

ASS. REC. BY: Taufik

REF:

C8/CT/24120391/Tn43

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.

N/S	O/S

Sal. or Market Value: _____

IDAC Accident Rpt _____ Consistent? : Yes or No

GIA / PR Seent _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sumt _____ % 3 Val.: Yes or No

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNV163G

Yr Regn: 2015 07

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

Truck / Trailer or

Make: Porsche 911

c.c 3800

Colour White

A/C: Insured / Std / NI / NA

Sp. Reading 41021

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP0ZZZ99 ZFS161645

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/35 R20

R: ~ ~

BS / DUN / EXNOVA / GY / FS / LIZA MIG / 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. _____

D.O.I. 26/12/24

Survey held at Surokars Tg Perjurn

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

Rear o/s

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

Date / Time	Action / Instruction
	Taufikh finalise part by parts \$26,892.86 , 7 days.
	(red, \$24206.99,47%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / L.S. (\$) _____

QUOTATION

CODE: C0011
CUSTOMER: CHINA TAIPING INSURANCE (SINGAPO)
ADDRESS: 3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909
ATTN: MOTOR CLAIM DEPT

CONTACT NO.: 2222366
MODEL: 911 Turbo S Coupe
CHASSIS NO.: WP0ZZZ99ZFS161645
ENGINE NO.: SF05533
REG NO.: SNV163G
REGN DATE:

PAGE NO.: 1
DOCUMENT NO.: 812
DOCUMENT DATE: 23/12/2024
POS ID: ES
PRINTED BY: Eric Paul
SERVICE ADV:
CSP/OP CODE: Eric Paul
DEPT: W
WIP NO.: 32506
REF. NO.:
DATE IN:
EXT. WTY:
MILEAGE: 0

DESCRIPTION: Body & Upholstery

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
NOTES	TP CLAIM - CHINA TAIPING	1720	0.00		0.00	O
INS-PB-(L)	TO REMOVE /REPLACE REAR BUMPER, REINFORCEMENT & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR REAR END PANEL & ALL AREAS AFFECTED BY THE ACCIDENT.	5,160.00	1.00	3440	5,160.00	S
INS-PAINT-(L)	TO RESPRAY REAR BUMPER, REAR BUMPER LOWER SPOILER, REAR END PANEL. ?	4,200.00	1.00	2800	4,200.00	S
INS-PB-(L)	TO CARRY-OUT BODY CAVITY PRESERVATION.	250.00	1.00		250.00	S
INS-PB-(L)	TO REMOVE & REPLACE THE REAR EXHAUST ASSY.	1,720.00	1.00	photo. ?	1,720.00	S
INS-PB-(L)	TO TRANSFER THE REAR BUMPER SENSORS.	500.00	1.00	250	500.00	S
INS-PB-(L)	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	250.00	1.00	150	250.00	S
INS-PB-(L)	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	600.00	1.00		600.00	S
INS-PB-(L)	TO TOW THE VEHICLE FROM THE ACCIDENT SITE TO THE WORKSHOP.	300.00	1.00	invoice	300.00	S
INS-PB-(L)	SUNDRIES.	50.00	1.00		50.00	S
991-505-921-02-	REAR BUMPER	1.00	2,722.90	dis	2,722.90	S
991-505-803-01-G2X	TOWING COVER	1.00	30.90		30.90	S
991-505-975-00-G2X	REAR BUMPER LOWER SPOILER	1.00	1,618.10	dis	1,618.10	S
991-505-651-01-1E0	EXHAUST TRIM LH	1.00	449.00		449.00	S
991-505-652-01-1E0	EXHAUST TRIM RH	1.00	449.00	dis	449.00	S

Tanjong 97495749 / 62563561
wp 26/12/24 @ 2:15pm
P/P Resurvey before paint. 5-6 days
Tanjong & Lkhanto.com.

*This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

*Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will vary depending on the time unit that was taken for the checking and diagnosis of your vehicle.

*This estimate is valid for a period of thirty (30) days only.

*Prices are subject to change without prior notice.

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:

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 SINGAPORE 079909
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PAGE NO.: 2
 DOCUMENT NO.: 812
 DOCUMENT DATE: 23/12/2024
 POS ID: ES
 PRINTED BY: Eric Paul
 SERVICE ADV: Eric Paul
 CSP/OP CODE: W
 DEPT: 32506
 WIP NO.:
 REF. NO.:
 DATE IN:
 EXT. WTY:
 MILEAGE: 0

DESCRIPTION: Body & Upholstery

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
991-505-666-00-1E0	GRILLE FRAME RH	1.00	303.40		mis 303.40	S
991-505-864-00-1E0	DISC FOR FRAME GRILLE RH	1.00	173.00		mis 173.00	S
991-505-837-00-	RETAINING STRIP LOWER	1.00	78.10		? 78.10	S
991-505-836-02-	TAIL LIGHT BRACKET RH	1.00	382.60		? 382.60	S
5Q0-919-275-B-G2X	BUMPER SENSOR	2.00	319.80		? 639.60	S
5Q0-919-133- -9B9	SENSOR GASKET	4.00	3.90		nei 15.60	S
991-505-636-00-	BUMPER RETAINER RH	1.00	261.90		? 261.90	S
PAF-008-543- -	BUMPER CLIPS	8.00	2.80		nei 22.40	S
999-190-191-30-	BLIND RIVET	8.00	8.10		nei 64.80	S
991-505-480-01-	HEAT SHIELD RH	1.00	485.40		? 485.40	S
991-505-481-00-	HEAT SHIELD LOWER RH	1.00	303.60		? 303.60	S
991-505-471-00-	HEATSHIELD CENTER UPPER	1.00	379.80		? 379.80	S
991-505-141-02-	BUMPER REINFORCEMENT	1.00	1,495.40		? 1,495.40	S
991-559-235-00-	LOGO PORSCHE CHROMED	1.00	266.40		nei 266.40	S
991-559-231-02-	LOGO "911" SMALL	1.00	181.30		nei 181.30	S
991-559-247-00-	LOGO "TURBO"	1.00	533.80		nei 533.80	S
991-559-243-01-	LOGO S CHROMED	1.00	132.80		nei 132.80	S
991-631-144-16-	TAIL LIGHT RH	1.00	1,900.50		nei 1,900.50	S
991-631-496-02-	REFLECTOR RH	1.00	103.00		mis 103.00	S
991-111-762-62-	TAIL PIPE RH	1.00	3,687.40		? 3,687.40	S

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 POS ID: ES
 PRINTED BY: Eric Paul
 SERVICE ADV: Eric Paul
 CSP/OP CODE: W
 DEPT: 32506
 WIP NO.:
 REF. NO.:
 DATE IN:
 EXT. WTY:
 MILEAGE: 0

DESCRIPTION: Body & Upholstery

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
991-111-712-71-	EXHAUST MANIFOLD RH	1.00	1,803.70		1,803.70	S
997-111-107-31-	GASKET FOR EXHAUST MANIFOLD RH	1.00	59.30		59.30	S
997-113-010-AX-	CATALYTIC CONVERTER	1.00	8,452.60		8,452.60	S
9A1-606-188-01-	Oxygen sensor	1.00	575.70		575.70	S
991-111-731-71-	EXHAUST SILENCER	1.00	3,339.50		3,339.50	S
997-111-230-81-	CLAMP	2.00	111.10		222.20	S
991-111-371-70-	RESTRAINING STRAP	2.00	181.60		363.20	S
991-111-473-01-	SUPPORT BRACKET FOR EXHAUST	1.00	284.50		284.50	S
997-111-240-30-	Clip	2.00	84.30		168.60	S
997-111-215-70-	SILENCER GASKET	2.00	44.10		88.20	S
991-504-306-02-	REAR FENDER UNDERSHIELD RH BIG	1.00	565.00		565.00	S
991-504-510-05-	REAR FENDER UNDERSHIELD RH SMALL	1.00	518.40		518.40	S

	* GST Code	Rate	Service/Goods	GST	Before GST	GST	Total
Parts	33,121.60	O	-	-			
Surcharge	0.00	S	9.00%	46,151.60	4,153.64		50,305.24
Labour	13,030.00						
Menus	0.00						
Gross					46,151.60	4,153.64	50,305.24
Less: Deposit **					0.00	0.00	0.00
Amount Due					46,151.60	4,153.64	50,305.24

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*Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of S180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.

** Deposit tax invoice No.:

*This estimate is valid for a period of thirty (30) days only.

*Prices are subject to change without prior notice.

Eurokars Services Pte Ltd

Date: _____

Customer signature

Authorised 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	21/12/2024 12:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/12/2024 22:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEACH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNV163G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MELVIN CHNG CHOON HIN
NRIC No	SXXXX139A
Email Address	MELVINCHNG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81983393
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	911 TURBO S COUPE (991) PDK E5 S/R
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	3800
Vehicle Fuel	Petrol
First Registration Date	24/07/2015
Chassis no	WP0ZZZ99ZFS161645
Effective Date/Time of Ownership	24/07/2015 09:07 (SGT)

INSURANCE COMPANY

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

DRIVER

Name of Driver	MELVIN CHNG CHOON HIN
NRIC No	SXXXX139A
Date Of Birth	08/02/1974
Occupation	Indoor
Driving Pass Date	12/11/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81983393
Alt. Phone Number	-
Email Address	MELVINCHNG@YAHOO.COM.SG
Address	BLK 127 BRANKSOME ROAD - SINGAPORE 439643
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)	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 ATTACHMENT

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	SNQ2264L
Vehicle Manufacturer	BMW


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)		-


SKETCH PLAN

IMPORTANT NOTICE

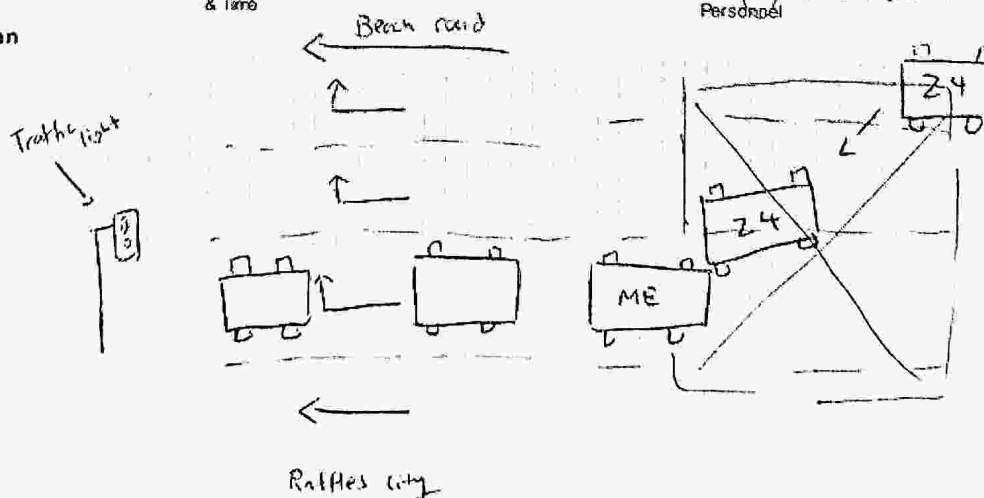
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

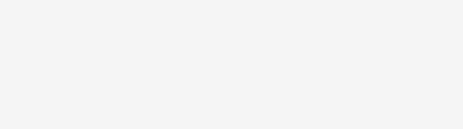
I was travelling north road in my lane and slowed down to a complete stop as the car in front of me braked for the light. As I came to a complete stop, I felt a car hit me in my rear right of ~~the~~ ^{my} car.

From ~~the~~ my car dashboard footage, it was a BMW 24 (SNQ 2264L) who was ~~driving~~ ^{switching} across two ~~lanes~~ lanes that collided into the rear right of my car. The driver of the BMW 24 (SNQ 2264L) was Tay Wei Jie, Benjamin.

Declaration

We declare the foregoing particulars are true in every respect.

X 
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel