

ASS. REC. BY:

Surveyor: Kenneth

REF:

CS/QBE 19009727/KH302

Instruction:

ASSIGNMENT (Office)

From (Person):

Joyce Fox

of

QBE

Date/Time:

03/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKH 3111 X

Insured:

at Workshop m/s

SSH

Tel:

6453 4730

of

S/M

Policy No:

Claim No:

VCO12644

Sum Insured:

Excess:

500

Make of Veh:

D.O.A.

30/5/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

if in order

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate ()

SKH 3111 X

4/6/18-

Inform workshop part by part ok.

7/10

83814. w email (Red: 916.55, 19%)

5/11-

check with Don's confirm. 4 days

ASS. REC. BY:

REF: GIBEL

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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 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:

SKH 3111X

Yr Regn:

11, 12

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

Truck / Traller or

Make:

BMW

116i

c.c

1598

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

82183

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA1A12010J 204401

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/50R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

30/5/19

D.O.I.

3/6/19

Survey held at

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

N/S/194

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

Date / Time

Action / Instruction

1 File pass to

RECEIVED 05 NOV 2019

Date/Time, File Pass to?

11/5/19

Date/Time, File Return to?

2)

Report Format:

OD

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

3841-

Days Of Repair:

4

Resurvey No. of Trlp:

1

Add Fee:

Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

300

300

Nivitha (LKK Auto)

From: Shu Pei (LKKAuto) <shupe@lkkauto.com>
Sent: Monday, 3 June 2019 10:49 AM
To: assignments
Subject: FW: Arrange survey for our vehicle SKH3111X DOA : 30.05.2019
Attachments: SKH3111X-estimate.pdf; SKH3111X-300519.pdf

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupe@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Joyce Foo <joyce.foo@qbe.com>
Sent: Monday, 3 June 2019 10:45 AM
To: Admin A <admin-a@lkkauto.com>
Subject: FW: Arrange survey for our vehicle SKH3111X DOA : 30.05.2019

Our Ref. VC012644

Hi

Please assist to arrange for OD survey. Policy excess - \$500.00.

Survey and authorise if in order.

Thanks & Best Regards

Joyce Foo

Senior Assistant

Claims Dept/Asia

1 Raffles Quay, #29-10 South Tower, Singapore 048583

+65 64771184 | +65 62246633

Website LinkedIn Twitter



From: Jenny Toh <jenny.toh@qbe.com>
Sent: Monday, 3 June 2019 10:33 AM
To: Joyce Foo <joyce.foo@qbe.com>
Subject: FW: Arrange survey for our vehicle SKH3111X DOA : 30.05.2019

Our ref: VC012644

regards

Jenny Toh

Senior Assistant

Claims / Asia

1 Raffles Quay, #29-10 South Tower, Singapore 048583

+65 6224 6633 | +65 6477 1225

[Website](#)

[LinkedIn](#)

[Twitter](#)



From: Enquiry <enquiry@sh-motor.com>

Sent: Monday, 3 June 2019 10:23 AM

To: Jenny Toh <jenny.toh@qbe.com>

Subject: Arrange survey for our vehicle SKH3111X DOA : 30.05.2019

Dear Jenny,

Kindly arrange survey for our vehicle SKH311X (OWN DAMAGE) DOA: 30.05.2019

Thank you & Best Regards,

Cynthia

S&H MOTOR PTE LTD

160 Sin Ming Drive #07-02

Sing Ming AutoCity Singapore 575722

Tel: 6453 4730 Fax: 64571931

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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 Authorised 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 Report	31/05/2019 11:44
Date Of Accident	30/05/2019 16:25
Exact Location Of Accident	TAN TOCK SENG HOSPITAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH3111X
Insured/Policyholder	
Name Of Registered Owner	CHANG WUI WOON
NRIC No	S2558263B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97471112
Alternative Phone No	OFFICE-97471112

Vehicle Particulars

Manufacturer	BMW
Model	-

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0006860-MVA-R005
Cover Note Number	

Driver

Name of Driver	CHANG WUI WOON
NRIC No	S2558263B
Date Of Birth	23/08/1964
Occupation	INDOOR
Date Of Driving Pass	04/02/1991
Driving Experience	28 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97471112
Fax Number	
Contact Number	OFFICE-97471112
Email Address	NOEMAIL

Address -
 Postcode -
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

refer attached report.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC2611D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)


SKETCH PLAN

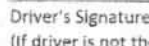
IMPORTANT NOTICE


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 Authorised 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. The 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 lodgment 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:

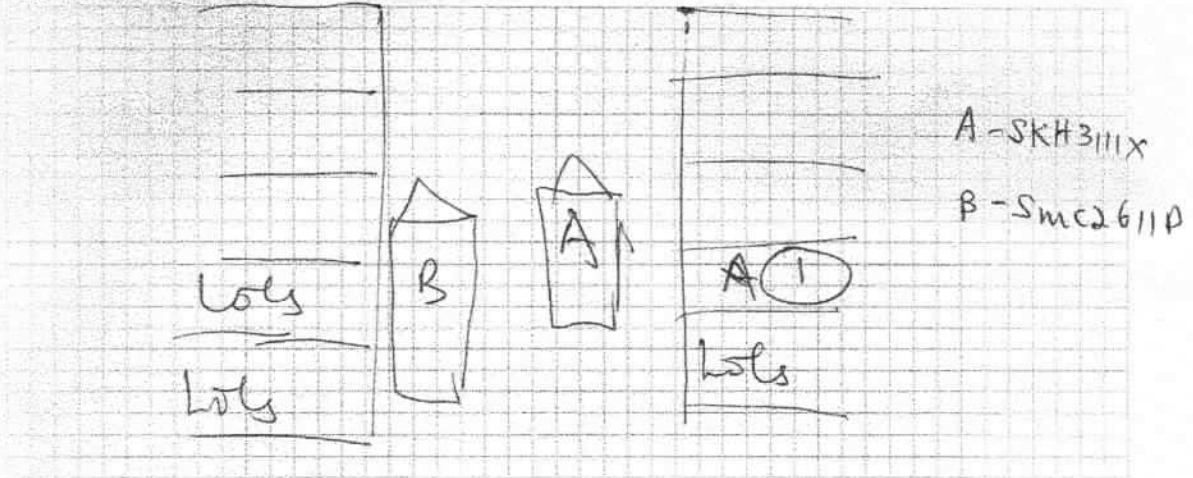
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was intending to reverse into lot 1 when I ought to make a three-point turn and just when I was about to turn, a car on my left rear drove straight and hit onto my car. I had my hazard light on while making the turn.

DECLARATION

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

Chang
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

11
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	8263B

Vehicle Details

Vehicle No.:	SKH3111X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 May 2019
Vehicle Make:	B.M.W.
Vehicle Model:	116i AT ABS D/AIRBAG 2WD HID 5DR
Primary Colour:	Red
Manufacturing Year:	2012
Engine No.:	A011J266N13B16A
Chassis No.:	WBA1A12010J204401
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$26,086.00
Original Registration Date:	09 Nov 2012
First Registration Date:	09 Nov 2012
Transfer Count:	1
Actual ARF Paid:	\$26,086.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Nov 2022
PARF Rebate Amount:	\$16,955.00

Intended COE Rebate Details

COE Expiry Date:	08 Nov 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$77,201.00
COE Rebate Amount:	\$26,548.00
Total Rebate Amount:	\$43,503.00

The information contained herein is correct as at 31 May 2019

OK

The Motor Claims Department
QBE INSURANCE (SINGAPORE) PTE LTD
 NO. 1 #29-10
 RAFFLES QUAY
 SOUTH TOWER
 SINGAPORE 048583

File No : SH/2019/151/05/029/OD
 Date : 03-June-2019

Alot with order
1.12.1, 6th Sep 2019 \$3814.00
Ex 850ch 4 days

Estimated cost of repair for vehicle no: **SKH3111X BMW 116I**
 Policy no.: **8-V0006860-MVA-R005** Accident Date: **30-May-2019**

Description	Quantity	Cost Price
LH head lamp	1	\$ <i>CM</i> 1,250.00 ✓
LH bumper tow cover	1	\$ <i>nu</i> 35.00 ✓
Front bumper	1	\$ <i>Br</i> 800.00 ✓
Front bumper reinforcement	1	\$ <i>A</i> 350.00 ✓
Front bumper insulator spongh	1	\$ <i>h</i> 60.00 ✓
LH front wheel cowling	1	\$ <i>Sn</i> 110.00 X
Cowling clips @ set	1	\$ <i>na</i> 22.00 X
LH head lamp metal retainer	1	\$ <i>Sn</i> 55.00 X
Front bumper emblem 'BMW'	1	\$ <i>na</i> 80.00 ✓
		\$ 2,762.00
	Add 15%	\$ 414.30
		\$ 3,176.30
To spray paint bonnet, bumper, LH front fender and accident areas.	1	\$ 750.00 <i>600</i>
To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality. To focus headlamp.	1	\$ 30.00 <i>20</i>
Labour to remove front bumper, check for damaged bumper reinforcement, jack out LH suspport panel, repair and panel beating, renew , install and adjust bumper alignment.	1	\$ 450.00 <i>400</i>
Labour to repair and painting LH front alloy wheel.	1	\$ 100.00 <i>80</i>
		\$ 4,506.30

LKKAuto 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:

6270.55



The Motor Claims Department
M/s QBE Insurance (Int) Ltd
60 Anson Road
Mapletree Anson #11-01
Singapore 079914

File No : SH/2019/151/05/029/OD
Date : 06-June-2019

Supplementary estimated cost of repair for vehicle no: SKH3111X BMW 116i 5DR
Policy No: 8-V0006860MVA Accident Date: 30.05.2019

Description	Quantity	Cost Price
Front bumper left nozzle		\$ CM 140.00 ✓
Front bumper left nozzle cover		\$ ND 55.00 ✓
		\$ 195.00
	Add 15%	\$ 29.25
		\$ 224.25

4730.55



LKK Auto Consultants Pte Ltd

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 Internationale Des Experts En Automobile				
QBE INSURANCE (SINGAPORE) PTE LTD		Ref : CS/QBE19009727/Ktd3e2		
1 RAFFLES QUAY #29-10 SOUTH TOWERSINGAPORE 048583		Date : 15-11-2019		
		Code : QBE		
1. Policy Particulars :- OWN DAMAGE				
	Insured Veh.	Veh. Inspected	SKH 3111X	
	Policy No. 8-V0006860-MVA-R005	Coverage (\$)	0.00	
	Claim No. VC012644	Excess (\$)	500.00	
	Assign From JOYCE FOO	Assign Date	03/06/2019	
2. Vehicle Particulars & Condition				
	Make & Model B.M.W. 116I (A)	c.c	1598	
	Engine No. HIDDEN	Year of Reg.	2012	
	Chassis No. WBA1A12010J204401	Colour	RED	
	Odometer 82183	Steering	IN ORDER	
	Brakes IN ORDER	Modification	STANDARD ALLOY RIM	
	General GOOD			
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	205/50 R17	YOKOHAMA	7 mm
	L/H Front Tyre	205/50 R17	YOKOHAMA	7 mm
	R/H Rear Tyre	205/50 R17	YOKOHAMA	7 mm
	L/H Rear Tyre	205/50 R17	YOKOHAMA	7 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date 30/05/2019	Inspection Date	03/06/2019	
	Survey held at S & H MOTOR PTE LTD 160 SIN MING DRIVE #07-02 SIN MING AUTOCITY SINGAPORE 575722			
5a. Remarks				
	A)THE MARKET VALUE IS S\$50,000.00(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.			
5b. Estimate Days of Repair				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



LKK Auto Consultants Pte Ltd

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKH 3111X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LH HEAD LAMP (WCP)	CRACKED	1,250.00	1,250.00
1	LH BUMPER TOW COVER (WCP)	DENTED	35.00	35.00
1	FRONT BUMPER (WCP)	BUCKLED	800.00	800.00
1	FRONT BUMPER REINFORCEMENT (WCP)	TO REPAIR SEE LABOUR	350.00	-
1	FRONT BUMPER INSULATOR SPONGH (WCP)	SERVICEABLE	60.00	-
1	LH FRONT WHEEL COWLING (WCP)	SERVICEABLE	110.00	-
1	SET COWLING CLIPS (WCP)	NOT NECESSARY	22.00	-
1	LH HEAD LAMP METAL RETAINER (WCP)	SERVICEABLE	55.00	-
1	FRONT BUMPER EMBLEM 'BMW' (WCP)	NECESSARY	80.00	80.00
1	FRONT BUMPER LEFT NOZZLE (WCP) (ADDITIONAL)	CRACKED	140.00	140.00
1	FRONT BUMPER LEFT NOZZLE COVER (WCP) (ADDITIONAL)	DENTED	55.00	55.00
	COST PLUS 15%		443.55	354.00
			3,400.55	2,714.00
LABOUR				
	TO SPRAY PAINT BONNET, BUMPER, LH FRONT FENDER AND ACCIDENT AREAS.		750.00	600.00
	TO DISCONNECT WIRE HARNESS TO FACILITATE REPAIRS AND CHECK FOR DAMAGE AND RECONNECT WIRING SYSTEM AND CHECK FOR FULL FUNCTIONALITY. TO FOCUS HEADLAMP.		30.00	20.00
	LABOUR TO REMOVE FRONT BUMPER, CHECK FOR DAMAGED BUMPER REINFORCEMENT, JACK OUT LH SUPPORT PANEL, REPAIR AND PANEL BEATING, RENEW, INSTALL AND ADJUST BUMPER ALIGNMENT. INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT.		450.00	400.00
	LABOUR TO REPAIR AND PAINTING LH FRONT ALLOY WHEEL.		100.00	80.00
			1,330.00	1,100.00
GRAND TOTAL			4,730.55	3,814.00
RECOMMENDED COST OF REPAIRS				3,814.00

Report Ref No. CS/QBE19009727/Ktd3e2



LESS EXCESS			-500.00
NETT LIABILITY			3,314.00

Report Ref No. CS/QBE19009727/Ktd3e2

KONG SENG CHEONG

Licensed Appraiser

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