417.82

Grand Total : 5,060.22

** 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	14/12/2024 10:13 (SGT)
Reported by	Actual Driver
Date of Accident	13/12/2024 07:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE PIONEER NORTH ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNK6178H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE PAK CHUAN
NRIC No	S260200Z
Email Address	TACHUANCONSTRUCTION@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93875683
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5144882598

DRIVER

Name of Driver	TEE TING WEI
NRIC No	S9170016F
Date Of Birth	21/01/1991
Occupation	Indoor
Driving Pass Date	29/01/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96682521
Alt. Phone Number	-
Email Address	TACHUANCONSTRUCTION@YAHOO.COM.SG
Address	38 ANCHORVALE LANE
Address complement	#13-35 RIVERCOVE RESIDENCES
Postcode	544593
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 - Head to Rear
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

WAS DRIVING ON LANE 1 WHEN I SLOW DOWN DUE TO TRAFFIC, AND OUT OF SUDDEN, THE CAR BEHIND ME DID NOT MANAGE TO BRAKE IN TIME AND HE COLLIDED INTO ME.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SKT51S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	KEVIN
Contact Number	-1
Address	(Phone) +65-96213623
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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.

B. 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.

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

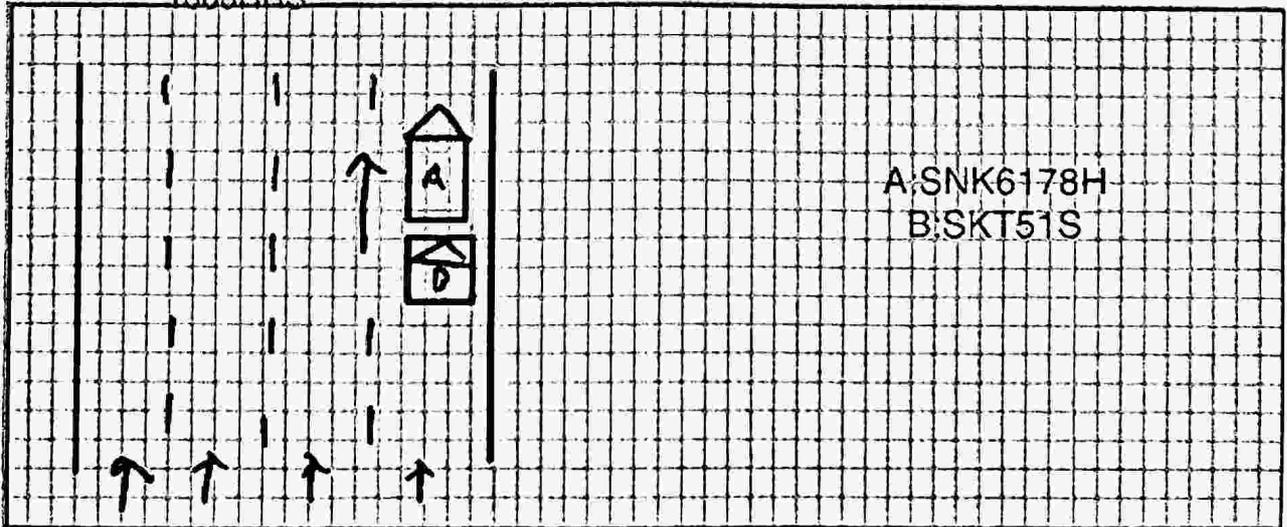
14122024

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

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

Sketch Plan 1000HRS

S997391



• • •

Describe Circumstance of the Accident

REFER TO GEARS

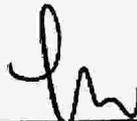
Declaration

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

Policyholder's Signature / Date & Time

14122024
1000HRS

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



Witnessed by Reporting Centre Personnel

(Name as in NR/C/D card) fadhuli arzat
S997391 2

