

ASS. REC. BY:

REF: LPLKenneth

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:

9.4500

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

STY 8118S

Yr Regn:

08, 16

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

Truck / Trailer or

Make:

BMW 520i

C.G

1997

Colour:

M.P. White

A/C: Insured / Std / Nil / NA

Sp. Reading

148084

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

WBA5A32070D 829428

Gen. Cohd: 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:

245/45R18

R:

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

TOYO / YOKO or

Front

7

Rear

7

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

30/12/24

D.O.A.

31/12/2024

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

Wksp unable to locate 2nd part yet, maybe part by part.

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

S + RS. \$

Fees

Others

TOTAL

Report Format:

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

Sin Motor Repairs
Block 176, #05-07, Sin Ming Drive, Sin Ming Auto Care
Singapore 575721

Tel: 64533908, 64596902 Fax: 64536602

G.S.T. REGISTRATION : 07683000D

T/P ESTIMATE - 129/SM

AGAINST YOUR INSURED VEHICLE NO. YP412P

THIRD PARTY INSURANCE: LONPAC INSURANCE SINGAPORE - 62507388

THE INSURED / DRIVER :

MR LIM BOON CHERN

BLK 984B BUANGKOK LINK

#14-23 SINGAPORE

MP : 9766 6778

SING LIFE LTD INSURANCE

POLICY NO. 13274673

VEHICLE NO. SJY8118S

DATE OF ACCIDENT : 30/12/2024- AM

ALONG ROAD

SINGAPORE

MODEL : BMW 520i

CHASIS NO. WBA5A32070D829428

- 1) REAR BOOT LID
- 2) REAR BUMPER
- 3) REAR BUMPER LOWER PANEL
- 4) REAR BUMPER SIDE RETINDER - LH
- 5) REAR TAIL LAMP LH
- 6) REAR BOOT LAMP LH
- 7) REAR BUMPER - REINFORCEMENT
- 8) REAR BUMPER INNER END PANEL
- 9) REAR BUMPER BRACKETS - 2PCS @\$230*2
- 10) BUMPER CLIPS @ \$8*15PCS
- 11) REAR REVERSE SENSORS - 2PCS @\$285*2/

B ₁	2,054.00	✓
B _u	1,682.00	✓
	138.00	✓
R	229.00	X
	752.00	✓
Gr B	443.00	✓
	943.00	✓
	1,345.00	✓
R	460.00	X
R	120.00	Salv
R	570.00	L

SUB-TOTAL :

8,736.00

LESS 10% DISCOUNT

-873.60

7,862.40

LABOUR CHARGES FOR THE FOLLOWING :- NETT

WHEEL ALIGNMENT

85.00 } 7
720.00 }

TO DISMANTLE N RE-FIXING - REAR BOOT, 2PCS LAMP/ RR BUMPER/ SENSOR
SUPPORT AND ABOVE

TO DETECT PARKING SENSOR

SPRAY PAINTING ON REAR BUMPER/ RR BUMPER/ REAR BOOT LAMP AND LOWER PANEL

(PEARL WHITE)

80.00 601
850.00 5001

9,597.40

959.74

10,557.14

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Third party survey is on a "Without Prejudice" basis
- No illegal modification (Sub Blower)
- Supplementary items must be approved and is subject to final approval from Insurance Company

SUB-TOTAL :

ADD 10% G.S.T.

G-TOTAL :

Acknowledged by Repairer

Signature:

Date:

SF0F24CUM001 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 30/12/2024 11:03 (SGT)
SUBMITTED BY: Jacqueline Ng
VERSION: 1 (30/12/2024 11:03 (SGT))

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	30/12/2024 11:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/12/2024 08:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS CITY, SLIP ROAD TO AMK AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY8118S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON CHERN
NRIC No	S8101153B
Email Address	ALEXLIM_BC@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97666778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	520I AT 2WD 4DR HID NAV
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	1997
Vehicle Fuel	Petrol
First Registration Date	31/08/2016
Chassis no	WBA5A32070D829428
Effective Date/Time of Ownership	07/01/2022 03:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company
Policy Number / Cover Note Number

Singapore Life Ltd
13274673

DRIVER

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.



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



- SJY 8118S

- YP412P