REF: © 40120003	087/AVd3 Special Instruction:
Bungur: Adnay ASSIGNMEN	T (Office)
From (Person); Tosephine wong of	Bill to:
To Inspect Vehicle No: Tat Workshop m/s Premium Cou	7 Tel: 6636 9100
of I kaki Bukit Are 6 #0	1-90 Autobay
Policy No:	Claim No:
Sum Insured:	Excess:
Make of Veh: (Client's Record)	D.O.A. 21/02/2020
CA / REV / REP. / REV 24 HRS	H.O.D. Endorsement:
Date/Time: 4:30pm(2)24/2/2020Person Contacted:	Aun Teng Vehicle IN LOUT
Date/Time Action/Instruction Fohmut	
8/97777R- CVI /VAL 19020	0415/Ur 00A:29/9/2018
SKZ 23658-CS UDI 1901600	05/KIHBn2 DOA: 9/9/004
•	

....

. .

ASSIGNMENT

Franci	Dale:	Veh No: SJ67777R,	Yr Regn: 2014/Feb.
From: Estimated Cost:		Type M.Car / M.Cycle / Bus / Van / Lon	ry / Taxi / Prime Mover /
	PRES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle		Make: BMW 3201	c.c 1997
at Workshop m/s		Colour Black.	A/C: Insured / Std / NI / NA
2		Sp.Reading 55305	T/Radio: Insured / Std / NI / NA
2		Eng/No:	
0 11		C/No: WBA3B16020	NS5043Y.
Claims No.		Gen. Cond Good / Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked /	
(Client's Record	d)	Brake: Inforder / Jammed / Leaked /	Burnt or
Make of Veh:		Modi: Nil /S/Rim / STD A/Rim or	01/
		Tyre Size: F: 205/60	
(Policy Condition		R: 005/60	
	Il Had Commenced to	B\$ / DUN / EXNOVA / GY / FS / LIZA /	MIC / OHI SU / PIR / SUMI /
repair	at the time of inspection.	TOYO / YOKO or	Rear
Bal. or Market V		R/Bal. Ob mm	R/Bal. Ob mm
IDAC Accident F	O internal Veneral No	L/Bal. 06 mm	L/Bal. 06 mm
GIA / PR Seer		D.O.A.	D.O.I. 25/02/20
Est. Repairs:		1	nivm Carz
Lum Sum:	% 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S	
CA / REV /	REP. / 24 HRS Vehicle: IN	E + ole	
Date:	Person Contacted:	The U/C / Chassis frame / Bod	y Structure affected due to collision.
Date / Time	Action / Instruction		
	77 WOI		
	US\$6000-00 (Red :	5549-35 45%	
	mv:	1011 -17 11/01	
	PV:		
	Nett:		
Date/Time, File P	ass to? : Preli. Report	Days Of Repair: 5	
1)	: Final Report	Resurvey No. of Trip: 2	Survey Fee:
Date/Time, File F	T a second		Transportation:
2) 21	4/20 Typist Ad	d Fee: Site Insp (\$)3÷R\$\$I
	μ.	: Interview (\$	
Fepart For		: Tech, Inve (§) Others
Comp Son)/ LEJ: (4 \$ 6000 =)	:Westerd (§	765141
			701/41.

Nivitha (LKK Auto)

From:

WONG JOSEPHINE <josephinewong@uoi.com.sg>

Sent:

Monday, 24 February 2020 3:33 PM

To:

assignments; SUR

Cc:

Aunteng; LEE KATIE

Subject:

FW: Pre-repair survey! Accident involving SJG7777R & SKZ2365S on 21/02/2020

Without Prejudice

Dear LKK

Kindly assist with third party survey .

Details of survey as email below. Thanks

Josephine Wong

Executive Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909 Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • josephinewong@uoi.com.sg

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From:

Sent: Monday, February 24, 2020 3:30 PM

To: WONG JOSEPHINE < josephinewong@uoi.com.sg>

Cc: LEE KATIE <katielee@uoi.com.sg>

Subject: Re: Pre-repair survey! Accident involving SJG7777R & SKZ2365S on 21/02/2020

Dear Josephine

We would choose LKK Auto Consultants Pte Ltd to conduct the pre-repair survey on our client's vehicle.

Please forward us a copy of your insured's report and advise us on the liability.

Regards Aun Teng

Premium Carz Services Pte Ltd Tel: 6636 9100 Fax: 6636 9113

1 Kaki Bukit Avenue 6

#01-90 Autobay@Kaki Bukit

Singapore 417883

From: Aunteng <aunteng@premiumcarz.com.sg>

Sent: Monday, February 24, 2020 9:17 AM

To: WONG JOSEPHINE < josephinewong@uoi.com.sg>

Subject: Pre-repair survey! Accident involving SJG7777R & SKZ2365S on 21/02/2020

Dear Officer-in-charge

Refer to the above matter.

Attached our client's accident report for you to create a third party file.

Your insured's vehicle is SKZ2365S.

A copy of estimate will be ready and made available to surveyor upon site inspection at our workshop. Please indicate whether you are sending your surveyor to our workshop.

In the meantime, please forward us a list of surveyor of your choice for our selection.

Regards
Aun Teng
Premium Carz Services Pte Ltd
Tel: 6636 9100 Fax: 6636 9113
1 Kaki Bukit Avenue 6
#01-90 Autobay@Kaki Bukit
Singapore 417883

MPML20023286 / Performance Motors Limited - Alexandra ENTRY DATE & TIME: 21/02/2020 14:45 SUBMITTED BY: Melanie Setiawati

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 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.

		T STA	1-1-1
- A(11 - NI		

 Date Of Report
 21/02/2020 14:45

 Date Of Accident
 21/02/2020 09:00

Exact Location Of Accident BASEMENT CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG7777R

Insured/Policyholder

Name Of Registered Owner LIM OON HOCK NRIC No SXXXX067J

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96181770

Alternative Phone No OTHERS-96181770

Vehicle Particulars

Manufacturer BMW

Model 320IA / F30

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY
PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number B27665710SMP

Cover Note Number

Driver

Name of Driver

NRIC No

SXXXX177Z

Date Of Birth

Occupation

LIM KAI CHIAN

SXXXX177Z

28/12/1989

INDOOR

Occupation INDOOR
Date Of Driving Pass 18/06/2008

Driving Experience 11 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97529710

Fax Number

Contact Number

EMail Address LIMKAICHIAN@HOTMAIL.COM

Address

38 LENGKONG EMPAT

Postcode

417625

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

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)

2

Passenger 1

NAME:

: SHAUN HENG

GENDER:

: MALE

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 TO ATTACH.

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

SKZ2365S

Vehicle Make/Model/Colour

NISSAN X TRAIL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LAI YOKE KHOW

NRIC/Passport Number

SXXXX936B

Contact Number

97235012

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR & RIGHT

No Of Passenger (Including Driver)

1

Sketch Plan Pg. 1

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.
- 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.
- 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.
- 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.
- 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 :
 - 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

(iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Oriver's Signature

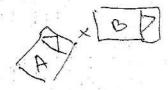
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car B domin	es towards cutain direction
I more out	from my parking spot after checking all clear.
Sudderly	, car is stopped without signaling.
I stoppe	ed the car.
(ar Y	s revened quickly and but my car.
Remark (children submit claim to his preder wasternogo
	For there party dain.
1	
DECLARATION	
	ing particulars are true in every respect.
1/6	Moles () Asiles
16	2/2/2020
Policyholder's Signature Date & Timel	Driver's Signature Reporting Contre Personnel's Signature (If driver is not the policyholder) Name:
	Date & Time: NRIC/FIN No.:
}	



Co. Reg. No.: 201416720C

1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883

Tel: 6636 9100 Fax: 6636 9113

Date: 22/02/2020

TO: United Overseas Insurance Pte Ltd

3 Anson Road

#28-01 Springleaf Tower

Singapore 079909

Our Customer : Lim Oon Hock Vehicle No : SJG7777R

Model: BMW 320i Sedan

Manufacture Year: 2013/2014 Date of Accident: 21/02/2020

Total Estimate Repair Days: 7

Total Pages: 2

Attn: Motor Claims Department

Yvonne.

Fax: 6327 3869

WBA3B16020NS50439

Re: Repair Estimate For Third Party Claim against SKZ2365S

No.	Item Descriptions	Qty	Unit Price	Amount	Remarks From Surveyor
A.	Spare Parts				
1	Front bumper Distorted.	1	\$1,550.00	\$1,550.00	
2	Front bumper top weatherstrip	1	\$75.00	\$75.00	
3	Front bumper "BMW" logo א	1	\$60.00	\$60.00	
4	Front bumper side retainer RH	1	\$92.00	\$92.00	1. 1999
5	Front bumper reinforcement N W	1	\$650.00	\$650.00	
6	Front bumper foam znuled	1	\$76.00	\$76.00	
7	Front bumper grille w/chrome RH and	1	\$180.00	\$180.00	
8	Front bumper grille w/chrome LH 1461	1	\$180.00	\$180.00	
9	Front number plate base x4 ~	1	\$115.00	\$115.00	
10	Fog lamp garnish RH	1	\$125.00	\$125.00	
11	Fog lamp garnish rod RH メ4 ん	1	\$68.00	\$68.00	
12	Headlamp RH Could	1	\$2,610.00	\$2,610.00	
13	Headlamp lower bracket RH	1	\$95.00	\$95.00	V
14	Headlamp spray nozzle RH	1	\$155.95	\$155.95	2
15	Headlamp spray nozzle cover RH could	1	\$75.00	\$75.00	~
16	Headlamp spray nozzle bracket RH メー・	1	\$69.50	\$69.50	+
17	Headlamp hoseline cleaning system ***	1	\$115.00	\$115.00	
18	Bonnet Hen	1	repair	repair	x
19	Bonnet lock RH New	1	\$420.00	(333.) \$420.00	×
20	Bonnet lower catch / /	1	\$220.00	\$220.00	
21	Tow hook cover ≯ ~	1	\$45.00	(70) 2 \$45.00	x
22	Front fender RH Budge	1	\$1,150.00	5/0/53 \$1,150.00	
23	Foglamp RH Zouled / 2	92	Sub-Total	\$8,126.45	
	Less 10%			\$812.65	
	Sub Total 1			\$7,313.81	
Α.	Spare Parts (S/Nett)				
1	Front number plate w/casing NM M	1	\$70.00	\$70.00	*
2	Front bumper clip N-	10	\$6.50	\$65.00	
3	Headlamp clip RH No	1	\$8.00	\$8.00	
4	Headlamp Nu~	1	\$25.00	\$25.00	
5	Front fender lining clip \sim	10	\$6.50	\$65.00	(4)
3	Front lender mining city 74 70	10	Sub Total 2	\$233.00	
		т,	otal for Parts	\$7,546.81	



Co. Reg. No.: 201416720C

1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883

Tel: 6636 9100 Fax: 6636 9113

No.	Item Descriptions	Qty	Unit Price	Amount	Remarks From Surveyor
В.	Labour				
1	To check electrical wiring systems at the front section for proper function including adjustments of headlights.			\$120.00	30
2	Panel beating charges to remove and replace, to cut and weld, to knock and reshape damaged parts & areas.			\$800.00	400
3	Spray painting all affected parts & areas.			\$900,00	500
4	To spray anti-rust undercoat.		\$60.00	- 43	
		\$1,880.00	79		
		\$9,426.81			

Supplementy 806:52 tolel:7516:87 L/3: 6K

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:

Yours faithfully,

Aun Teng f Premium Carz Services Pte Ltd

Surveyor's Details		
Name		
Contact		
Survey Date		
Recommender	Authorize / Not Authorize	
Before Paint	Yes / No	



Co. Reg. No.: 201416720C

1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883

Tel: 6636 9100 Fax: 6636 9113

Date: 25/02/2020

United Overseas Insurance Pte Ltd TO:

3 Anson Road

#28-01 Springleaf Tower

Singapore 079909

Our Customer: Lim Oon Hock Vehicle No: SJG7777R

Model: BMW 320i Sedan

Manufacture Year: 2013/2014

Date of Accident: 21/02/2020

Total Estimate Repair Days: 7

Total Pages: 1

Attn: Motor Claims Department

Fax: 6327 3869

Re: Repair Estimate For Third Party Claim against SKZ2365S

No.	Item Description	ons	Qty	Unit Price	Amount	Remarks From Surveyor
A.	Spare Parts	,				
1	LED control unit RH	Denc	2	381.4	762.80 \$0.00	
2	Headlamp control unit RH	Nem	1	762.25	762.28 \$0.00	1
1987				Sub-Total	\$0.00	
				Less 10%	\$0.00	
				Sub Total 1	\$0.00	157234
В.	Labour					
1	To reprogram headlamp control unit				\$250.00	120
				Total Labour	\$250.00	
			Tota	l Repair Cost	\$250.00	1622-5

120

762.80 686.52

Supplementy: 806.52