

ASS. REC. BY:

REF:

SPF/

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 Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

Add Fee:

: Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

TOTAL

Report Format:

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

ABWIN SERVICE PTE LTD

176 SIN MING DRIVE

#01-11 SIN MING AUTOCARE, SINGAPORE 575721

Tel: 65179701 Fax: 65179704

Email: servicecentre@abwinm9.com Website: www.abwinm9.com

Company Reg. No: 201318685G GST Reg. No: 201318685G

ABWIN
Service Pte Ltd

M9 Automobile Pte Ltd

M9 International Pte Ltd

9691 0663

ESTIMATED COST: HQQ000999**TO : INCOME INSURANCE LIMITED****ATTN : MOTOR CLAIM DEPARTMENT****SFB9027H****MOHAMED FAIROZ BIN MOHAMED RAHMAN**

CONTACT NO : 90456778

DATE	:	08-OCT-2024
MAKE	:	B.M.W.
MODEL	:	X3 2.5SI
CHASSIS NO	:	WBAPC72070WG60464
ENGINE NO	:	02276664N52B25AF
SERVICE ADVISOR	:	MIKAELA
PAGE	:	1 OF 1

QTY	DESCRIPTION	REPAIR AMOUNT (SGD)	SURVEYOR APP (SGD)
LIST ITEM			
1	SIDE MIRROR RH	1,258.00	
1	SIDE MIRROR COVER RH	356.00	
1	SIDE MIRROR BRACKET RH	152.00	
1	SIDE MIRROR GLASS RH	345.00	
	Sub Total	2,111.00	0.00

LABOUR

1	TO SPRAY PAINT ON AFFECTED AREAS	800.00	
1	TO DISMANTLE, REPLACE AND/OR REPAIR REVERSE SENSOR & TESTING	800.00	
1	TO PANEL BEAT ON AFFECTED AREA	800.00	
	Sub Total	2,400.00	0.00

Not Authorized
Running After Party
2 day

SUB-TOTAL**GST - 9 %****TOTAL****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
- Supply item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

ABWIN SERVICE PTE LTD

Prepared By

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	07/08/2024 10:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/07/2024 08:33 (SGT)
Exact Location of Accident	Joo Seng Rd, Singapore
Additional Location Information	ROADSIDE PARKING J0088 PARKING LOT NO 9C
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFB9027H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FAIROZ BIN MOHAMED RAHMAN
NRIC No	SXXXX245E
Email Address	FZ_FAIROZ@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90456778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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	2497
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140188615

DRIVER

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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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.

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/are 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.

[Handwritten Signature] 26/8/20 *[Handwritten Signature]* 26/8/20
 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

