

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315 Reg. No: 199607198R GST Reg. No. 19-9607198-R

		Affiliated to Federation Internationa	lo Dos Exports En	Automobile
Me		DEFENCE FORCE (MHA05)	Ref:	CS/SCD24070293/Uqp3
IVIO	91 UBI AVE 4 SING	,		··
	91 ODIAVE 4 OINO.	AI OIL 400021	Date:	30/07/2024
			Code:	SCD
1.		Policy Particulars :- T	HIRD PARTY CLA	IM
	Insured Veh.	XD 5972G	Veh. Inspected	SDU 276M
	Policy No.	-	Coverage	0
	Claim No.	2024 - 85	Excess	\$0.00
	Assign From	SYABIL ISMAIL	Assign Date	18/07/2024
2.		Vehicle	Details	
	Make & Model	B.M.W. 530E (A)	C.C	1998
	Engine No.	23475345B48B20A	Year of Reg.	05/12/2018
	Chassis No.	WBAJA92050BN73464	Colour	WHITE
	Odometer	67988 KM	Steering	IN ORDER
	Brakes	IN ORDER	General	GOOD
	Modification(s)	RIMS: SPORTS RIM		
3.		Conditions	s of Tyres	
		Size	Make	Balance (mm)
	R/H Front Tyre	245/40ZR19	DUNLOP	6
	L/H Front Tyre	245/40ZR19	DUNLOP	6
	R/H Rear Tyre	275/35ZR19	DUNLOP	6
	L/H Rear Tyre	275/35ZR19	DUNLOP	6
4.		Description	of Damages	
THE	VEHICLE SUSTAIN	ED DAMAGES AT THE O/S BODY.		
DAM	AGES SEE DETAIL	S.		
5.		General In	formation	
	Accident Date	12/07/2024	Inspection Date	19/07/2024
	Survey held at	FOCUS AUTO PTE LTD		
		1 KAKI BUKIT AVENUE 6 #02-50 KAKI BUKIT @ AUTOBAY		
		SINGAPORE 417883		
5a.		Rema	arks	
		AS CONDUCTED ON A"WITHOUT PRE YOUR INSTRUCTIONS, WE HAVE NO		REPAIRS.
5b.		Estimate Day	ys of Repair	
	IMATED NORMAL P	ERIOD FOR REPAIR: 4 Working Days	,	
	IMATED NORMAL P		ya di Nepali	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SDU 276M

	REPLACEMEN	T OF PARTS		
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	CUT/TORN	\$1,789.70	\$1,689.32
1	REAR BUMPER SIDE RETAINER RH	NOT NECESSARY	\$197.90	\$0.00
1	REAR DOOR RH	DENTED/BENT	\$2,101.15	\$2,101.15
1	REAR DOOR RUBBER RH	NECESSARY	\$203.45	\$203.45
1	REAR FENDER RH	TO REPAIR SEE LABOUR	\$2,226.10	\$0.00
1	REAR FENDER DUST COVER RH	NOT NECESSARY	\$186.15	\$0.00
1	FRONT DOOR RH	TO REPAIR SEE LABOUR	\$2,101.15	\$0.00
1	FRONT DOOR RUBBER RH	NOT NECESSARY	\$203.45	\$0.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	\$1,569.70	\$0.00
1	FRONT FENDER RH	DENTED/BENT	\$1,047.05	\$1,047.05
1	FRONT FENDER DUST COVER RH	NOT NECESSARY	\$186.15	\$0.00
1	FRONT FENDER EMBLEM RH	CRACKED	\$57.35	\$57.35
1	FRONT FENDER TRIM AIR DUCT (CHROME)	NOT NECESSARY	\$59.50	\$0.00
1	SIDE SKIRT RH	NOT NECESSARY	\$478.70	\$0.00
	LESS 5.00% DISCOUNT		(\$620.38)	(\$254.92)
			\$11,787.12	\$4,843.40

	Special	Nett		
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT RIM RH (SN)	CUT	\$850.00	\$600.00
1	REAR RIM RH (SN)	TO REPAIR SEE LABOUR	\$850.00	\$0.00
1	SUNDRIES (SN)	NOT NECESSARY	\$30.00	\$0.00
			\$1,730.00	\$600.00

Labo	ur		
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
PANEL BEATING WORK. INCLUSIVE OF THE REPAIR OF REAR FENDER RH, FRONT DOOR RH, FRONT BUMPER AND REAR RIM RH		\$1,200.00	\$550.00
TO REMOVE & REFIX DOOR ACCESSORY		\$160.00	\$60.00
TO SPRAY PAINTING		\$1,500.00	\$1,200.00
		\$2,860.00	\$1,810.00



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GRAND TOTAL	\$16,377.12	\$7,253.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$5,800.00
Report Ref No: CS/SCD24070293/Uqp3		

CKS

MARCUS CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of reposibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 13/07/2024 10:34 (SGT) Reported by **Actual Driver** Date of Accident 12/07/2024 20:20 (SGT) Exact Location of Accident Singapore Additional Location Information **LORONG 21 GEYLANG** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SDU276M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **XU KAH LIM** NRIC No SXXXX496F Email Address CHARLESVOON168@GMAIL.COM Mobile Phone No (Phone) +65-96623818 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 530E LED NAV 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2000677615-01

DRIVER

Name of Driver **VOON SOUTH SHIONG** NRIC No SXXXX191B Date Of Birth 02/04/1973 Occupation Indoor

Driving Pass Date 15/03/1997 Driving experience 27 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96623818 Alt. Phone Number Email Address CHARLESVOON168@GMAIL.COM Address 43 CHARLTON ROAD Address complement Postcode S539619 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XD5972G

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Government
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

- 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
- Information provided must be as <u>fruthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

- 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.
- 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;

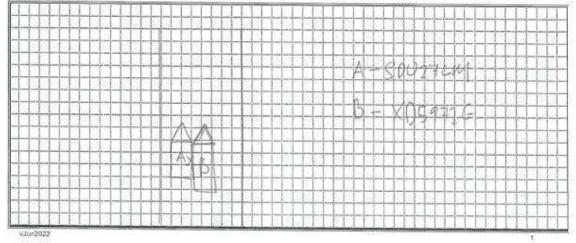
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquines by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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' Jawyers/Jaw 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.

Policyhold	lar's Sinns	turn (The	So & Tro	vi.o.

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Refer to Police					
					_
					_
eclaration Ve declare the foregoing particulars :	are true in every resp	ect.			
	0	h-		4	
olicyholder's Signature / Date & Time	Actual Driver's Sig / Date & Time	nature (if driver is no	t the policyholder)	Witnessed by Reporting Centre Po (Name as in NRIC/ID card)	ersor





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240712/7103

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 12/07/20	e Report Ma 24 22:56	ide:	Vide Report No.:	Station Diary No.:		
Informan	's Particular	9	W	*		
CONTRACTOR OF THE	Informant: uth Shiong		Address: 43 Charlton Rd SINGAPORE	539619		
ID Type / ID No.: NRIC NO / S7374191B Nationality:		В	Contact No.: Home/Office: Mobile: 96623818			
		90	Email: charlesvoon168@gmail.com			
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant: Driver			
Race:		5.	Language: English			
Occupation ICT sales		es professional	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 12/07/2024 20:20	Type of Location Straight Road
Location: LORONG 21 GEY	ANG	X		
Weather: Clear		Road Surface: Wet		
Vo. Charles and the second		2000000	Tra Hei	ffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SDU276M	Motor car	BMW	530e	White	Seriously Damaged	4
XD5972G	Fire Engine	**	*	Red		0

Details of Vel	nicle Insurance	70		
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SDU276M	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000677615	05/12/2023	04/12/2024





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240712/7103

CONTINUATION OF REPORT

Details of Person	Involved				
Any Pedestrian In	volved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			
Driver	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Name	Voon South Shiong		ID No.		S7374191B
Related Vehicle	SDU276M (Motor car)		Contact No.		96623818
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge		NIL	
No. of Days granted Medical Leave (MC) NIL		Degree of	Degree of Injury		

Brief Details.

I am the driver of the vehicle No. SDU276M, a white BMW 530e parked inside lot #13, within the white box (can be seen in picture) around 5pm at Lot 21 Geylang. I returned to car around 8.20pm, and saw a SCDF Fire Engine # XD5972G trying to squeeze in between cars parked illegally on the double yellow line (right) and my car (left). By then my car has already been scratched from the rear bumper to the driver door as can be seen in picture. I immediately asked the driver to stop, to inform him, he has scratched my car to prevent further damage. However, he continue to drive through with the guidance of the colleague and these aggravate further damage until to the front bumper. After which one of SCDF colleague informed me, they will stop the fire engine truck after they clear the traffic and will come back to me. The driver has called to report to his station and also acknowledge I did not park illegally, provided me his detail as SSG FARHAN from Kallang Fire Station. He has given me a SCDF notice letter on how to file for the claim. As I am only able to attach 3 picture, please contact me to receive the remaining picture.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



1/202407 12/7 103

Report No. T/20240712/7103

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2024 22:56			
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:			

NP168

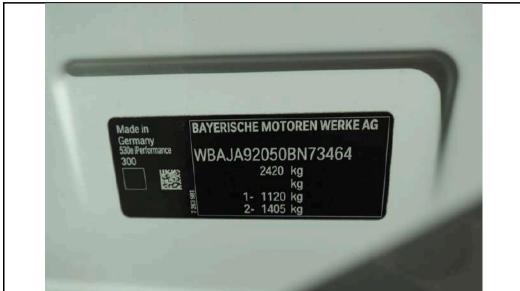


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PHOTOGRAPHS FOR VEHICLE NO.: SDU 276M







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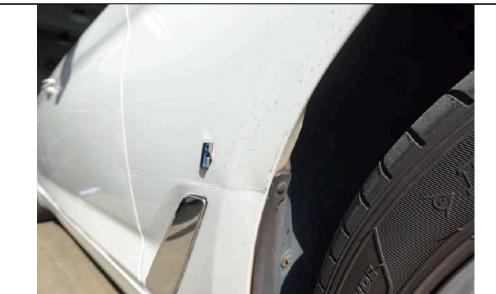
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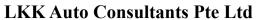
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