

ASS. REC. BY:

REF:

AGZ/

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:

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

1.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLB44618 Yr Regn: 10.20

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

Truck / Trailer or

Make:

BMW 218i

C.G

1499

Colour

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp.Reading

69036

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA6V120805R 85615

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R17

R:

BS / 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.

5/7/24

D.O.I.

22/7/2024

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S - RS. SI

) Extras

) Others

TOTAL

Report Format:

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : SMX1405D
Accident Date : 05-Jul-2024

Our Ref : 024134 (AUTO & GEN) / CHAN

TAN CHAI HWA
57 HILLVIEW AVENUE
#06-04
Singapore 669568

No. : 07113

Date : 08-Jul-2024

PAGE : 1

Not Authorized
Henry Bepain
4 days

ESTIMATED COST OF REPAIR FOR BMW 216i SLB4461Z

1 pc	Front bumper fascia	<i>nd/cm</i>	1,187.80	✓
1 pc	Front bumper logo	<i>mc</i>	115.50	✓
1 pc	Front o/s bumper side grille	<i>cm</i>	140.72	✓
1 pc	O/s bumper side grille garnish	<i>mc</i>	85.72	✓
1 pc	O/s side grille parking sensor		285.50	✓
1 pc	O/s side grille top garnish	<i>mc</i>	81.55	X
1 pc	O/s bumper parking sensor-out	<i>mc</i>	265.55	X
1 pc	Front o/s bumper side retainer	<i>DIY</i>	187.00	✓
1 pc	O/s front grille	<i>mc</i>	359.60	X
1 pc	O/s headlamp	<i>BN</i>	2,650.20	✓
1 pc	O/s headlamp panel		161.85	✓
1 pc	O/s headlamp ballast		1,157.15	✓
1 pc	O/s headlamp control module		365.10	✓
1 pc	Bonnet	<i>mc</i>	1,496.80	✓
1 pc	Front o/s fender	<i>mc</i>	708.90	X
1 pc	Front o/s fender inner shield	<i>mc</i>	165.10	X
			9,414.04	
		Less 5% :	470.70	

1 pc Front bumper rivet (set)

8,943.34
mc 30.00 sn ✓

To rewire damaged parts and refocus headlamp beam.

180.00 *201*

To putty and spray replaced parts

800.00 *6601*

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:

Don't Page 2 ...

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GST Reg. No.: 201113667N

Vehicle Insured : SMX1405D

Page : 2

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

500
700.00

Total : S\$10,653.34
=====

Singapore Dollars Ten Thousand Six Hundred and
Fifty Three and Cents Thirty Four Only

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 05/07/2024 17:35 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 05/07/2024 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information HUME AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB4461Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHAI HWA
NRIC No S1401422E
Email Address CHRISTINATANCH@MSN.COM
Mobile Phone No (Phone) +65-91503451
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
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 1499

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC23P00241400

DRIVER

Name of Driver TAN CHAI HWA
NRIC No S1401422E
Date Of Birth 20/07/1960
Occupation Outdoor

VEH A: 32344612
VEH B: 3MX1405 D
VEH C: NIL

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.

I understand, acknowledge, agree and consent that:

(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.

Chen, 5/7/24 3:50pm

**Policyholder's Signature / Date & Time**

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

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

Sketch Plan

