

ASS. REC. BY:

REF:

AGZ / 2000 7307/Kt

Kenneth

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

1-2 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

No Key to open door.

lumpsum \$1750. 2 working days.
Red: 1410.44%

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format:

Lump Sum / I.B.I. (\$

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Veh No:

SMD 8800E Yr Regn: 07.18

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

Truck / Trailer or

Make:

BMW X3

c.c.

1998

Colour:

M. Black

A/C:

Insured / Std / Nil / NA

Sp. Reading

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

WBA TR 120002 C 94116

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

245/50R19

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.

24/3/20

D.O.I.

20/7/2020

Survey held at

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

Frt O/S door mirror

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

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

MBM WHEELPOWER PTE LTD

Your Ref: SGV472Y
Our Ref: SMD8800E



To: General Insurance (Singapore) Pte Ltd

CC

Fax

Date: 6/7/2020
From: Eryx Tan
Fax: 64525333
Contact: 81387188
Make / Model: B.M.W. X3 SDRIVE20I
Chassis No.: WBATR12000LC94116
Engine No.: 11515184B48B20A
Year of Make: 2018
Accident Date: 27/3/2020

ESTIMATE FOR VEHICLE NO.: SMD8800E

DESCRIPTION	PART NO.	QTY	List Price
1 SIDE MIRROR FRAME LH		1 \$	2,100.00 ?
2 SIDE MIRROR COVER LH		1 \$	60 / 100 350.00 ✓
3 SIDE MIRROR GLASS LH		1 \$	50 450.00 X
Parts List Total: \$			2,900.00
Less 10% : \$			290.00
			\$ 2,610.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS.
TO SPRAY PAINT ON THE AFFECTED AREAS
TO RESET ENGINE WARNING LIGHT (ABS,SRS,ECU MEMORY & ETC)

\$ 200.00 ?
\$ 200.00 60L
\$ 150.00 ?

Total: \$ 3,160.00
7% GST: \$ 221.20
Grand Total: \$ 3,381.20

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:

Mbm wheelpower pte ltd
160 SIN MING DRIVE #06-02
SIN MING AUTOCITY
t 62628888 f 64525333
Company Registration Number : 200204110V

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 Authorized 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 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 to the records 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 lodging 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 as needed.

ACCIDENT STATEMENT

Date Of Report 30/03/2020 17:42
Date Of Accident 27/03/2020 13:35
Exact Location Of Accident BLACKMORE DRIVE
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD8800E
Insured/Policyholder
Name Of Registered Owner CHAN GHEE SENG ALAN
NRIC No SXXXX251G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90117195
Alternative Phone No OFFICE-90117195

Vehicle Particulars

Manufacturer BMW
Model X3-2.0 XDRIVE20I (A)

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

Insurance Company

Name of Insurance Company QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 8-V0023206-MVA
Cover Note Number

Driver

Name of Driver CHONG YUEN JEAN
NRIC No SXXXX035G
Date Of Birth 25/05/1970
Occupation INDOOR
Date Of Driving Pass 17/05/1999
Driving Experience 20 YEARS AND 10 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-90117195
Fax Number
Contact Number
Email Address NOEMAIL

Address 3E BRIGHT HILL CRESCENT
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?
Was any other material or property damaged? NO
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? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE HEADQUARTERS
Police Station Address ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

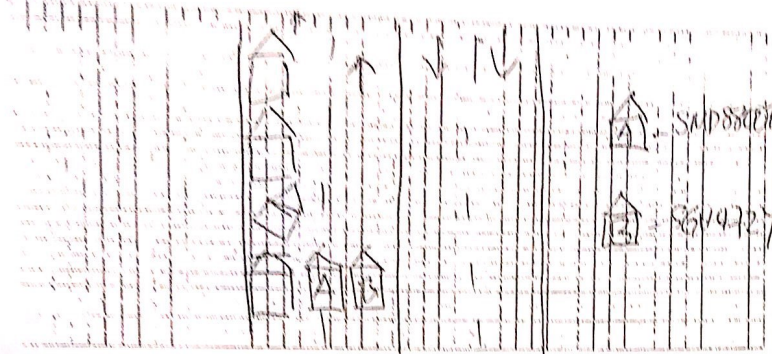
Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGV472Y
Vehicle Make/Model/Colour LEXUS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was school pick up time, there were many cars stopping by the side of the road waiting to pick up the students. I was waiting for a car who was exiting its parking spot at the side of the road when another car speeded past me and swiped my side view mirror with a banging sound. The car then slowed down after realising but proceeded to drive off without exchanging contact or information. I have video footage of the car speeding by. The said car is a silver Lexus car plate number SGV472Y.

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/IN No.:

GLAPAC SketchPlanForm_V3

2