

ACCS. REC. BY:

Steve

REF:

CS/ICS 21003417/Eqf3

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. MPC20A00052800

Claims No. DMPC2100065H

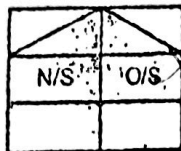
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJZ 1186K

Yr Regn: 28/9/20

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

Truck / Trailer or

Make: BMW 520

c.c. 1998

Colour: Black

A/C: Insured / Std / NI / N

Sp. Reading: 23927

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: WBAJR 127140 80448

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / 6/Rim / STD A/Rim or

Tyre Size: F: 245 / 45 R18

R: _____

 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 4 mm

R/Bal. 4 mm

L/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 21/2/21

D.O.I. 16/3/21

Survey held at Performance M.T.O

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

MV-218K

15/04/21 @ 12.58pm revised to ECICS via Merimen

07/06/21 @ 11.39pm Steve finalised with Mohamed final fig \$5709.45, 4 days (Red \$1654.55, 22%)

21/06/21 Re-open ref to re-type the report. final fig \$5809.45. (Red \$1554.55, 21%)

Date/Time, File, Pass to?



Prell. Report

08/06 Typist



Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (%)



Weld and (\$

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

3000 FORM 1

MER-TP

Final Sum + I.E.I. Fee

5709.45

BMW Dealer

Performance Motors Limited

A 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

E S T I M A T E

Estimate No. : b1 57610
Date Estimated : 22/02/2021
Prepared By : Foong Shiuh Jye

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -
Loong Mun Soon
Apt Blk 510 Bukit Batok Street 52
#08-27

Singapore 650510

- ACCOUNT - 144674
ECICS Limited
10 Eunos Road 8
Singapore Post Centre #09-04A
Singapore 408600

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SJZ1186K	WBAJR12070CD80448	28/09/2020	5201	0

DESCRIPTION	VALUE
To replace front right door, and right side sill trim 1/2	1275 2,125.00
To spray paint front right door and right side sill trim	1539 1,711.00
To transfer lock mechanism from old to new door including conduct check on new door power window system for proper function. (1 door).	451 531.00
To check electrical wiring system at the front section for proper function including adjustment of headlights.	150 177.00
Sundries	80.00

Total Labour 1: 4,624.00

DESCRIPTION	QTY	PRIC	VALUE
FRT RH DOOR ALUMINIUM	1	1,881.90	1,881.90
(S/L) DOOR WEATHERSTRIP	1	175.65	175.65
RH SILL TRIM PRIMED	1	425.55	425.55

Total Parts : 2,483.10

LKK Auto Consultants hence notify
the Repaired of the following:

• To resurvey body after spray painting

• To resurvey body after spray painting

• Parts prices are subject to confirmation
• To be on a "Without Prejudice" basis
• (s) is allowed
• Must be resurveyed and
• Approval from Insurance Company

Ad: [Signature]

Signature:

Steve CLKK) 16/3/21, 12:19pm
WHL R

P/P

My BL sy
4 days

Labour 1	:	4,624.00
Parts	:	2,483.10
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	497.50
Grand Total	:	7,604.60

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY **

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

BlackNano Pte Ltd

1 Bukit Batok Crescent
#04-24
658064
Phone: +65 9373 6351

Quotation

Date
12/3/2021

BILL TO

Loong Mun Soon

Description	Quantity	Amount
Redo damaged Door panel include affected area for BMW 520i SJZ1186K Black	1	\$250
Total		\$250

Quotation will be valid for 3 months. If you have any questions about this quotation, please contact us at +65 9373 6351

Approved
Sten (LKK)
16/3/21

BlackNano Pte Ltd

Cash Invoice

1 Bukit Batok Crescent
#04-24
658064
Phone: +65 9373 6351

Date
17 Oct 2020
Invoice
20201017/02

BILL TO
Loong Mun Soon

Description	Quantity	Amount
BlackNano Self-Healing for BMW 520i SJZ1186K 1) Car washed with Premium Car Shampoo 2) Paint exfoliation by claying 3) Rims washed 4) Interior Vacuumed and wiped. 5) Dashboard and instrument panel cleaned 6) Windows panels all wiped with glass cleaner 7) Tyre Shine 8) Paint Polished to remove Swirl marks and Light scratches 9) Coated Gyeon Q2 Mohs + BlackNano Heal 10) Coated BlackNano HD glass vision 11) Coated Gyeon Q2 Rims 12) Leather with GYEON Leather Coat	1	\$630
Discount		(\$63)
Total		\$567

If you have any questions about this invoice, please contact us at +65 9373 6351

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 22/02/2021 14:59 (SGT)
Date of Accident 21/02/2021 11:30 (SGT)
Exact Location of Accident 510 Bukit Batok Street 52, Block 510, Singapore 650510
Additional Location Information -
Country/State of Loss Singapore

Vehicle Registration Number SJZ1186K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOONG MUN SOON
NRIC No SXXXX124J
Email Address MUNSOON@OUTLOOK.SG
Mobile Phone No (Phone) +65-84995566
Alternative Phone No (Home) +65-0

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver LOONG MUN SOON
NRIC No SXXXX124J
Date Of Birth 21/09/1985
Occupation Indoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

17/03/2009
 11 YEARS AND 11 MONTHS
 Male
 (Phone) +65-84995566
 (Home) +65-0
 MUNSOON@OUTLOOK.SG
 510 BUKIT BATOK STREET 52
 #08-27
 650510
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Cross Junction
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s)
 soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name

SDV9955Y
 Mercedes
 -
 -
 Blue
 Private car
 -
 -
 -
 -
 -

Of Damage
Of property damaged in accident
Of Passenger (Including Driver)

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: 22/07/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving toward exit gantry of carpark and suddenly a vehicle from parking lot came out and hit to my ~~the~~ driver side door.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/7/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: