

ASS. REC. BY: Tanji

REF: CS/CT/24120276/T2h3

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.

Bal. or Market Value: \$200K

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

Date: _____ Person Contacted: Eric

Vehicle: IN / OUT

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Veh No: SMM74361 Yr Regn: 2024/04

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

Truck / Trailer or

Make: BMW 116i c.c. 1499

Colour Black A/C: Insured / Std / NI / NA

Sp. Reading 13540 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA7K12 0007P23315

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40R18

R: _____

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

TOYO / YOKO or

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Survey held at Sunhans

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

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

23/12/24

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Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Rep. Format: _____

Lump Sum / I.B.J. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

REPAIR ESTIMATE

Name & Address:

Motor Claims Department
CHINA TAIPING INSURANCE P/L
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Vehicle No:

SMM7436H

Date:

16-Dec-24

Brand & Model:

BMW 116i M Sport

Franchise:

BMW

Email/Fax No:

Contact No:

Chassis/VIN No:

WBA7K120007P23315

Contact Person (Eurokars):

FAIZ

Type of Claim:

YEAR MODEL:

WIP#:

Contact No (Eurokars):

THIRD PARTY

30/04/2024

31581

6331 0680

PARTS / MATERIAL CHARGES

MARK = Survey Marking [Key "A" if item is approved]

NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE
1	REAR BUMPER	51 12 9881580	1		-	\$ 1,132.45
2	LOWER TRIM PANEL	51 12 8070950	1		-	\$ 269.65
3	CLAMP	07 14 7332700	6		-	\$ 20.10
4	EXPANDING RIVET	07 14 7148444	8		-	\$ 22.00
5	TOWING COVER	51 12 9881582	1		-	\$ 56.50
6	COVER, BUMPER LH	51 12 8075311	1		-	\$ 78.10
7	COVER, BUMPER RH	51 12 8075312	1		-	\$ 78.10
8	HOLDER, WHEELARCH RH	51 12 8075314	1		-	\$ 50.55
9	HOLDER WHEELARCH LH	51 12 8075313	1		-	\$ 50.55
10	CORNER BUMPER MOUNT LH	51 12 7461397	1		-	\$ 53.70
11	CORNER BUMPER MOUNT RH	51 12 7461398	1		-	\$ 53.70
12	ABSORBER FUNNEL LH	51 12 8095409	1		-	\$ 55.50
13	ABSORBER FUNNEL RH	51 12 8095410	1		-	\$ 52.05
14	SIDE BUMPER MOUNT LH	51 12 8072575	1		-	\$ 143.85
15	SIDE BUMPER MOUNT RH	51 12 8072576	1		-	\$ 143.85
16	GUIDE, CENTER	51 12 8496655	1		-	\$ 172.60
17	MOUNT FOR SMART OPENER	51 12 8072572	2		-	\$ 247.70
18	PLUG-IN NUT	51 12 7461407	6		-	\$ 19.20
19	REAR REINFORCEMENT	51 12 7462338	1		-	\$ 477.95
20	WASHER-GASKET	51 12 7300789	2		-	\$ 23.80
21	REFLECTOR, LH	63 14 8077173	1		-	\$ 43.50
22	REFLECTOR, RH	63 14 8077174	1		-	\$ 43.50
23	REVERSE SENSOR	66 20 9826784	2		-	\$ 539.30
24	SENSOR SEAL	66 20 9390408	4		-	\$ 22.60
25	BMW LOGO	51 14 8492586	1		-	\$ 76.55
26	REAR MUFFLER	18 30 8694336	1		-	\$ 1,176.05
27	CLAMPING BUS	18 30 7560779	1		-	\$ 68.95
28	EXHAUST PIPE TIP	18 30 8668527	1		-	\$ 129.30
29	RP GASOLINE	18 30 9845197	1		-	\$ 4,563.60
30	SCREW CLAMP	18 30 5A048D5	1		-	\$ 47.55

Sub-Total (Parts Price) \$ - \$ 9,912.80

LABOUR / SERVICES CHARGES

NO	DESCRIPTION	REVISED	PRICE
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REPAIR ESTIMATE

1	TO REMOVE /REPLACE REAR BUMPER, REAR REINFORCEMENT AND ALL RELATED DAMAGED BODY PARTS. TO REPAIR TAILGATE AND ALL AREAS AFFECTED BY THE ACCIDENT.		\$	2,125.00	850
2	TO RESPRAY REAR BUMPER AND TAILGATE.		\$	2,320.00	1850
3	TO SUPPLY REAR LICENCE PLATE WITH CASING	nett	\$	70.00	8 aut
4	TO REMOVE & REPLACE THE REAR EXHAUST ASSY.	nett			X
5	TO TRANSFER THE REVERSE SENSORS.	nett	\$	500.00	250
6	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$	250.00	150
7	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	nett	\$	500.00	350
8	SUNDRIES.	nett	\$	50.00	20

Survey Date & Time:	Repair Days:	Excess:
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Surveyor Remarks:

Taufm 97445749 'wp'
23/12/12 220pm
4 days
Taufm c/khanto.com
p/r Reentry before paint.

Remarks:

- This is only an estimate based on visual inspection, should there be more damages found during repair, it will be informed and quoted additionally.
- An administrative fee of 20% of the quotation value will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

Sub-Total (Labour Price) \$ - \$ 5,815.00

	REVISED	PRICE
Parts Price	\$ -	\$ 9,912.80
Labour Price	\$ -	\$ 5,815.00
Total (Initial Estimate)	\$ -	\$ 15,727.80
Supp 1	\$ -	\$ -
Supp 2	\$ -	\$ -
Supp 3	\$ -	\$ -
Total (Before Excess)	\$ -	\$ 15,727.80
Less Excess	\$ -	\$ -
TOTAL (After Excess)	\$ -	\$ 15,727.80
GST 9%	\$ -	\$ 1,415.50
GRAND TOTAL	\$ -	\$ 17,143.30

once notify
UKK 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: _____

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 12:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/12/2024 21:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TUAS NEAR TOH GUAN FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM7436H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH ALVIN
NRIC No	SXXXX491G
Email Address	TOHALVINCOACHING@GMAIL.COM
Mobile Phone No	(Phone) +65-90919903
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116i
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	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	TOH ALVIN
NRIC No	SXXXX491G
Date Of Birth	19/05/1993
Occupation	Indoor
Driving Pass Date	17/06/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90919903
Alt. Phone Number	-
Email Address	TOHALVINCOACHING@GMAIL.COM
Address	APT BLK 760 JURONG WEST STREET 74
Address complement	-
Postcode	-
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)	3
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	TOH IVAN
Gender	Male

PASSENGER 2

Name	EMILY ANG
Gender	Female

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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME461Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

Describe Circumstances of the Accident

I was driving along PIE Tiers when the accident happened. There was a road work on lane 1, which has been signposts placed way ahead for drivers to be aware of.

I merged into lane 2 safely and slowed down at the road work as traffic became heavier as cars were merging in and everyone slowed down.

I was about to move off or ^{just} begin to move off when SME461Y rear ended me at a speed

I came down to take photos & videos off both cars, IC and contact number, and seek advice from my SA from Eurocars.

Declaration

We declare the foregoing particulars are true in every respect.

14/12/24
03:53hrs

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

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 willful 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 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.

0846
x *[Signature]* 14/12/24
Policyholder's Signature / Date & Time

1.
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

