

ASS. REC. BY:

REF:

SPF/ CS/SPF24120264/Kvp3

C

Kenneth

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: QX 257Z

Policy No. _____

Claims No. ACS/105/009/2024/063

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: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.8% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJX 1550C Yr Regn: 01, 23

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

Truck / Trailer or A7 Wagon

Make: Bmw X3 C.G. _____

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 44189 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBY42DU 000 S628835

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/45R20

R: 275/40R20

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

TOYO / YOKO or PIRELLI

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 5 mm

L/Bal. 7 mm L/Bal. 5 mm

D.O.A. 11/12/24 D.O.I. 18/12/2024

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Rear n/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

23/12 @ 808.04 Carbur (red 169.99, 17%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Report Format :

Lump Sum / I.B.I. (\$) _____

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 951D

Vehicle Details

Vehicle No.: SJX1550C
Vehicle to be Exported: No
Intended Deregistration Date: 17 Dec 2024
Vehicle Make: B.M.W.
Vehicle Model: IX3 (BEV) ADPT HL SR
Primary Colour: Grey
Manufacturing Year: 2022
Engine No.: -
Chassis No.: WBY42DU000S628835
Maximum Power Output: 210.0 kW (281 bhp)
Open Market Value: \$57,951.00
Original Registration Date: 31 Jan 2023
First Registration Date: 31 Jan 2023
Transfer Count: 1
Actual ARF Paid: \$31,312.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 30 Jan 2033
PARF Rebate Amount: \$23,484.00

Intended COE Rebate Details

COE Expiry Date: 30 Jan 2033
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$107,000.00
COE Rebate Amount: \$85,614.00
Total Rebate Amount: \$109,098.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 17 Dec 2024

OK

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	12/12/2024 16:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/12/2024 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIDE CAR PARK OF UPPER DICKSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1550C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL RAHIM SHAHUL HAMEED
NRIC No	SXXXX951D
Email Address	HAMEED3574@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-94247634
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	IX3 (BEV) ADPT HL SR
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	0
Vehicle Fuel	Electric
First Registration Date	31/01/2023
Chassis no	WBY42DU000S628835
Effective Date/Time of Ownership	17/11/2023 04:11 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	M0052248

DRIVER

Name of Driver	ABDUL RAHIM SHAHUL HAMEED
NRIC No	SXXXX951D
Date Of Birth	17/06/1969
Occupation	Indoor
Driving Pass Date	29/07/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94247634
Alt. Phone Number	-
Email Address	HAMEED3574@YAHOO.COM.SG
Address	BLK 170 CACTUS ROAD - SINGAPORE 809663
Address complement	-
Postcode	809663
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
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	-

PASSENGER 1

Name	ASRAAR AHMAD BIN SHAHUL HAMEED
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX257Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
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 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 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.
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.



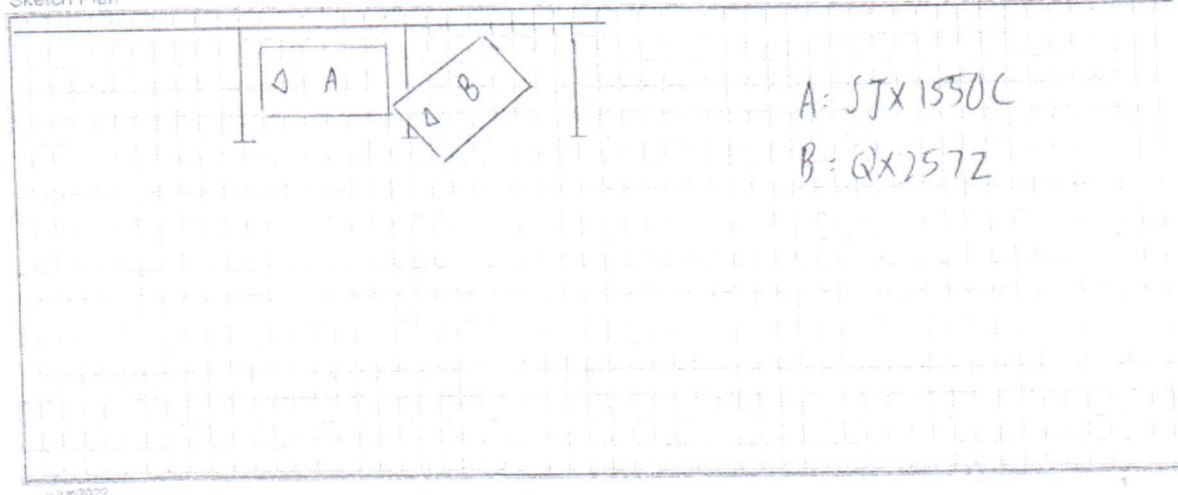
Policyholder's Signature / Date & Time

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

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

Sketch Plan




A: SJX 1550C
B: QX 257Z

v3jun2022

Describe Circumstance of the Accident

Refer to police report

SI card with traffic police 

Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20241211/2075

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20241211/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2024 23:18		Vide Report No.: A/20241211/0090		Station Diary No.: 78	
Informant's Particulars					
Name of Informant: ABDUL RAHIM SHAHUL HAMEED			Address: APT BLK 170 CACTUS ROAD SINGAPORE 809663		
ID Type / ID No.: NRIC NO / S6977951D			Contact No.: Home/Office: Mobile: 94247634		
Nationality: SINGAPORE CITIZEN			Email: hameed3574@yahoo.com.sg		
Sex: Male	Age: 55	Date of Birth: 17/06/1969	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 11/12/2024 14:30	Type of Location: Straight Road
Location: UPPER DICKSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX257Z	Motor car				Slightly Damaged	0
SJX1550C	Motor car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241211/2075

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20241211/2075

CONTINUATION OF REPORT

Driver			
Name	ABDUL RAHIM SHAHUL HAMEED		ID No. S6977951D
Related Vehicle	NIL		Contact No. 94247634
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 11/12/2024 at 1430hours, my car bearing registration number SJX1550C was stationary at U0007 at carpark lot 9 when a government vehicle bearing plate number QX257Z collided onto the back of my vehicle while attempting to park at carpark lot number 8. Me and my son were in the car when the incident happened. My car sustained some scratches on the rear left bumper while the other vehicle suffered a dent on the front right bumper. No one was injured and I do not know the cost of damages on either vehicle.

The Traffic Police officer took one 64 GB SD card from me, reference to A/20241211/0090.

I decided to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20241211/2075

3 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20241211/2075

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 1 CHERMAINE TOH YU CI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SR STAFF SGT MUHAMMAD ISMAIL BIN
AMZAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
11/12/2024 23:18

Classification Of Case:

NP168



Vin's Motor Pte Ltd
160 Sin Ming Drive
#03-03 Sin Ming Autocity
Singapore 575722
Tel : 6453 2121 Fax : 6459 9795
GST Registration No. 199906067G

Estimated Cost of Repair

Attention To : **SPF Accident Claims Section**
Automotive Engineering &
Management Division
1 Mount Pleasant Rd
Block 8 Old Police Academy #02-
12
Singapore 298333

Claim Details

Case Ref. No. : TP/122024/7943
Date : 17-12-2024
Accident Date : 11-12-2024

Third Party Vehicle Details

Registration No : QX257Z

Vehicle Details

Make & Model : B.M.W. IX3 (BEV) ADPT HL SR
Chassis No : WBY42DU000S628835
Registration No : SJX1550C

S/N	Description	Qty	Amount (S\$)
1	REAR BUMPER LH PARKING SENSOR	1.00	<i>Sur</i> \$345.30 ✓

\$345.30

Discount: -5%

(\$17.27)

\$328.03

2 TO REPAIR DAMAGES
3 TO SPRAY PAINTING

1.00

\$250.00 *1801*

1.00

\$400.00 *3001*

Subtotal w/o GST:

\$978.03

*Not Withheld
Payment After Repair*

2 days

\$808.04

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:

Issued by Elaine Lee

This is a computer-generated document. No signature is required.