

ASS. REC. BY:

Taufikh

REF:

## 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. DMCVSN30852519000

Claims No. SNM20D201799C02

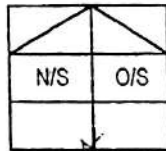
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 5 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Chua

Veh No: \_\_\_\_\_

SFG 36P

Yr Regn: \_\_\_\_\_

2017, Dec.

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

Truck / Trailer or

Make: \_\_\_\_\_

BMW 730

c.c. 1998

Colour: \_\_\_\_\_

Black

A/C: Insured / Std / NI / NA

Sp Reading \_\_\_\_\_

46420

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

WBA7E020506 245343

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: 245/50R18

R: \_\_\_\_\_

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. \_\_\_\_\_

C

mm

R/Bal. \_\_\_\_\_

G

mm

L/Bal. \_\_\_\_\_

b

mm

L/Bal. \_\_\_\_\_

G

mm

D.O.A. \_\_\_\_\_

D.O.I. \_\_\_\_\_

8/6/2008

Survey held at

PML

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

09/06/20@10.56am revised to Irene Tay via Merimen.

24/06/20@11.03am Taufikh finalised with Ms Toh final fig \$5898.40, 5 days.

(Red \$3383.35, 36%)

Date/Time, File Pass to?



Prel. Report

1) 24/06 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Rep. Format: MER-TP

Lump Sum / L.P.I. \$ 5898.40

BMW Dealer

**Performance Motors Limited**

A Sime Darby Motors Company  
Co. Reg. No. 197401299W GST Reg. No M2-0020081  
Toll-Free Number (1800-2255269)

303, Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941  
Fax: 64747770

280, Alexandra Road  
East 2nd Floor  
Singapore 159941  
Fax: 64747770

315, Alexandra Road  
Sime Darby Business Centre  
Singapore 159944  
Fax: 64796601 (AfterSales)  
64796624 (Motorrad)



Due 2/5/2020  
6/6/2020  
am  
Emergency Repair

20 APR 2020

GST REG. NO : M2 - 0020081 - X

**E S T I M A T E**

Estimate No. : b1 55063  
Date Estimated : 20/04/2020  
Prepared By : Chua Kee Sin

Page No. : 1 of 5

**- ESTIMATE REPAIR FOR -**

Ang Sui Oon  
30 Shangri-La Walk

Singapore 568207

**- ACCOUNT - 40000**

Cash Sales - Service  
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFG36P	WBA7E02050G245393	08/12/2017	730Li	0

**DESCRIPTION**

Replace rear bumper include repair rear boot lid and remove attachment etc

1700 ✓ 2,125.00

Spray painting rear bumper and rear boot lid

1868 ✓ 2,076.00

To check electrical wiring systems and lightings at the rear section for proper function.

150 ✓ 177.00

To remove and install boot compartment carpet and garnish to facilitate repairs.

216 ✓ 271.00

Sundries.

? 80.00 ✓

Total Labour 1: 4,729.00

**DESCRIPTION**

REAR BUMPER CARRIER  
REAR LH MOULDING ROCKER PANEL  
REAR RH MOULDING ROCKER PANEL  
REAR BUMPER CENTRE GUARD  
REAR BUMPER GUARD  
REAR BUMPER COVER  
Protection f  
REAR BUMPER TRIM PRIMED  
REAR BUMPER PANEL PRIMED (PDC/PMA)  
LEFT PROTECT  
RIGHT PROTEC  
EMBLEM GROMMET  
LETTERING 730Li  
REAR PLAQUE 82MM  
ULTRASONIC SENSOR BLACK  
DECOUPING RING PDC TORQUE CONVERTER

QTY	PRIC	VALUE
1	976.10	? 976.10 X
1	55.15	X 755.15
1	55.15	? 55.15 X
1	83.85	X 83.85
1	110.25	X 110.25
1	110.00	X 110.00
2	8.95	? 17.90 X
1	216.45	X 216.45
1	1,746.65	de ✓ 1,746.65 ✓
1	11.65	? 11.65 X
1	11.65	X 11.65
2	0.85	hel ✓ 1.70 ✓
1	64.45	rec ✓ 64.45 ✓
1	71.60	rec ✓ 71.60 ✓
4	249.95	? 999.80 X
4	5.10	? 20.40 X

Total Parts : 4,552.75

## Performance Motors Limited

A Sime Darby Motors Company  
 Co. Reg. No. 197401559W GST Reg. No. M2-0020081-X  
 Toll-Free Number: (1800-2259269)

303, Alexandra Road  
 Sime Darby Performance Centre  
 Singapore 159941  
 Fax: 64747770

280, Tampere Road  
 East Coast Centre  
 Singapore 468192  
 Fax: 64747770

315, Alexandra Road  
 Sime Darby Business Centre  
 Singapore 159944  
 Fax: 64796601 (AfterSales)  
 64796624 (Motorrad)



GST REG. NO. M2 - 0020081 - X

## E S T I M A T E

Estimate No. : b1 55063  
 Date Estimated : 20/04/2020  
 Prepared By : Chua Kee Sin

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFG36P	WBA7E02050G245393	08/12/2017	730Li	0

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:

Claims OD / 3rd Party / Uninsured losses / Direct Settlement

Regn. No. \_\_\_\_\_ Claim No. \_\_\_\_\_

Date & Time: 8/6/20 Excess S\$ \_\_\_\_\_

Surveyor's Name: Taufik Sign: [Signature]

Surveyor's Tel: 97495719 Authorised Yes / No \_\_\_\_\_

Authorised Date: WP Time: 1110

RESURVEY PARTS PHOTO BY SURVEYOR Yes / No \_\_\_\_\_ PML Yes / No \_\_\_\_\_

Surveyor's E-mail: taufik@lkharts.com

No. of Working Days Recommend: 05 days

Labour 1	:	4,729.00
Parts	:	4,552.75
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	649.72
Grand Total	:	9,931.47

\*\* THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY \*\*  
 \*\* PRICE FOR PARTS ARE SUBJECT TO ...

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to assist in the claims process.
2. This Form must be completed by the Policyholder and/or the Licensed 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 repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies will be 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 C/A Record 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 20/04/2020 12:25  
Date Of Accident 20/04/2020 09:40  
Exact Location Of Accident SHANGRI-LA WALK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFG36P  
**Insured/Policyholder**  
Name Of Registered Owner ANG SUI OON  
NRIC No SXXXX738A  
Email Address ANG SUI OON@GMAIL.COM  
Mobile Phone No (LOCAL) +65-97903499  
Alternative Phone No OTHERS-90468880

#### Vehicle Particulars

Manufacturer BMW  
Model 730LI  
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

Vehicle Category PRIVATE CAR

#### Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 1800124582-01  
Cover Note Number

#### Driver

Name of Driver ANG SUI OON  
NRIC No SXXXX738A  
Date Of Birth 18/10/1972  
Occupation INDOOR  
Date Of Driving Pass 30/07/1999  
Driving Experience 20 YEARS AND 8 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-97903499  
Fax Number  
Contact Number OTHERS-90468880  
E Mail Address ANG SUI OON@GMAIL.COM

Address	30 SHANGRI-LA WALK
Postcode	568207
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	COLLIDED INTO PARKED VEHICLE
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)	0

#### 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?	YES
Remarks/ Reasons:	HOME CCTV
Was there any audio recorded?	NO

#### Details of Witness 1

Name	TERENCE ANG MENG YAN
Phone Number	90468880
Email Address	TERENCE.ANG60@GMAIL.COM

#### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number	GBG9180T
Vehicle Make/Model/Colour	TOYOTA DYNA SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOO KWOK HING
NRIC/Passport Number	SXXXX382A
Contact Number	98585668
Address	BLK 850 HOUGANG CENTRAL #10-53
Postcode	530850

Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	1



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:

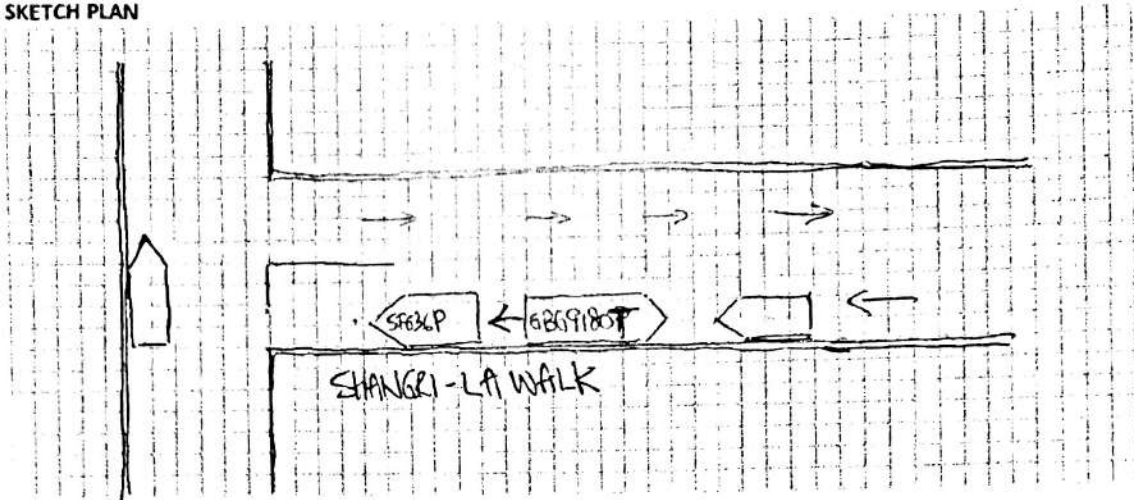
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 20/4/2020

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

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

## SKETCH PLAN

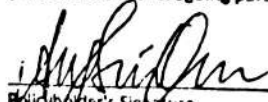


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


9.39am  
On 20 April 2020, our car (SFG36P) was parked temporarily for short while along Shangri-la Walk. (WITNESS)  
~~He~~ ~~were~~ My spouse (TERENCE ANG MENG YAN) was doing area/garden cleaning. The lorry (GBG9180T) entered his lorry and reversed his lorry right into our rear.

## DECLARATION

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

  
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.: 20/4/2020