

ASS. REC. BY:

REF:

5696

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKV 341Aat Workshop m/s PERFORMANCEof 303, ALEXANDRA RDInsured: CTI

Policy No. _____

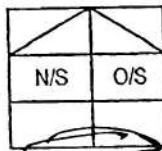
Claims No. _____

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: 56K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKV 341A Yr Regn: 2015 / AugType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: B.M.W 116D c.c. 1496Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 103854 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA1V720005C06871Gen. Cond: Good / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / SRim / STD A/Rim or _____Tyre Size: F: 205/55R16R: 7"BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 10/06/2020 D.O.I. 16/06/2020Survey held at PERFORMANCEDes. 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

Email to PERFORMANCE S.A. inthiran inform her the repair limit is 18k. & He agreed with the repair limit amount.

finalize at all in \$18,000

red:19599.74;54%

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 20

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Formet: _____

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

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

ESTIMATE

Estimate No. : b1 55254
Date Estimated : 16/06/2020
Prepared By : Inthiran A/L Thurasamy

Page No. : 1 of 6

- ESTIMATE REPAIR FOR -

Li Jian
520 Miltonia Close
#05-02

singapore 768104

- 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
SKV341U	WBA1V720005C06871	27/08/2015	116d	0

DESCRIPTION

To replace rear bumper, tail panel, tailgate, trunk floor, trunk floor left, repair left fender, repair right fender, straighten chassis and knocking on accident area.

VALUE
8500 11900.00

Painting rear bumper, tailgate, tail panel, trunk floor, trunk floor left, rear left fender and rear right fender.

4873 5415.00

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

150 177.00

To supply front emboss number plate.

61 83.00

To remove and install rear hat-tray, rear seat, carpet and roof top lining to facilitate repairs.

742 873.00

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

230 271.00

To replace rear windscreen glass.

574.00

To conduct water leak tests.

75.00

To supply and install rear windscreen solar film.

451 531.00

To transfer lock mechanism from old to new bootlid including conduct checks on new bootlid central locking system for proper function.

451 531.00

To mount accident vehicle on celette bench OR Car-O-liner to facilitate re-alignment of body/chassis in accordance with BMW specifications.

phk? 2507 2980.00

To conduct chassis alignment measuring check using Car-O-Liner measuring system according to BMW specification

451 531.00

To carry out body cavity preservation.

100 118.00

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Singapore 438180
Fax. 63449773

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

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Page No. : 2 of 6

Estimate No. : b1 55254
Date Estimated : 16/06/2020
Prepared By : Inthiran A/L Thurasamy

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKV341U	WBA1V720005C06871	27/08/2015	116d	0

DESCRIPTION

(Per panel).

To carry out body cavity preservation.
(For cut panel).

Sundries.

451 531.00

150.00

Total Labour 1: 24,710.00

DESCRIPTION

BLIND RIVET NUT COUNTERSUNK HEAD M6 *neu* ✓
RUBBER MOUNTING *neu* ✓
TAILPIPE END PIECE ALU LOOK *scr* ✓
CLAMPING BUSH D=65.2MM *neu* ✓
FRONT PIPE ?
MUFFLER CLAMP D=63.2MM *neu* ✓
REAR SILENCER *bf* ✓
LUGGAGE COMPARTMENT FLOOR REAR ?
TAIL END PANEL *bf* ✓
TRUNK FLOOR LH ?
TRUNK FLOOR LH X
REAR BUMPER CARRIER ?
WASHER GASKET reinforcement *neu* ✓
REAR BUMPER CENTRE GUIDE (M) ?
REAR BUMPER LH MOUNT ?
REAR BUMPER PANEL PRIMED *TORN* ✓
REAR PDC HOLDER SET *neu* ✓
REAR W/SCREEN *bro* ✓
BUMP STOP *neu* ✓
REAR WINDOW SHELF (SCHWARZ) ?
Support shelf left ?
LOADING SILL COVER ?
FLOOR CARPET LUGGAGE COMPARTMENT ?
TRUNK TRIM LH ?
HEAT INSULATOR REAR SILENCER ?
Panel tailgate left trim ?
LOWER TAIL LID TRIM PANEL ?
LOWER TAIL LID TRIM PANEL ?
REAR LH WHEEL HOUSING COVER ?
PLAQUE 82MM *neu* ✓
LH REFLECTOR *bro* ✓
RH REFLECTOR ?
REAR LH LIGHT IN THE SIDE PANEL *bro* ✓
REAR RH LIGHT IN THE SIDE PANEL *neu* ✓
REAR LH LIGHT IN THE TRUNK LID *bro* ✓
REAR RH LIGHT IN THE TRUNK LID ?
NUMBER PLATE LIGHT LED ?

QTY	PRIC	VALUE
4	3.55	14.20
1	35.40	35.40
1	112.20	112.20
1	54.60	54.60
1	517.75	517.75
1	43.05	43.05
1	918.20	918.20
1	113.90	113.90
1	500.00	500.00
1	190.20	190.20
1	190.20	190.20
1	418.55	418.55
2	4.20	8.40
1	55.75	55.75
1	138.50	138.50
1	966.65	966.65
1	25.75	25.75
1	626.30	626.30
10	3.75	37.50
1	421.65	421.65
1	55.50	55.50
1	79.55	79.55
1	214.60	214.60
1	128.80	128.80
1	63.45	63.45
1	20.95	20.95
1	60.65	60.65
1	60.65	60.65
1	131.75	131.75
1	71.60	71.60
1	37.75	37.75
1	37.75	37.75
1	367.10	367.10
1	367.10	367.10
1	304.60	304.60
1	304.60	304.60
1	27.45	27.45

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ESTIMATE

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Date Estimated : 16/06/2020
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Page No. : 3 of 6

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKV341U	WBA1V720005C06871	27/08/2015	116d	0

DESCRIPTION

DECOUPLING RING PDC TORQUE CONVERTE *ne*
PDC SENSOR MINERALWEISS (A96) *dis*
BMW ADVANCED CAR EYE 2.0 (BASIS) *MIS*
BLIND RIVET AVIBVLB *ne*
BLIND RIVET AVIBVLB *ne*
SCREW (SF PLUS M5X15) *ne*
SCREW (SF PLUS M5X15) *ne*
(DG/SL) BODY ADHESIVE K5B (195ML) *ne*
PUNCH RIVET N5 *he*
(DG) BODYWORK ADHESIVE K5A (50ML) *ne*
BLIND RIVET N6 *ne*
(DG) CLEANER R1 (100ML) *ne*
(DG) CLEANER R1 (100ML) *ne*
(DG) CLEANER R1 (100ML) *ne*
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) *ne*
(DG/SL) ADHESIVE SET K6 *ne*
PUNCH RIVET N4 *ne*
(DG/SL)ADHESIVE PRIMER VP 206 (30ML) *ne*
(S/L) SEAM SEAL 300ML *ne*
(S/L) SEAM SEAL 300ML *ne*

QTY	PRIC	VALUE
4	5.10	20.40
2	370.00	740.00
1	837.20	837.20
8	0.55	4.40
24	0.55	13.20
5	0.55	2.75
12	0.55	6.60
1	331.80	331.80
8	0.55	4.40
1	114.45	114.45
7	0.55	3.85
1	26.15	26.15
1	26.15	26.15
1	26.15	26.15
2	131.55	263.10
1	53.05	53.05
12	0.55	6.60
1	27.85	27.85
1	33.80	33.80
1	33.80	33.80

Total Parts : 10,298.30

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

Reg No. _____ Claim No. _____
Date & Time 16/06/2020 21:00 Excess S\$ _____
Surveyor's Name Rohail Sign _____
Surveyor's Tel 900 000 68 Authorised Yes / No _____
Authorised Date _____ Time _____
REQUIRE PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No
Surveyor's E-mail _____

Working Days Recommend 20 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(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Labour 1	:	24,710.00
Parts	:	10,298.30
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	2,450.58
Grand Total	:	37,458.88

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

37599.74

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	11/06/2020 10:02
Date Of Accident	10/06/2020 19:05
Exact Location Of Accident	JUNCTION AT LENTOR AVE AND YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV341U
Insured/Policyholder	
Name Of Registered Owner	LI JIAN
NRIC No	SXXXX569E
Email Address	RICHARD.JIAN.LI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97806819
Alternative Phone No	OTHERS-97806819

Vehicle Particulars

Manufacturer	BMW
Model	116D
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10073652R01
Cover Note Number	

Driver

Name of Driver	LI JIAN
NRIC No	SXXXX569E
Date Of Birth	31/10/1962
Occupation	INDOOR
Date Of Driving Pass	22/11/2005
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97806819
Fax Number	
Contact Number	OTHERS-97806819
EMail Address	RICHARD.JIAN.LI@HOTMAIL.COM

520 MILTONIA CLOSE #05-02
768104
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 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
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? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SKS9790M
Vehicle Make/Model/Colour NISSAN GREY COLOUR VAN
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MAHMOD BIN MOHD YAHYA
NRIC/Passport Number SXXXX260Z
Contact Number 91087334
Address
Postcode
Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage FRONT
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.
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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.

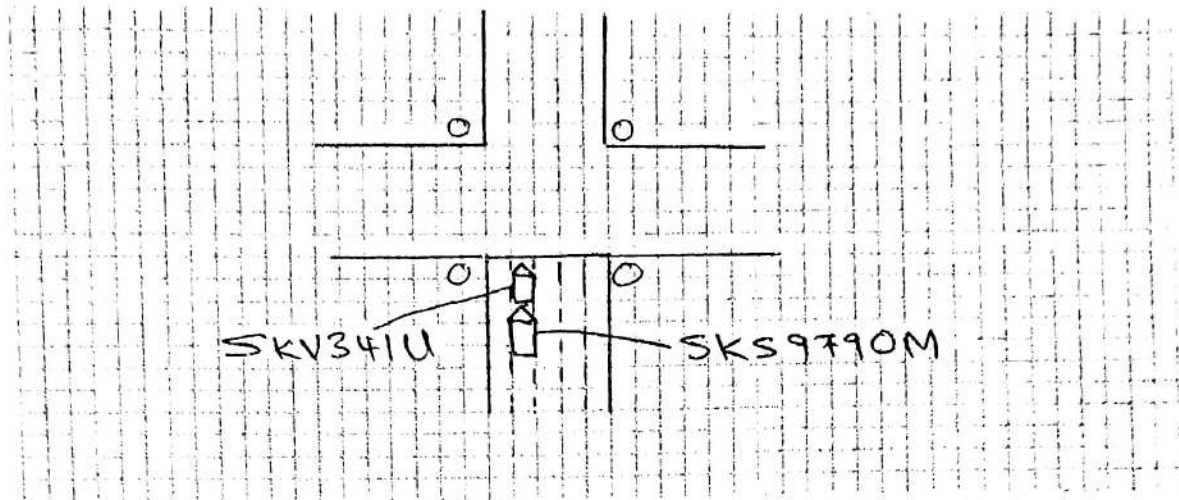

Policyholder's Signature
Date & Time: 11-JUN-20 8:40

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


Reporting Centre Person's Signature
Name: Iniran A/T. Prasanna
303 Alexandra Road
NRIC/FIN No: Sime Darby Performance Centre
Singapore 159941

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10-JUN-20, I was travelling along Mandai road at about 19:05. Reaching Junction with Yishun Ave 2, traffic light turn red. I stopped my vehicle before the stop line. Subsequently, a Van collided my vehicle back.

DECLARATION

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

Policyholder's Signature 11-JUN-20
Date & Time: 8:40

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

Reporting Centre Representative Signature
Name: Indiran A/L Thurasamy
NRIC/FIN No: 203 Alexandra Road
Daisy Performance Centre
Singapore 169921

ov.sg/Ita/vrl/action/enquireRebateByPublicBeforeDeregInput?FUNCTION_ID=F030

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Singapore NRIC

Owner ID: 569E

Vehicle No.: SKV341U

Vehicle to be Exported: No

Intended Deregistration Date: 16 Jun 2020

Vehicle Make: B.M.W.

Vehicle Model: 116D 5DR HATCHBACK DSC LED

Primary Colour: White

Manufacturing Year: 2015

Engine No.: 37609296B37D15A

Chassis No.: WBA1V720005C06871

Maximum Power Output: 85.0 kW (113 bhp)

Open Market Value: \$24,003.00

Original Registration Date: 27 Aug 2015

First Registration Date: 27 Aug 2015

Transfer Count: 0

Actual ARF Paid: \$10,605.00

PARF Eligibility Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 26 Aug 2025

PARF Rebate Amount: \$7,953.00

COE Rebate Details

COE Expiry Date: 26 Aug 2025

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$57,498.00

COE Rebate Amount: \$29,861.00

Total Rebate Amount: \$37,814.00

The information contained herein is correct as at 16 Jun 2020

OK

White

