

ASS. REC. BY: Steve

REF: CS/INC 20909260/ETF3

**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: \_\_\_\_\_

Veh No: SCJ 290R Yr Regn: 28/2/11  
 Type: (M.Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Tractor or  
 Make: BMW 523i c.c. 2497  
 Colour: white A/C: Insured / Std / Nil / NA  
 Sp. Reading: 205672 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WB AFP 3200 DC 864 031  
 Gen. Cond: Good (Ful) / 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: 215/50R17  
 R: 11

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 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

<del>N/S</del>	<del>O/S</del>

(BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or  
 Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 29/8/20 D.O.I. 1/9/20  
 Survey held at ZERO GRAVITY  
 Des. 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
	<u>MV- 29,000</u>
	<u>PV- 22,822</u>
	<u>NV- 6178</u>
We accepted this offer : \$7000 (L/S, before GST) and 9 repair days. (red: 15801.18;69%)	

Date/Time, File Pass to?  : Prell. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 9  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weat/and (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
S + RS	\$ _____
Prints	
Others	
TOTAL	

Rep. Formed: \_\_\_\_\_  
 Lump Sum / E.A. / \$ 7000



# ZERO GRAVITY

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921  
 Tel: +65 67412845 Fax No: +65 67412170  
 Email: zero\_gravity@singnet.com.sg  
 Reg.No.: 5288887X

## QUOTATION

No : QT-000224

NTUC INCOME INSURANCE COOPERATIVE LIMITED

75 BRAS BASAH ROAD

NTUC INCOME CENTRE  
 SINGAPORE 189557

Attention: Motor Claim Department

TEL : 63462663

FAX : 63381500

Your Ref. : SJN3810S  
 Vehicle No. : SCJ290R  
 Make & Model : BMW 523I  
 Chasis No. : WBAFP32000C864031  
 Engine No. : 08787680N52B25AF  
 Accident Date : 29/08/2020  
 Policy No. : B300272470SMP  
 Date : 31/08/2020  
 Page : 1 of 3

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price S\$	Amount S\$
1	FRONT BUMPER / DEF	1.0	1,265.00	1,265.00
2	FRONT BUMPER SPONGE (CENTER) ?	1.0	60.50	60.50
3	FRONT BUMPER REINFORCEMENT ?	1.0	682.00	682.00
4	FRONT GRILLE / CUT	2.0	146.30	292.60
5	FRONT GRILLE (INNER GARNISH) ?	2.0	396.00	792.00
6	BUMPER BEAM SCREW/INNER CLIPS SET ?	2.0	80.00	160.00
7	FRONT BUMPER GRILLE (BOTTOM) X	1.0	75.80	75.80
8	FRONT BUMPER GRILLE (BOTTOM AIR GARNISH) X	1.0	148.00	148.00
9	SENSOR (FRONT BUMPER) (CENTER) / Shaded	1 2.0	329.00	658.00
10	HEADLIGHT (L/H) / BR	1.0	1,375.00	1,375.00
11	HEADLIGHT CONTROL UNIT (L/H/F) X	1.0	840.00	840.00
12	HEADLIGHT (TOP RUBBER) X	2.0	36.30	72.60
13	HEADLIGHT LOWER BRACKET (L/H) ?	1.0	154.00	154.00
14	REAR BUMPER / BR	1.0	1,560.50	1,560.50
15	REAR BUMPER REINFORCEMENT ?	1.0	421.20	421.20
16	BUMPER HOOK COVER / MIS	1.0	19.60	19.60
17	REAR BUMPER REFLECTOR (L/H) ?	1.0	21.00	21.00
18	REAR BUMPER REFLECTOR (R/H) X	1.0	21.00	21.00
19	BUMPER SIDE RETAINER (L/H/R) / BR	1.0	151.40	151.40
20	BUMPER SIDE RETAINER (R/H/R) / BR	1.0	151.40	151.40
21	REAR BUMPER TOP RETAINER ?	1.0	84.00	84.00
22	REVERSE SENSOR / Shaded	3.0	291.70	875.10
23	REAR BOOT / OD	1.0	1,700.00	1,700.00
24	REAR BOOT STOPPER BUSH X	2.0	22.00	44.00
25	LOGO / MK	1.0	64.00	64.00
26	EMBLEM "523I" / MK	1.0	88.00	88.00



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NTUC INCOME CENTRE

SINGAPORE 189557

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FAX : 63381500

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 Page : 2 of 3

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Item	Description	Qty	U/ Price S\$	Amount S\$
27	LAMP (L/H/R) (LH) ?	1.0	PCS 630.00	630.00
28	LAMP (R/H/R) X	1.0	PCS 630.00	630.00
29	LAMP (REAR) X	2.0	PCS 560.00	1,120.00
30	REAR END PANEL ?	1.0	PCS 619.00	619.00
31	REAR END PANEL GARNISH ?	1.0	PCS 59.00	59.00
32	REAR BOOT WEATHERSTRIP ?	1.0	PCS 97.00	97.00
33	REAR BOOT INNER LOCK / BT	1.0	PCS 199.00	199.00
34	SUNDRIES / APC	1.0	SET 30 120.00	120.00
35	AIR BAG (HEAD RESTRAINT) / Damaged	2.0	PCS 305.00	610.00
36	CONTROL UNIT (AIR BAG) X	1.0	PCS 1,245.60	1,245.60
37	EXHAUST TAIL PIPE (CHROME) / CUT	2.0	PCS 220.00	440.00
38	EXHAUST MUFFLER X	1.0	PCS 1,625.00	1,625.00
39	REAR BOTTOM DEFUSER (UNDER COVER) ?	1.0	PCS 293.10	293.10
40	Discount 5 %			-973.22
41	SubTotal (L)			18,491.18
42	FRONT NUMBER PLATE / CUT	1.0	PCS 35.00	35.00
43	REAR NUMBER PLATE CUT /	1.0	PCS 35.00	35.00
44	REAR END PANEL SEALANT ?	1.0	BTL 50.00	50.00
45	SubTotal (S)			120.00
46	PANEL BEAT & REPAIR FRONT DAMAGE	1.0	X 300	500.00
47	PANEL BEAT & REPAIR REAR DAMAGE	1.0	X 600	1,000.00
48	TO PUTTY AND RE-SPRAY AFFECTED PORTION	1.0	X 900	1,200.00
49	TO PROVIDE UNDER TURFCOAT	1.0	X 50	280.00
50	TO CHECK WIRING SYSTEM, FOCUS LIGHTINGS	1.0	X 30	80.00
51	TO REMOVE AND REFIT COMPONENTS / FACILITATE THE REPAIR	1.0	X 80	250.00
52	TO REMOVE BUMPER / REVERSE SENSOR	1.0	X 30	150.00



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 Engine No. : 08787680N52B25AF  
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 Page : 3 of 3

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price S\$	Amount S\$
53	TO TRANSFER REAR BOOT FITTING	1.0 X	50	180.00
54	CONTROL UNIT ADAPTATION AND REPROGRAMMING (AIR BAG)	1.0 X	150	350.00
55	TO REMOVE AND REPLACE DAMAGED EXHAUST SYSTEM	1.0 X	50	120.00
56	TO CHECK WIRING SYSTEM & ENSURE FUNCTION OF COMPONENT	1.0 X	X	80.00
57	SubTotal (LABOUR)			4,190.00

Steve (LKK)  
 8322 8813

with P/L  
 11/9/20, 11.00CL  
 8 days  
 L/S  
 By AL SMY

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

EIGHTEEN ONLY

Acknowledged by Repairer

Signature: & O.E.

Date:

TWO THOUSAND EIGHT HUNDRED ONE AND CENTS

Total	S\$	22,801.18
Discount	S\$	0.00
Net Total	S\$	22,801.18

Terms: C.O.D.

Customer's Signature/Co. Stamp

ZERO GRAVITY

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise it is assumed that this bill is accepted as correct.

### 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	29/08/2020 17:02
Date Of Accident	29/08/2020 11:00
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ290R
Name Of Registered Owner	MOHAN S/O SHANMUGAM
NRIC No	SXXXX408Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96404629
Alternative Phone No	OFFICE-96404629
Vehicle Particulars	
Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B300272470SMP
Cover Note Number	
Driver	
Name of Driver	MOHAN S/O SHANMUGAM
NRIC No	SXXXX408Z
Date Of Birth	28/02/1956
Occupation	INDOOR
Date Of Driving Pass	21/09/1981
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96404629
Fax Number	
Contact Number	OFFICE-96404629
Email Address	NOEMAIL

Insurance Co.  
 Nature Of Damage  
 No. Of Passengers  
 Vehicle No.

Address 29 HARVEY AVENUE  
 Postcode 489506  
 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 CHAIN COLLISION  
 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 3  
 Was any body injured in the Accident? YES  
 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) 3

Passenger 1 NAME: : CHNG SOO KIANG  
 GENDER: : FEMALE  
 Passenger 2 NAME: : -  
 GENDER: : MALE

**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 STATEMENT.

**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**

Vehicle Registration Number SJN3810S  
 Vehicle Make/Model/Colour TOYOTA ESTIMA  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver ONG ZIXIAN  
 NRIC/Passport Number SXXXX052A  
 Contact Number 91523548  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKX4385G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHNG SOO KIANG

Approximate Age

Injuries Sustain NECK, CHEST & BACK

Injured person in which vehicle? SCJ290R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

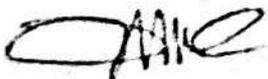
### IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be  truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 interested companies.
5. Any false statements may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Reports 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 my 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.

### 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 purposes 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;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

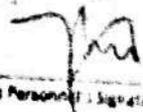
Date & Time:

29.08.20

Driver's Signature

(If driver is not the policyholder)

Date & Time:



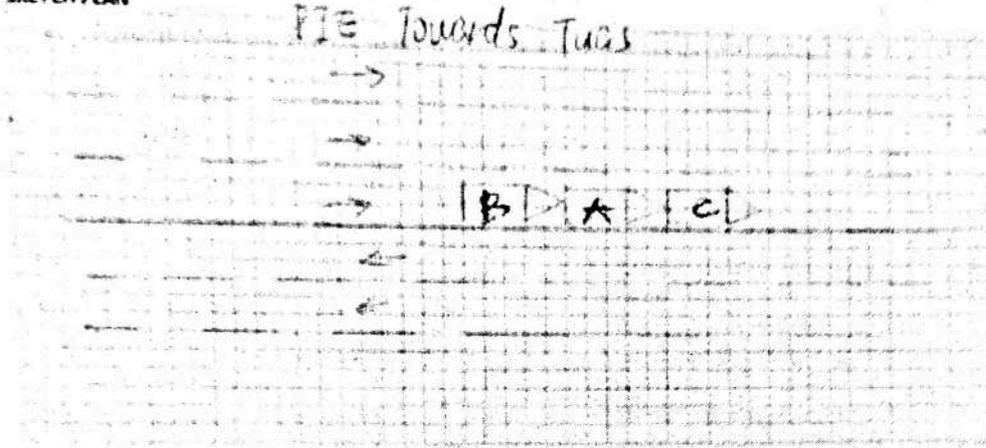
Reporting Centre Person's Signature

Name

NRIC # (if any)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Tuas Traffic was heavy. Car in front of me slow down, I slow down my vehicle too. Suddenly Vehicle B (SJM 3810 S) hit onto my rear, causing my vehicle to roll forward and hit onto vehicle C (SKX 4385 G)

Vehicle A : SS 290 P  
 Vehicle B : SJM 3810 S  
 Vehicle C : SKX 4385 G

DECLARATION

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

Policyholder's signature  
 Date & Time

20/08/20

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

Reporting Centre Representative's signature  
 Name  
 NRIC/Pass No.