

ASS. REC. BY: Tajir

REF:

CS/ INC 24060079/Tvh3

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: SLN 6509U

Policy No. _____

Claims No. MT/1281370-002

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: 875K

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: SLV 8868 H Yr Regn: 2017, 12

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

Truck / Trailer or

Make: BMW 318 c.c. 1499

Colour: Black A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: 82217 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: WBA8E36030N482301

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Mod: ☒ Nil / ☐ STD / ☐ A/Rim or

Tyre Size: F: 225/45R18

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. 11/6/2024 D.O.I. 13/6/24

Survey held at SL Refect

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
23/9/24	LS \$8600 confirmed by email (Red 17,262.62, 66%)

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Rep. Format: _____

Lump Sum / I.B.I. / _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS SI

Police

Others

TOTAL

JL Perfect Autowork Pte Ltd

Company Reg No: 202136905K

8 Kaki Bukit Ave 4, #08-09 Premier@Kaki Bukit
Singapore 415875

Tel : 6341 6789 Fax: 6341 6778
E-mail:jlperfectautowork@gmail.com



DATE : 11.06.2024

TO : **INCOME** MOTOR CLAIMS DEPTS
VEHICLE NO : **SLU8868H**
MODEL : **BMW 318I**
DATE OF ACCIDENT : **11.06.2024**
TIME OF ACCIDENT : **01:35 HOURS**

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE	
1	REAR BUMPER	1	\$ 1,985.75	\$ 1,985.75	de✓
2	REAR BUMPER MOULDING (CHROME)	1	\$ 452.30	\$ 452.30	at✓
3	REAR BUMPER REFLECTOR	2	\$ 69.89	\$ 139.78	cur✓
4	REAR BUMPER TOWING COVER	1	\$ 62.30	\$ 62.30	cut✓
5	REAR BUMPER SENSOR	2	\$ 285.65	\$ 1,142.60	dis✓
6	REAR BUMPER SENSOR HOLDER	4	\$ 85.50	\$ 342.00	re✓
7	REAR BUMPER SENSOR WIRE HARNESS	1	\$ 1,883.30	\$ 1,883.30	X
8	REAR BUMPER SIDE INNER GARNISH	2	\$ 233.50	\$ 467.00	X
9	REAR BUMPER REINFORCEMENT	1	\$ 620.50	\$ 620.50	bt✓
10	REAR BUMPER REINFORCEMENT COVER GARNISH	1	\$ 258.30	\$ 258.30	cur✓
11	REAR BUMPER TOP BEAM	1	\$ 228.60	\$ 228.60	X
12	REAR BUMPER SDE BRACKET (PLASTIC)	2	\$ 215.00	\$ 430.00	X
13	REAR FENDER INNER TRIM	2	\$ 225.00	\$ 450.00	X
14	REAR FENDER INNER COWLING	2	\$ 325.60	\$ 651.20	X
15	TAIL LAMP	2	\$ 785.00	\$ 1,570.00	cut✓
16	TAIL LAMP SIDE GARNISH	2	\$ 136.50	\$ 273.00	cut✓
17	BOOT LID	1	\$ 1,685.00	\$ 1,685.00	bt✓
18	BOOT LID HINGE	2	\$ 164.30	\$ 328.60	Rx
19	BOOT LID LOGO	1	\$ 109.30	\$ 109.30	re✓
20	BOOT LID STOPPER	2	\$ 35.60	\$ 71.20	X
21	BOOT LID LAMP	2	\$ 564.20	\$ 1,128.40	cut✓
22	BOOT LID TOP LOCK	1	\$ 465.00	\$ 465.00	X

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23	BOOT LID LOWER POWER LOCK	1	\$ 998.20	\$ 998.20	X
24	BOOT LID WEATHERSTRIP	1	\$ 228.60	\$ 228.60	X
25	BOOT LID SMART SENSOR MOUDULE	1	\$ 638.40	\$ 638.40	X
26	BOOT LID SMART OPEN SENSOR	1	\$ 155.10	\$ 155.10	X
27	BOOTLID SENSOR DETECTOR	1	\$ 218.40	\$ 218.40	X
28	BOOTLID SENSOR WIRE HARNESS	1	\$ 486.20	\$ 486.20	X
29	REAR END PANEL	1	\$ 1,658.90	\$ 1,658.90	X
30	REAR END PANEL TOP GARNISH	1	\$ 229.40	\$ 229.40	X
31	REVERSE CAMERA	1	\$ 974.20	\$ 974.20	X
32	REAR EXHAUST INSULATOR	1	\$ 218.60	\$ 218.60	X

TOTAL PRICE \$ 20,550.13
 LESS 5% \$ 1,027.51
SUB TOTAL PRICE \$ 19,522.62

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR NUMBER PALTE <i>plate</i>	1	\$ 150.00	\$ 150.00	X
2	REAR BUMPER CLIP (SET)	1	\$ 80.00	\$ 80.00	X <i>50ml</i>
3	TAIL LAMP CLIP (SET)	1	\$ 60.00	\$ 60.00	X <i>20ml</i>
4	TAIL LAMP SIDE GARNISH CLIP (SET)	1	\$ 80.00	\$ 80.00	X
5	BOOT LID SEALANT	1	\$ 150.00	\$ 150.00	X
6	BOOT LID INSULATOR CLIP (SET)	1	\$ 80.00	\$ 80.00	X
7	REAR FENDER INNER TRIM CLIP (SET)	1	\$ 100.00	\$ 100.00	X
8	REAR FENDER COWLING CLIPS (SET)	1	\$ 100.00	\$ 100.00	X
9	REAR END PANEL INSULATION SEAL	1	\$ 250.00	\$ 250.00	X <i>40ml</i>
10	REAR END PANEL TOP GARNISH CLIP (SET)	1	\$ 60.00	\$ 60.00	X <i>20ml</i>

TOTAL \$ 1,110.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,800.00	700
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,600.00	800
3	TUFF COAT	\$ 250.00	40

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4	WIRING CHECK	\$ 280.00	50
5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 350.00	60
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	40
7	REMOVE AND REFIX REVERSER CAMERA	\$ 80.00	40
8	TRANFER BOOTLID MECHANISM	\$ 80.00	60
9	CONDUCT WATER LEAKAGE TEST	\$ 80.00	X
10	REMOVE AND REFIX BOOT LID SMART OPER SENSOR AND REPROGRAMMING	\$ 250.00	X
11	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 380.00	180

TOTAL \$ 5,230.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 20,632.62
 TOTAL LABOUR COST : \$ 5,230.00
 TOTAL REPAIR COST : \$ 25,862.62

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.
PARTS PRICES ARE SUBJECT TO CHANGES.

YOURS FAITHFULLY,

IRENE

SERVICE ADVISOR

IRENE

HP: 8297 9787

Taufik 97445749
wp 12/1/24 1150
L/S Resurvey after repair
taufik@lkkauto.com
06 days

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	11/06/2024 15:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2024 01:35 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	EXIT 2A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8868H
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INSURED POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA HAO PENG ALOYSIUS
NRIC No	SXXXX575Z
Email Address	ALOYCHUA94@GMAIL.COM
Mobile Phone No	(Phone) +65-94514447
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	318i
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137685025

DRIVER

Name of Driver	CHUA HAO PENG ALOYSIUS
NRIC No	SXXXX575Z
Date Of Birth	18/10/1994
Occupation	Indoor

Driving Pass Date	09/04/2015
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94514447
Alt. Phone Number	-
Email Address	ALOYCHUA94@GMAIL.COM
Address	122L TANAH MERAH BESAR LANE
Address complement	-
Postcode	498941
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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLN6509U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)

-
-
-
-
-
-

Describe Circumstance of the Accident

At the said time & location .

I was travelling along TPE exiting
@ Exit 2A .

At the slip road, I stopped to
check and clear traffic from the
main road .

vehicle B then came from behind
and hit onto the rear portion of
my car .

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



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

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 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.

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
(Name as in NRIC/ID card)

Sketch Plan

