

ASS. REG. BY:

REF:

CS/CTI 24070052/Tv p3

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: YR 9063T

Policy No. _____

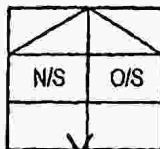
Claims No. SNM24D203718

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: \$580K

IDAC Accident Report Consistent?: Yes or No

GIA / PR Seen: 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: _____

Vehicle: IN / OUT

Veh No: SKB5588Y Yr Regn: 2024, 06

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

Truck / Trailer or

Make: BMW 735i Pinnacle c.c. 2998

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

Sp. Reading: 762 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA12EH080.CS69214

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modl: N/A / STD A/Rim or

Tyre Size: F: 285/40R20

R: _____

☒ 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. 28/6/2024 D.O.I. 3/7/24

Survey held at Eusker Tg Penang

Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Roof-top or

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

Date / Time Action / Instruction

5/8/24 Final fig \$5987.40 confirmed by email (Red 4414.85, 42%)

Date/Time, File Page 107

☐ : Prel. Report

Days Of Repair: 3

1) _____

☐ : Final Report

Re-survey No. of Trip: _____

Date/Time, File Return 107

2) _____

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.I. ()

Name & Address:

Motor Claims Department
CHINA TAIPING INSURANCE P/L

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Email/Fax No:

Contact No:

Vehicle No:

SKB5588Y

Brand & Model:

BMW 735i Pinnacle

Chassis/VIN No:

WBA12EH080CS69214

Date:

1-Jul-24

Franchise:

BMW

Contact Person (Eurokars):

JOBI

Contact No (Eurokars):

6331 0680

Type of Claim:

THIRD PARTY

YEAR MODEL:

25/06/2024

WIP#:

24941

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 5A3DA91	1		- del	\$ 1,492.15
2	REAR BUMPER TRIM <i>→ dismantle photo</i>	51 12 5A3DA96	1		- del	\$ 362.20
3	TOWING COVER	51 12 5A3DA95	1		nn- X	\$ 62.75
4	MOUNT FOR BUMPER LH	51 12 9464131	1		nn- ?	\$ 89.10
5	MOUNT FOR BUMPER RH	51 12 9464132	1		nn- ?	\$ 89.10
6	REAR BUMPER CENTER BRACKET	51 12 9464128	1		nn- ?	\$ 161.20
7	ADAPTER FOR PEDAL SENSOR	51 12 9464148	1		nn- ?	\$ 224.85
8	PROTECTIVE STRIP LH	51 12 9853579	1		- del	\$ 83.15
9	PROTECTIVE STRIP RH	51 12 9853580	1		- del	\$ 83.15
10	PROTECTIVE STRIP CENTER	51 12 9853569	1		- del	\$ 135.40
11	KIT, MOUNT FOR BUMPER	51 12 5A3DA97	1		- del	\$ 67.90
12	BRACKET SET FOR SENSOR	51 12 5A3DAA0	1		- del	\$ 63.15
13	EXPANDING RIVET	07 14 7401727	6		- del	\$ 15.90
14	EXPANDING NUT	63 12 1374075	2		- del	\$ 1.10
15	REAR REINFORCEMENT	51 12 9464147	1		nn- ?	\$ 1,040.85
16	SEAL FOR REINFORCEMENT	51 12 5A7CEA6	2		nn- ?	\$ 9.40
17	SENSOR GASKET	66 20 9283203	6		- del	\$ 33.30
18	REAR REFLECTOR LH OUTER	63 14 9464195	1		nn- X	\$ 46.90
19	REAR REFLECTOR RH OUTER	63 14 9464196	1		nn- X	\$ 46.90
20	REAR REFLECTOR INNER LH	63 14 5A097B1	1		nn- X	\$ 46.90
21	REAR REFLECTOR INNER RH	63 14 5A097B2	1		nn- X	\$ 46.90
22						\$ -

Parts Price \$ - \$ 4,202.25

Sub-Total (Parts Price) \$ - \$ 4,202.25

LABOUR / SERVICES CHARGES			
NO	DESCRIPTION	REVISED	PRICE
1	TO REMOVE /REPLACE DAMAGED REAR BUMPER, REAR BUMPER REINFORCEMENT & ALL ACCIDENT BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. <i>850</i>	<i>850</i>	\$ 2,550.00

2	TO RESPRAY REAR BUMPER, REAR BUMPER LOWER TRIM	1880	\$ 2,100.00
3	TO SUPPLY REAR LICENCE PLATE WITH CASING	cut nett	\$ 150.00
4	TO TRANSFER THE REAR BUMPER SENSORS.	250 nett	\$ 500.00
5	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	150	\$ 250.00
6	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	350 nett	\$ 600.00
7	SUNDRIES.	20 nett	\$ 50.00

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

Taufik 97495747 3/7/24 @ 245pm
 P/P Resurvey before paint
 3-4 days
 taufik@lkkauto.com

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) \$ - \$ 6,200.00

	REVISED	PRICE
Parts Price	\$ -	\$ 4,202.25
Labour Price	\$ -	\$ 6,200.00
Total (Initial Estimate)	\$ -	\$ 10,402.25
Supp 1	\$ -	\$ -
Supp 2	\$ -	\$ -
Supp 3	\$ -	\$ -
Total (Before Excess)	\$ -	\$ 10,402.25
Less Excess	\$ -	\$ -
TOTAL (After Excess)	\$ -	\$ 10,402.25
GST 9%	\$ -	\$ 936.20
GRAND TOTAL	\$ -	\$ 11,338.45

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:

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	28/06/2024 16:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/06/2024 12:42 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Yi Shun
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5588Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE HAN SENG
NRIC No	SXXXX126F
Email Address	admin@ons-superstore.com
Mobile Phone No	(Phone) +65-86995588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	735i
Variant	BMW 735i Pinnacle
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	2998

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE HAN SENG
NRIC No	SXXXX126F
Date Of Birth	12/09/1972
Occupation	Indoor

Driving Pass Date	24/05/2001
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86995588
Alt. Phone Number	-
Email Address	admin@ons-superstore.com
Address	APT BLK 688A WOODLANDS DRIVE 75
Address complement	#04 -22
Postcode	731688
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 THE SKETCH PLAN

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	YR9063T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MANIMANNAN S/O SADADARAS
NRIC No	SXXXX294J

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**.
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.

 28/6/2024

Policyholder's Signature / Date & Time

Sketch Plan

3pm 47

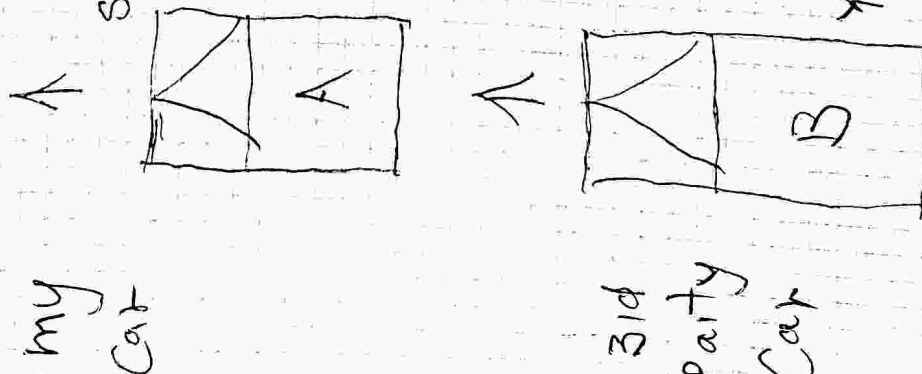
Driver's Signature (If driver is not the policyholder) / Date & Time

SKB558X



Witnessed by Reporting Centre Personnel

YR9063T



Describe Circumstances of the Accident

Time 12pm H2

Date 2024-6-28

Location yi shun

I drive my car (SKB5588Y) along Yi Shun
Crossroads, while waiting the
traffic light turn green, a lorry (YR9063T)
hit my car from behind

Declaration

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

 28/6/2024 3pm 47

Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel