

ASS. REC. BY: Pan

REF:

CS/CTI 20009010/R1P3

O/LM

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMP 51614at Workshop m/s PERFORMANCEof 303, Alexandra LnInsured: CTI

Policy No. _____

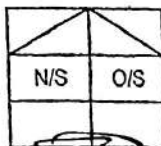
Claims No. _____

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: 123k

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: SMP 51614 Yr Regn: 2019 / SEP

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

Truck / Trailer or _____

Make: B.M.W X1 501IVE 18166 c.c. 1499Colour: GREY A/C: Insured / Std / NI / NASp. Reading: 08780 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA3G120405N81554

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55R17

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 21/08/2020D.O.I. 14/09/2020Survey 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
	Finalised amount of \$ 7,497.65 / 5 days of repair is confirmed (Red: 3616.39;32%)

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 5☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

Rep. Format: _____

Lump Sum / L.B. (\$ 7497.65)

Mon 14/09 @ 10am

SMP5161Y

S/R.

BMW Dealer

Performance Motors Limited

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

24 AUG 2020

ESTIMATE

Page No. : 1 of 5

Estimate No. : b1 55838
Date Estimated : 24/08/2020
Prepared By : Han Kwan Yong

- ESTIMATE REPAIR FOR -
Mate Oil International Pte Ltd
15 Enggor Street
#07-04 Realty Centre
Singapore
Singapore 079716

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMP5161Y	WBAJG120405N81554	30/09/2019	X1 sDrive18i	0

DESCRIPTION

To replace rear bumper, boot lid including to knock out
dented area caused by the accident

VALUE
1700 2,550.00

To respray rear bumper and boot lid

1805 2,006.00

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

1000 118.00

To remove and install rear windscreen glass to transfer
from old to new boot lid

676.00

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

150 177.00

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

150 177.00

Sundries

? 150.00

Total Labour 1: 6,385.00

DESCRIPTION

BOOTLID ✓ ✓

QTY PRIC

VALUE

1 1,236.65

1,236.65

RR BUMPER CARRIER

1 496.35

496.35

REAR BUMPER TRIM PANEL BOTTOM (BASI de ✓

1 206.85

206.85

MOUNTING SMART OPENER ?

1 45.55

45.55

RR BUMPER LH CORNER MOUNTING ?

1 142.65

142.65

RR BUMPER RH CORNER MOUNTING ?

1 142.65

142.65

REAR BUMPER PANEL PRIMED repair

1 903.40

903.40

REAR BUMPER MIDDLE TRIM PANE sc ✓

1 265.65

265.65

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559W GST Reg. No M2-0020081-X
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GST REG. NO : M2 - 0020081 - X

ESTIMATE

Page No. : 2 of 5

Estimate No. : b1 55838
Date Estimated : 24/08/2020
Prepared By : Han Kwan Yong

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMP5161Y	WBAJG120405N81554	30/09/2019	X1 sDrive18i	0

DESCRIPTION	QTY	PRIC	VALUE
EMBLEM GROMMET <i>new</i> ✓	2	0.85	1.70
BMW PLAQUE WITH ADHESIVE FILM ? ✓	1	71.60	71.60
LETTERING X1 <i>new</i> ✓	1	64.45	64.45
BUMP STOP ?	10	3.75	37.50
# REAR BUMPER HEAT INSULATION ?	1	69.85	69.85
(DG) CLEANER R1 (100ML) <i>new</i> ✓	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) <i>new</i> ✓	2	131.55	263.10
(DG/SL)ADHESIVE PRIMER VP 206 (30ML) <i>new</i> ✓	1	27.85	27.85
Total Parts :			4,001.95

Claims OD / 2nd Party / Uninsured losses / Direct Settlement

Regn No _____ Claim No. _____

Date & Time 14/09/2020 P1055 Excess S\$ _____

Surveyor's Name Rasul Sign _____

Surveyor's Tel 90010068 Authorised Yes / No _____

Authorised Date _____ Time _____

RESURVEY PARTS PHOTO BY SURVEYOR Yes / No _____ PML Yes / No _____

Surveyor's E-mail _____

No. of Working Days Recommend 5 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: _____

Date: _____



Labour 1	:	6,385.00
Parts	:	4,001.95
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	727.09
Grand Total	:	11,114.04

** 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 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	24/08/2020 08:47
Date Of Accident	21/08/2020 18:15
Exact Location Of Accident	NEAR KING ALBERT PARK BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SMP5161Y
Insured/Policyholder	
Name Of Registered Owner	MATE OIL INTERNATIONAL PTE LTD
Co Reg No	2XXXXX012M
Email Address	LEO@MATEOIL.CO.KR
Mobile Phone No	(LOCAL) +65-81811144
Alternative Phone No	OFFICE-81811144

Vehicle Particulars

Manufacturer	BMW
Model	X1 SDRIVE 18I LED NAV
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA505900/1
Cover Note Number	

Driver

Name of Driver	PARK CHOONG SHIK
NRIC No	GXXXX604X
Date Of Birth	05/06/1971
Occupation	INDOOR
Date Of Driving Pass	24/07/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81811144
Fax Number	
Contact Number	

Address
Postcode

900 DUNEARN ROAD #07-19
589473

Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
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
Remarks/ Reasons: FILE TOO BIG, BURN CD
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SQ7S
Vehicle Make/Model/Colour MERCEDES ML 400 WHITE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver HUANG MEI HWEI
NRIC/Passport Number SXXXX062I
Contact Number 97421177
Address
Postcode
Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage
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.
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.
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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:

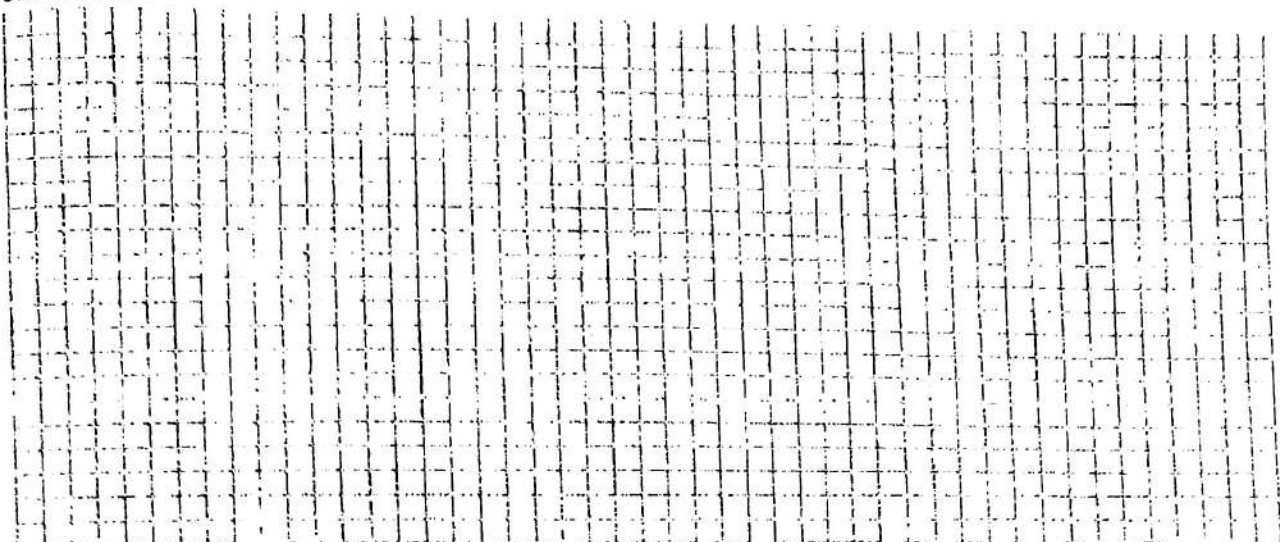
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
22/08/2020


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting traffic light following car in front of me.

Suddenly the car behind me hit my back of car.

After a while, I got off and checked, and the car behind me hit my car and stuck to each other

DECLARATION

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

x 

Policyholder's Signature
Date & Time:

Policyholder's Name:

x 

Driver's Signature
(If driver is not the policyholder)

Date & Time:

22/08/2020



Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	012M
Vehicle No.:	SMP5161Y
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Sep 2020
Vehicle Make:	B.M.W.
Vehicle Model:	X1 SDRIVE18I LED NAV
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	41015740B38B15A
Chassis No.:	WBAJG120405N81554
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$35,726.00
Original Registration Date:	30 Sep 2019
First Registration Date:	30 Sep 2019
Transfer Count:	0
Actual ARF Paid:	\$42,017.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2029
PARF Rebate Amount:	\$31,512.00
Intended COE Rebate Details	
COE Expiry Date:	29 Sep 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$40,000.00
COE Rebate Amount:	\$33,454.00
Total Rebate Amount:	\$64,966.00

The information contained herein is correct as at 14 Sep 2020

OK

Grey

BMW X1 sDrive18i

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price **\$123,800**

Depreciation ⓘ **\$11,470 /yr** **Reg Date** **29-Aug-2019**
View models with similar depre (8yrs 11mths 14days COE left)

Mileage **4,900 km (4.7k /yr)** **Manufactured ⓘ** **2019**

Road Tax ⓘ **\$684 /yr** **Transmission** **Auto**

Dereg Value ⓘ **\$63,395 as of today (change)** **OMV ⓘ** **\$35,726**

COE ⓘ **\$40,512** **ARF ⓘ** **\$42,017**

Engine Cap **1,499 cc** **Power** **103.0 kW (138 bhp)**

Curb Weight ⓘ **1,430 kg** **No. of Owners ⓘ** **2**

Type of Vehicle **SUV**

Features

Powerful Twin Power Turbo Engine,138 Bhp, 220 Nm Of Torque.Top Speed 200KM/H Front Wheel Drive, 8 Airbags,Multi Steering Control, Keyless Entry/Start. View specs of the BMW X1

Accessories

17" Sports Rims, Bluetooth, Premium Black Leather Trim, Reverse Camera, Factory Multi Media, Navigation, LED Day Running Lights, Rear Aircon.

D