

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

N/S	O/S
N/S	O/S

(B) 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: (F) / (R) / 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>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Rep. Formed : _____
 Lump Sum / L.E. : _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weat/Incl (\$)
 Survey Fee: _____
 Transportation: _____
 S + RS: _____ \$
 Fuel: _____
 Other: _____
 TOTAL: _____



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) / Shuted	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 / Shuted	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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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
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			S\$	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 TURF COAT	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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 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 SKY

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 #

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

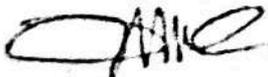
IMPORTANT NOTICE

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 correct and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind its 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.
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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 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

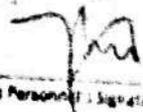
Date & Time:

29.08.20

Driver's Signature

(If driver is not the policyholder)

Date & Time:



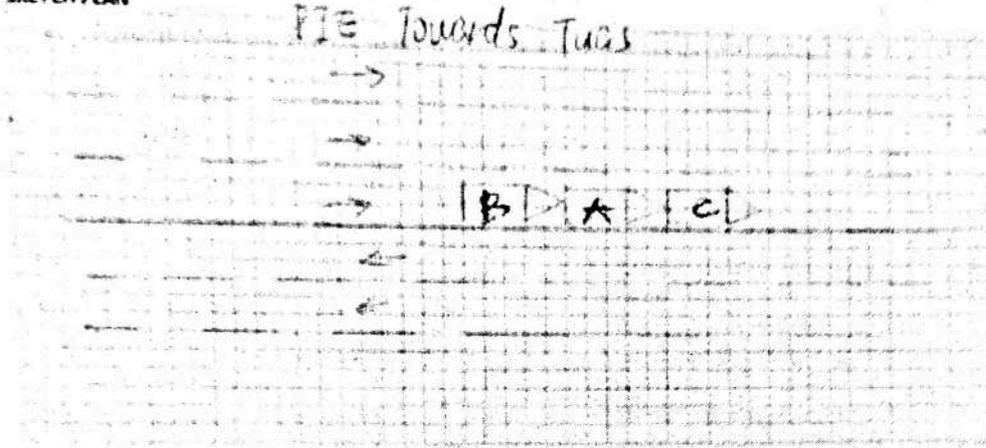
Reporting Centre Person's Signature

Name

NRIC # (if any)

Accident Sketch Plan

SKETCH PLAN



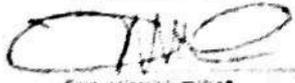
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards TUGS 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 : SJ 290 R
 Vehicle B : SJM 3810 S
 Vehicle C : SKX 4385 G

DECLARATION

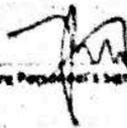
I/We declare the foregoing particulars are true in every respect.



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
NIC/PIN No.