ASS. REC. BY: Kenneth | REF: FCZ1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Topical

of 939C

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

Bal. or Market Value: $80K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/30 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLM 7026H Yr Regn: 01 11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A

Make: BMW 523i c.c 2497

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 165310 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAEP32020 C547027

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/55R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	22/7/24	D.O.I.	29/7/2024

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

Report Format :

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

Tropical Tech Automobile Services

BLK 5032 ANG MO KIO AVENUE 3 #01-303 INDUSTRIAL PARK 2 SINGAPORE 569535
TEL : 6481 7773 / 6481 1403 FAX : 6484 4978
E-mail : tsac303@singnet.com.sg

M / s : **MS First Capital Insurance Ltd**
6, Raffles Quay, #21-00
Singapore 048580

Not Authorised
C/Slip &
Reserve After Paint
2 days

Attn : **Motor Claims Department**
Tel : 6222 2311
Fax : 6222 3547

Estimate bill : TT 27 / 24 / TP / WT
Registration No : SLM7026U
Make / model : BMW 523i (F10)

Mileage : Date : 28 / 07 / 2024

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : XE1144B AND SLM7026U ALONG JUNCTION OF YIO CHU KANG ROAD ON 22 JULY 2024 AT 1430HRS.

2pcs	Front grille	(Each $226.00)	$	452.00
1pc	Front RH head lamp		$	CM 3,559.00
1pc	Front RH head lamp washer nozzle		$	222.00
1pc	Front RH head lamp washer nozzle hose		$	194.00
1pc	Front RH head lamp washer nozzle outer cover		$	CM 125.00
1pc	Front RH head lamp washer nozzle outer cover clip		$	42.00
1pc	Front bumper		$	CM 2,549.00
1pc	Front bumper emblem		$	Rec 181.00
2pcs	Front bumper emblem grommet	(Each $12.00)	$	Rn 24.00 X
1pc	Front bumper parking sensor (RH, Inner)		$	Rec 648.00
4pcs	Front bumper parking sensor seal	(Each $14.00)	$	Rn 56.00
1pc	Front bumper towing cover		$	CM 145.00
1pc	Front bumper lower grille (Centre)		$	244.00
1pc	Front bumper lower grille (RH)		$	139.00
	Sub total :		$	8,580.00
	Less 10% discount :		$	858.00
	A total :		$	7,722.00

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

Date:

Special net items :

1pc	Front license smart plate	$	Rec 45.00
1pc	Front license smart plate casing		
	B total :	$	45.00

Remove & transfer front bumper necessary attachment spare parts item.

Remove and refit front grilles, front RH head lamp, front RH head lamp washer nozzle, front RH head lamp washer nozzle hose, front RH head lamp washer nozzle outer cover, front RH head lamp washer nozzle outer cover clip, front bumper, front bumper emblem, front bumper emblem grommets, front bumper parking sensor (RH, Inner), front bumper parking sensor seals, front bumper towing cover, front bumper lower grille (Centre), front bumper lower grille (RH). 2.5 hr $ 600.00

Focus and align front head lamp level (RH). 2 hr $ 50.00

Putty / primer application, spray painting front RH head lamp washer nozzle outer cover, front bumper, front bumper parking sensor (RH, Inner), front bumper towing cover. 2.5 hr $ 600.00

Grand final amount : $ 9,017.00

Tropical Tech Automobile Services

TECH AUTOMOBILE SERVICES TEL: 6481 7773

(Authorised Signature)
William Tan

SKETCH PLAN

IMPORTANT NOTICE

5 **Any false reporting may be referred to the Traffic Police Department for investigation.**

6 **Consent under the Personal Data Protection Act (PDPA)**

I understand & hereby agree and consent that:

(a) My insurer, its workshop and the General Insurance Association of Singapore ("GIA") may (from time to time) collect, use, disclose and process my personal data (e.g. personal information set out in this form, and any other personal information provided by me or possessed by my insurer) including the **Personal Information** (as defined below) and transfer such Personal Information to all insurers who have insured vehicle(s) involved in the accident (such insurer(s) and 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 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 (e.g. 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), whether they are located outside or in Singapore, for one or more of the above Purposes.

13/7/24 @ 10:15hrs

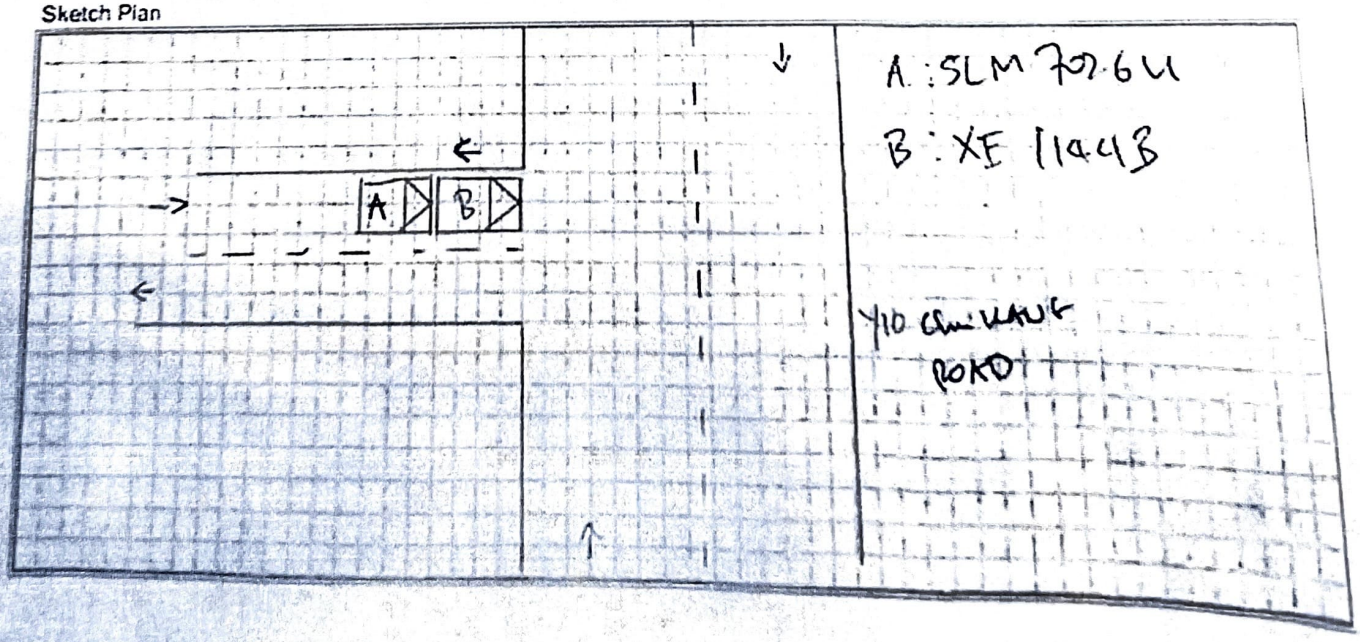
Policyholder's Signature, Date & Time

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

MUHAMAD FAIZ BIN ABDUL RAHIM

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

Sketch Plan



1

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.
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	23/07/2024 10:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2024 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7026U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ho Chin Yong
NRIC No	S2133939C
Email Address	RICKY98570703@GMAIL.COM
Mobile Phone No	(Phone) +65-98570703
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
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	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5110925235-04

DRIVER

Name of Driver	Ho Chin Yong
NRIC No	S2133939C
Date Of Birth	27/10/1947
Occupation	Indoor