

ASS. REC. BY:

Tanglin

REF:

LPC

## 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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: 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

Flow

Veh No:

SL55934E

Yr Regn:

2017, Sep

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

Truck / Trailer or

Make:

BMW X4

c.c.

1997

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

48058

T/Radio: Insured / Std / NI / NA

Eng/No:

WBAXW120800V44927

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: M / 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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

8/6/2011

Survey held at

PML

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

Frt o/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Rep. Format:

Lump Sum / I.B.I. (%)

BMW Dealer

**Performance Motors Limited**

A Sime Darby Motor Company  
Co. Reg. No. 197401559M GST Reg. No. M2-0020081-X  
Toll-Free Number (1800-2255269)

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

286, Alexandra Road  
Sime Darby Centre  
Singapore 159942  
Fax: 64796601

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

Arrange Repair  
Monday 08.06.2020  
9am - 12pm.



GST REG. NO : M2 - 0020081 - X

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

08.05.2020

Estimate No. : b1 55104  
Date Estimated : 08/05/2020  
Prepared By : Foong Shiuh Jye

Page No. : 1 of 5

**- ESTIMATE REPAIR FOR -**

Thong Ching Chai  
546 Jurong West Street 42  
#11-123

Singapore 640546

**- ACCOUNT - 158**

Lonpac Insurance Bhd  
300 Beach Road  
#17-04/07 The Concourse  
Singapore 199555

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLS5934E	WBAXW120800V44937	28/09/2017	X4 xDrive20i	0

**DESCRIPTION**

To replace bumper front cover, front right side panel,  
Repair bonnet

2550 3,400.00

To spray paint bumper front cover, front right side panel,  
and bonnet

3164 3,516.00

To replace right headlight and reprogramming.

408 481.00

To remove old PDC assembly, replace damaged parts and  
reconnect to new bumper including conduct checks for  
proper function.

150 177.00

To carry out body cavity preservation.  
(Per panel).

?/60 118.00

To check electrical wiring systems at the front section  
for proper function including adjustments of headlights.

150 177.00

Sundries.

? 80.00

Total Labour 1: **7,949.00**

**DESCRIPTION**

FRT RH FENDER  
SET MOUNTING PARTS BUMPER FRT (VALU  
FRT LH GRILLE (CHROM/SCHWARZ)  
FRT RH GRILLE (CHROM/SCHWARZ)  
GRILLE SIDE CLOSED RH (M)  
FRT BUMPER PANEL PRIMED (M)  
LICENCE PLATE HOLDER (M ECE)  
EMBLEM GROMMET  
BMW EMBLEM 82MM  
RH BI XENON HEADLIGHT  
RH FOG LIGHT LED

QTY	PRIC	VALUE
1	808.05	R X 808.05
1	49.70	? 49.70
1	126.45	NN X 126.45
1	126.45	? 126.45
1	105.60	ma 105.60
1	1,630.20	de 1,630.20
1	83.50	sp ? 83.50
2	0.85	nei 1.70
1	71.60	nei 71.60
1	2,449.90	ma 2,449.90
1	453.25	cpa 453.25

## Performance Motors Limited

A Sime Darby Motors Company  
Co. Reg. No. 197401559W GST Reg. No M2-0020081-X  
Toll-Free Number (1800-2255269)

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

280, Kampong Arang Road  
East Coast Centre  
Singapore 438180  
Fax. 63449773

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 55104  
Date Estimated : 08/05/2020  
Prepared By : Foong Shiuh Jye

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLS5934E	WBAXW120800V44937	28/09/2017	X4 xDrive20i	0

Total Parts : 5,906.40

Claims OD / 3rd Party / Uninsured losses / Direct Settlement	
Regn No. _____	Claim No. _____
Date&Time <u>8/6/20</u>	Excess S\$ _____
Surveyor's Name <u>Tan Kah</u>	Sign <u>[Signature]</u>
Surveyor's Tel <u>97495449</u>	Authorised Yes / No _____
Authorised Date <u>WP</u>	Time _____
RESURVEY PARTS PHOTO BY SURVEYOR Yes / No _____ PML Yes / No _____	
Surveyor's E-mail <u>tan.kah@lkk.com</u>	
No. of Working Days Recommend <u>6-7 days</u>	

**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:

Labour 1	:	7,949.00
Parts	:	5,906.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	969.88
Grand Total	:	14,825.28

## 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 Roadside 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	30/04/2020 12:30
Date Of Accident	29/04/2020 07:40
Exact Location Of Accident	JURONG FISHERY PORT CAR PARK (NEAR BLK 35)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5934E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THONG CHING CHAI
NRIC No	SXXXX803E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97511315
Alternative Phone No	OFFICE-97511315
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	X4 XDRIVE20I M SPORT 4WD HID SR NAV
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1998457
Cover Note Number	28/09/2019-27/09/2021
<b>Driver</b>	
Name of Driver	THONG CHING CHAI
NRIC No	SXXXX803E
Date Of Birth	15/11/1964
Occupation	INDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97511315
Fax Number	
Contact Number	OFFICE-97511315
E Mail Address	NOEMAIL

Address BLK JURONG WEST ST 42 #11-123  
 Postcode 640546  
 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) 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 TO SKETCH PLAN

#### 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: 11

Vehicle Registration Number WC3675U  
 Vehicle Make/Model/Colour FORKLIFT  
 Details Of Properties AFCC EAST PTE LTD COMPANY VEHICLE  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver WANG HAIFENG  
 NRIC/Passport Number GXXXX012W  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

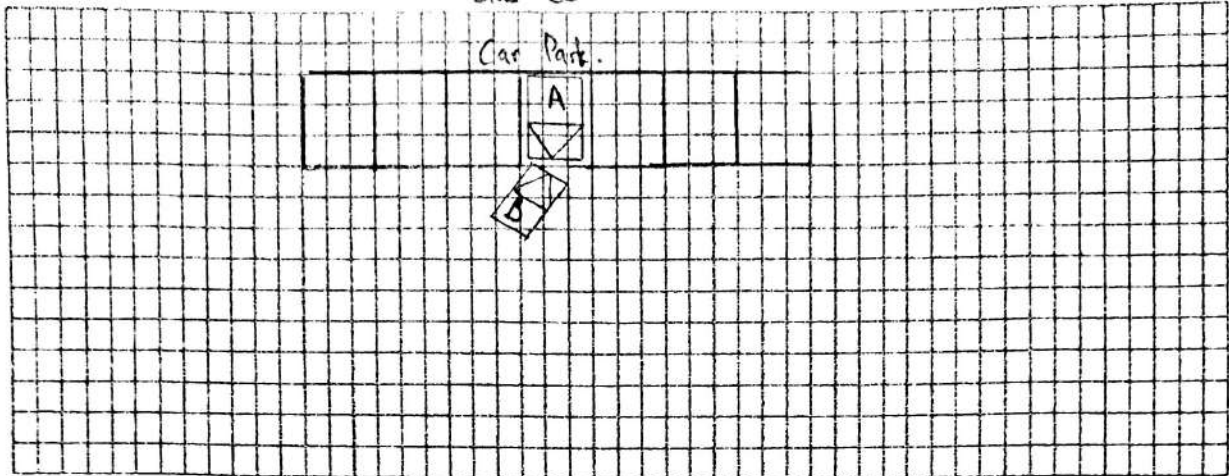
  
 Policyholder's Signature  
 Date & Time:

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

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

SKETCH PLAN

Blk 35



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked my vehicle at blk 35 Tunong Fishery port and when to my Office. At about 7-40 morning the vehicle B hit my parked vehicle, I'm not sure how the accident happen because at the moment I'm not here at the carport.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim <del>OD</del> / TP at other workshop


DECLARATION

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



Policyholder's signature  
Date & Time

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.