CS/CTI 2000 5667/T1 s/f3
CT1

ASS. REC. BY: Tanjuh

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 _____

Claims No. _____

Sum Insured: _____ Excess: $750

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: $190K.

IDAC Accident Rport: _____ 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: [illegible]

Vehicle: IN / OUT

Veh No: SMN3805Y Yr Regn: 2019 / March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: BMW 330i c.c 1998

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 9690 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA5K12070A E79946

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: 225/45R18

R: 4 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	12/5/20 @ 11am

Survey held at PML

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp ($ _____)

☐ Interview ($ _____)

☐ Tech. Invs ($ _____)

☐ Weekend ($ _____)

Report Forms : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

TOTAL

BMW Dealer

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 55108
Date Estimated : 11/05/2020
Prepared By : Inthiran A/L Thurasamy

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -
Darren Ng Yew Huat
1 Paya Lebar Crescent
#03-12 Tangerine Grove

Singapore 536019

- ACCOUNT - 135
China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMN3805Y	WBA5R12070AE79946	28/03/2019	330i LIM	0

DESCRIPTION		VALUE
To tow accident vehicle to PML workshop.		195.00
To send vehicle with new short engine to LTA for inspection.		191.00
To replace new short engine including adjust engine timing in accordance with BMW specifications. 15%	7221	8,496.00
To remove and install radiator assembly, fan housing with fan including to conduct pressure test, bleed cooling system and check for leak. (For all models except 7 series).	photo ? 572	673.00
To remove and install air con condenser and piping including vacuum system, top up freon gas and checks for leak. (For all models except for 7 series).	photo ? 691	814.00
To check steering geometry and conduct wheel alignment according to BMW specification (1X)	? 451	531.00
To check and inspect the vehicle to confirm faulty parts.	1445	1,700.00
To conduct compression test.	451	531.00
To clean and dry carpet	? 451	531.00
-This is preelementary estmate.Any futher faulty will submit supplementary.		0.00

Total Labour 1: **13,662.00**

DESCRIPTION	QTY	PRIC		VALUE
(S/L) EXCHANGE SHORT ENGINE	1	14,824.55	photo	? 14,824.55
PRE FORMED SEAL	1	16.45		? 16.45
EXHAUST MANIFOLD SEAL	1	41.15		? 41.15
Turbo Charger	1	5,078.00	photo	? 5,078.00

BMW Dealer

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 55108
Date Estimated : 11/05/2020
Prepared By : Inthiran A/L Thurasamy

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMN3805Y	WBA5R12070AE79946	28/03/2019	330i LIM	0

DESCRIPTION	QTY	PRIC	VALUE
SPARK PLUG HIGH POWER	4	45.15	180.60
EXCHANGE STARTER MOTOR (VALEO)	1	942.55	942.55
RP INJECTOR	4	536.00	2,144.00
GASKET	1	17.00	17.00
AIR FILTER ELEMENT	1	82.30	82.30
GASKET RING	1	30.45	30.45
V BAND CLAMP	1	43.05	43.05
MUFFLER CLAMP D=80.0MM	1	43.05	43.05
TURBOCHARGER ADDITIVE PETROL MSP(17	1	43.60	43.60
(S/L) ANTI FREEZE 1.5 LITRES	2	20.40	40.80
Total Parts :			23,527.55

Claims OD / 3rd Party / Uninsured losses / Direct Settlement
Regn No. _____ Claim No. _____
Date&Time 12/5/20 9 llam Excess S$ 750
Surveyor's Name Taufik Sign _____
Surveyor's Tel 9749 5749 Authorised Yes / No
Authorised Date Not inthiran Time _____
RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PMI Yes / No
Surveyor's E-mail taufik@lkkauto.com
No. of Working Days Recommend 8-10 days

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 only is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Labour 1	:	13,662.00
Parts	:	23,527.55
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	2,603.27
Grand Total	:	39,792.82

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**
** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

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.

ACCIDENT STATEMENT

Date Of Report	04/05/2020 15:16
Date Of Accident	01/05/2020 16:00
Exact Location Of Accident	JALAN LOKAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3805Y
Insured/Policyholder	
Name Of Registered Owner	DARREN NG YEW HUAT
NRIC No	SXXXX647I
Email Address	DARREN_NG_YH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97619638
Alternative Phone No	OTHERS-97619638
Vehicle Particulars	
Manufacturer	BMW
Model	330I (G20)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3061841900
Cover Note Number	
Driver	
Name of Driver	DARREN NG YEW HUAT
NRIC No	SXXXX647I
Date Of Birth	14/10/1972
Occupation	INDOOR
Date Of Driving Pass	21/05/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97619638
Fax Number	
Contact Number	OTHERS-97619638
EMail Address	DARREN_NG_YH@YAHOO.COM.SG

Address	1 PAYA LEBAR CRESCENT #03-12
Postcode	536019
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	FLOOD
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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 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

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: 4 May 2020 2.40pm	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 exited my condo estate to buy groceries. Thunderstorm was taking place. I didn't realise that the storm had caused a flash flood along Jalan Lokam. When I drove through the water, the car was stalled. Attempt to try to reverse was unsuccessful. I stayed in the car and call for BMW Roadside Assistance. Meanwhile the water level rose. I had to wait for water to recede; set my hazard triangle and waited for tow-truck.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 4 May 2020 2.40pm	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.: