



Date: 29.01.2021  
Vehicle No: SKG5030M  
Model: BMW 320I  
Chassis: WBAVA76090NL34627  
Reg.Year: 2007

Third Party Insurer: C.TAIPING  
Third Party Veh No: GBJ6072B  
Date of Accident: 28.01.2021

**ESTIMATE**

*Not work on it  
L1 Rmp &  
Resurvey After Paint  
4-5 days*

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1	<i>Per</i>	\$1,100.50 ✓
2	FRONT FENDER LH	1	<i>By</i>	\$770.85 ✓
3	FRONT FENDER INNER SHIELD LH	1		\$124.30 ?
4	HEADLAMP LH	1		\$2,223.80 ?
5	FRONT RIM LH	1	<i>Per</i>	\$1,039.30 ✓
6	FRONT ABSORBER LH	1		\$584.20 ?
7	FRONT LOWER ARM LH	1		\$299.60 ?
8	FRONT UPPER ARM LH	1		\$299.60 ?
9	FRONT KNUCKLE ARM LH	1		\$478.50 ?
10	FRONT WHEEL BEARING LH	1		\$462.65 ?
11	FRONT STABILIZER BAR	1	<i>Per</i>	\$472.45 X
12	FRONT STABILIZER LINK LH	1	<i>Per</i>	\$107.10 X
SUB TOTAL				\$7,962.85
LESS 5%				-\$398.14
PARTS TOTAL				\$7,564.71

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		<i>Per</i> \$75.00 ✓
2	FRONT INNER SHILED CLIPS	1		<i>Per</i> \$35.00 ✓
S/N TOTAL				\$110.00

**LABOUR CHARGES:**

LABOUR CHARGES TO REMOVE, REFIX, REPLACE, REPAIR & READJUST ACCIDENT AREA \$1,000.00 *4000*

LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA \$800.00 *5000*

LABOUR CHARGES TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. \$100.00 *200*

LABOUR CHARGES TO DISMANTLED & INSTALL UNDERCARRIAGE. \$250.00 *?*

TO CONDUCT WHEEL ALIGNMENT. \$120.00 *600*

TO APPLY ANTI-RUST. \$120.00 *300*

Vic **TOTAL** \$10,064.71

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 Branch

Date: \_\_\_\_\_

**Head office**  
6 Kung Chong Road Singapore 159143  
Tel: (+65) 6472 1213 | Fax: (+65) 6472 2112

**Branch**  
9A Serangoon North Ave 6 Singapore 554500  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

**Branch**  
551 Upper Thomson Road Singapore 574415  
Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223



# 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 ..... 29/01/2021 12:26 (SGT)  
Date of Accident ..... 28/01/2021 16:20 (SGT)  
Exact Location of Accident ..... 38 Kim Chuan Rd, Singapore 537055  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKG5030M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LING YANG TONG  
NRIC No ..... SXXXX402D  
Email Address ..... alex.ling@hotmail.com  
Mobile Phone No ..... (Phone) +65-97374660  
Alternative Phone No ..... (Home) +65-97374660

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 320i  
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 ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI20V10866/VPE/R08  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LING YANG TONG  
NRIC No ..... SXXXX402D  
Date Of Birth ..... 16/09/1976  
Occupation ..... Indoor

Date Of Driving Pass ..... 05/11/1999  
 Driving experience ..... 21 YEARS AND 2 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97374660  
 Alt. Phone Number ..... (Home) +65-97374660  
 Email Address ..... alex.ling@hotmail.com  
 Address ..... 100 Victoria Park Grove  
 Address complement ..... -  
 Postcode ..... 266183  
 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 ..... Collision - Change/cross lane  
 Weather Conditions ..... Clear  
 Road Surface ..... Wet

**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? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 1  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

**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**

ON 28/01/2021 @ AROUND 16:20 HOURS, I WAS TRAVELLING ALONG KIM CHUAN ROAD. SUDDENLY VEHICLE B: GBJ6072B WHICH WAS AT MY LEFT SIDE LANE, SUDDENLY MAKE A QUICK RIGHT TURN AND COLLIDED INT MY VEHICLE A: SKG5030M LEFT FRONT PORTION CAUSING DAMAGE. WE BOTH EXCHANGED OUR PARTICULARS.

**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 ..... GBJ6072B  
 Vehicle Manufacturer ..... Nissan  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... Koh Seng Hee (Xu ChengXi)  
 NRIC No ..... SXXXX238E  
 Contact Number ..... (Phone) +65-96879574  
 Address ..... -

