

ASS. REC. BY: TaylorREF: 13/CT121001316/Titab.**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. _____

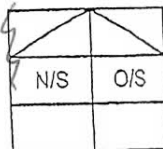
Claims No. _____

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: 843K

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: John

Vehicle: IN / OUT

Veh No: SLT 6033T Yr Regn: 2011 / Nov.Type: M.Cer / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 523i C.C. 2497Colour: Black A/C: Insured / Std / NI / NASp. Reading: 132 936 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAEP32010C868257

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/45R18R: 4 -

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. _____ D.O.I. 29/1/21Survey held at AP Automotive

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

N/S Frt, U/C

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.A. /

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Estimation

Date
 Vehicle SLT 6033 T
 Make/Model BMW 523I
 Chassis No.

| No. | Description | Unit | Unit Price | Amount |
|-----|------------------------------------|------|-------------|---------------------------------|
| | Parts Replacment | | | |
| 1 | BONNET | 1 | \$ 2,789.55 | \$ 2,789.55 2,789.55 |
| 2 | BONNET LOCK | 1 | \$ 421.23 | \$ 421.23 421.23 |
| 3 | BONNET LOCK CATCH | 1 | \$ 194.95 | \$ 194.95 194.95 |
| 4 | BONNET HINGE SET | 2 | \$ 265.21 | \$ 530.42 530.42 |
| 5 | HEADLAMP LH | 1 | \$ 4,224.62 | \$ 4,224.62 4,224.62 |
| 6 | HEADLAMP BALLAST LH | 1 | | \$ X - |
| 7 | HEADLAMP LOWER BRACKET LH | 1 | \$ 321.24 | \$ 321.24 321.24 |
| 8 | HEADLAMP NOZZLE LH | 1 | \$ 309.70 | \$ 309.70 309.70 |
| 9 | FRONT BUMPER | 1 | \$ 1,652.56 | \$ 1,652.56 1,652.56 |
| 10 | FRONT BUMPER LOGO - BMW | 1 | \$ 110.00 | \$ 110.00 110.00 |
| 11 | FRONT BUMPER FOG LAMP LH | 1 | | \$ X - |
| 12 | FRONT BUMPER FOG LAMP GARNISH | 1 | | \$ X - |
| 13 | FRONT BUMPER GRILLE WITH FRAME L+R | 2 | \$ 176.45 | \$ 352.90 352.90 |
| 14 | FRONT BUMPER GRILLE INNER BRACKET | 1 | \$ 42.20 | \$ 42.20 42.20 |
| 15 | FRONT BUMPER GRILLE FAN WITH MOTOR | 1 | \$ 420.25 | \$ 420.25 420.25 |
| 16 | FRONT BUMPER SENSOR SET | 1 | \$ 265.43 | \$ 265.43 1,061.72 |
| 17 | FRONT BUMPER RETAINER LH | 1 | \$ 101.76 | \$ 101.76 101.76 |
| 18 | FRONT BUMPER REINFORCEMENT BAR | 1 | \$ 795.13 | \$ 795.13 795.13 |
| 19 | FRONT BUMPER LOWER BRACKET | 1 | \$ 271.25 | \$ 271.25 271.25 |
| 20 | FRONT BUMPER SPONGE | 1 | \$ 169.89 | \$ 169.89 169.89 |
| 21 | FRONT BUMPER UNDERCOVER | 1 | \$ 248.78 | \$ 248.78 248.78 |
| 22 | FRONT FENDER LH | 1 | \$ 897.90 | \$ 897.90 897.90 |
| 23 | FRONT FENDER COWLING LH | 1 | \$ 181.15 | \$ 181.15 181.15 |
| 24 | FRONT SUPPORT PANEL | 1 | \$ 634.87 | \$ 634.87 634.87 |
| 25 | FRONT SUPPORT PANEL TOP GARNISH | 1 | \$ 203.61 | \$ 203.61 203.61 |
| 26 | FRONT AIR GUIDE LH | 1 | \$ 197.75 | \$ 197.75 197.75 |
| 27 | FRONT AIR GUIDE CENTER | 1 | \$ 207.35 | \$ 207.35 207.35 |
| 28 | FRONT DOOR LH | 1 | | \$? - |
| 29 | FRONT DOOR SIDE MIRROR ASSY LH | 1 | | \$? - |
| 30 | FRONT DOOR SIDE MIRROR COVER LH | 1 | | \$? - |
| 31 | FRONT ABSORBER LH | 1 | | \$ X - |
| 32 | FRONT LOWER ARM LH | 1 | | \$ X - |
| 33 | FRONT KNUCKLE ARM LH | 1 | | \$? - |
| 34 | FRONT KNUCKLE BEARING LH | 1 | | \$? - |
| 35 | FRONT BEARING HUB LH | 1 | | \$ X - |
| 36 | FRONT RIM LH | 1 | | \$? - |
| | | | Less 5% | |

| | | | | | |
|--|--|--|--------------|----|------------------|
| | | | Total | \$ | 11,399.55 |
|--|--|--|--------------|----|------------------|

| | S/Nett Items | | | | |
|---|---------------------------------------|---|--------------|----------|-------------------------|
| 1 | FRONT BUMPER CLIPS | 1 | \$ | 100.00 | \$ <i>30 net</i> 100.00 |
| 2 | FRONT FENDER COWLING CLIPS | 1 | \$ | 100.00 | \$ <i>none</i> 100.00 |
| 3 | FRONT SUPPORT PANEL TOP GARNISH CLIPS | 1 | \$ | 100.00 | \$ <i>X</i> 100.00 |
| 4 | FRONT TYRE LH | 1 | \$ | 1,000.00 | \$ <i>K</i> 1,000.00 |
| | | | Total | \$ | 1,000.00 |

| | LABOUR | | | | |
|----|--|---|--------------|---------------------|-----------------|
| 1 | PANEL BEATING ON AFFECTED AREAS | 1 | 1500 | \$ <i>700</i> | 1,500.00 |
| 2 | SPRAY PAINT ON AFFECTED AREAS | 1 | 1500 | \$ <i>800</i> | 1,500.00 |
| 3 | TO CHECK WIRING AND HEADLAMP FOCUS | 1 | 150 | \$ <i>30</i> | 150.00 |
| 4 | TO CHECK WIRING AND FOG LAMP FUNCTION | 1 | 150 | \$ <i>X</i> | 150.00 |
| 5 | TO CHECK WHEEL ALIGNMENT AND ADJUST | 1 | 250 | \$ <i>80</i> | 250.00 |
| 6 | TO RNR UNDERCARRIAGE | 1 | 250 | \$ <i>100? plus</i> | 250.00 |
| 7 | TO CHECK WHEEL BALANCING | 1 | 250 | \$ <i>30</i> | 250.00 |
| 8 | TO RNR INNER TRIMS AND UPHOISTERY | 1 | 400 | \$ <i>X</i> | 400.00 |
| 9 | TO CHECK WATER LEAK | 1 | 150 | \$ <i>X</i> | 150.00 |
| 10 | TO PERFORM DIAGNOSTIC AND CLEAR FAULTS | 1 | 1200 | \$ <i>120</i> | 1,200.00 |
| 11 | TO PERFORM RUST PROOFING | 1 | 400 | \$ <i>30</i> | 400.00 |
| 12 | TO RNR FRONT SENSOR AND CHECK FUNCTION | 1 | 400 | \$ <i>30</i> | 400.00 |
| | | | Total | \$ | 6,600.00 |

| | | |
|---------------------------------|----|------------------|
| Parts Replacement Amount | \$ | 12,399.55 |
| Total Amount For Labour | \$ | 6,600.00 |
| Total Amount | \$ | 18,999.55 |

Taufik 97495749
 'wp' 28/1/21 @ 6pm
 4/5 Resurvey after repair
 Taufik @ Iskandar
 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|-------------------------------|
| Owner ID Type: | Foreign Identification Number |
| Owner ID: | 120W |

Vehicle Details

| | |
|-------------------------------|--------------------|
| Vehicle No.: | SLT6033T |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 31 Jan 2021 |
| Vehicle Make: | B.M.W. |
| Vehicle Model: | 523I A |
| Primary Colour: | Black |
| Manufacturing Year: | 2011 |
| Engine No.: | 08637877N52B25AF |
| Chassis No.: | WBAFP32010C868251 |
| Maximum Power Output: | 150.0 kW (201 bhp) |
| Open Market Value: | \$46,334.00 |
| Original Registration Date: | 21 Nov 2011 |
| First Registration Date: | 21 Nov 2011 |
| Transfer Count: | 3 |
| Actual ARF Paid: | \$46,334.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 20 Nov 2021 |
| PARF Rebate Amount: | \$23,167.00 |

Intended COE Rebate Details

| | |
|-----------------------------|--------------------------|
| COE Expiry Date: | 20 Nov 2021 |
| COE Category: | B - Car (1601cc & above) |
| COE Period(Years): | 10 |
| QP Paid: | \$63,600.00 |
| COE Rebate Amount: | \$5,123.00 |
| Total Rebate Amount: | \$28,290.00 |

The information contained herein is correct as at 18 Jan 2021

OK

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 Submission | 18/01/2021 17:31 (SGT) |
| Date of Accident | 16/01/2021 12:00 (SGT) |
| Exact Location of Accident | Dunearn Rd, Singapore |
| Additional Location Information | DUNEARN RD TOWARDS CITY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLT6033T |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHEN SHUBING |
| Passport No/FIN | GXXXX120W |
| Email Address | SHUBING8463252@YAHOO.COM |
| Mobile Phone No | (Phone) +65-91203360 |
| Alternative Phone No | (Home) +65-91203360 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 523i |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------|--------------|
| Name of Insurance Company | Axa |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | VA2/GA541494 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|--------------|
| Name of Driver | CHEN SHUBING |
| Passport No/FIN | GXXXX120W |
| Date Of Birth | 23/08/1971 |
| Occupation | Indoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 23/03/2019 |
| Driving experience | 1 YEAR AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91203360 |
| Alt. Phone Number | (Home) +65-91203360 |
| Email Address | SHUBING8463252@YAHOO.COM |
| Address | 8 BUTTERWORTH LANE #14-10 |
| Address complement | - |
| Postcode | 439423 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|------------|
| Type of Accident | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------|
| Name | CHEN JING |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG3715R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |

| | |
|---|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

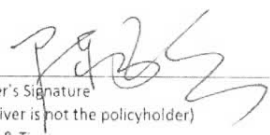
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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.

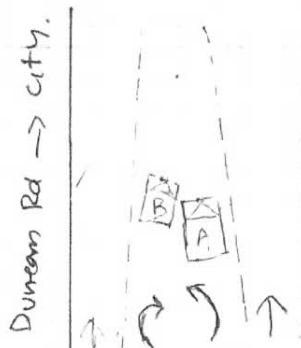

 Policyholder's Signature
 Date & Time:


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


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

SKETCH PLAN

veh A: SLT 6033 T
veh B: GBG 3715 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A was travelling straight on the stated venue. Vehicle B was beside me on my left, there was no space for both vehicles to pass through; however vehicle B continue to squeeze and collided into my front left portion.

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/FIN No.: