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regal.

Peront Follows:

Lunio Sum A.E.J. G.



EQ

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

 $\pmb{E\text{-}mail: claims@teamworkgarage.com}\\$

ROC number: 201015366H OWN DAMAGE CLAIM

Vehicle number SMM1383R Make / Model BMW M3

Chassis number

WBSKG920X0E698568

Accident date 13/3/21 Reference 2103-26

	1	Reference 2103-26
Qty	Particulars	Unit Price - SGD \$
	PARTS REPLACEMENT - LIST ITEMS	
1	AIR INTAKE HOSE ?	178.00
1	AIR INTAKE BOX 7	1044.00
1	TURBO CHARGE PIPE	180.00
1	RESERVIOR COOLANT TANK ?	204.00
1	INLET PIPE 7	252.00
1	OUTLET PIPE ?	150.00
1	ALTERNATOR 7	768.00
1	INTAKE MANIFOLD 2	1920.00
1	OIL COOLER	516.00
2 🗸	FRONT HEADLAMP / CAUCO	3120.00
2 🗸	TERONT HEADI AMP BRACKET	204.00
2	HEADLAMP BALLAST X	/ 720.00
2	HEADLAMP CONTROL MODULE X 1	564.00
1 1 🗸	FRONT BUMPER / le	1440.00
	FRONT BUMPER RETAINER /	28.00
1 🗸	FRONT BUMPER TOW COVER MIS.	48.00
1	FRONT BUMPER LOWER GRILLE 7	105.00
1 1	FRONT BUMPER SPONGE ?	51.00
1 1	FRONT BUMPER REINFORCMENT	1140.00
2 .	FRONT NOZZLE / MUS	336.00
2 🗸	FRONT NOZZLE COVER	108.00
		408.00
1 1	FRONT NUMBER PLATE BASE /	108.00
2 \	FRONT GRILLE LH/RH / Ois.	288.00
1 1	AIRDUCT FRONT ?	96.00
1 1	AIRDUCT CENTRE ?	96.00
	RADIATOR ?	840.00
1 1	RADIATOR FAN HOUSING 7	396.00
1 1	RADIATOR HOSE ?	52.00
1	RADIATOR UPPER HOSE	96.00
	RADIATOR LOWER HOSE ?	110.00
'	EXPANSION TANK	192.00
'	EXPANSION TANK CAP 7	27.00
1	COMPRESSOR X NY	2760.00
1	AIRCON CONDENSER	264.00
' \	AIRCON SUCTION PIPE	324.00
	AIRCON LIQUID PIPE	216.00
1 1	AIRCON DISCHARGE PIPE	312.00
	FRONT TOP PANEL / 61	684.00
1 🗸	TROM TO TAKE / //	

	FRONT TOP PANEL SEAL / Two I	32.00
1	AIR GUIDANCE ?	96.00
	BONNET / Pur	2976.00
2	BONNET HINGE X N	124.00
	BONNET LOCK / (172.00
	BONNET LOCK CATCH 🔑 ,'	64.00
2 🗸	BONNET LOCK CATCH BRACE BRACKET / 🖔	43.00
1	BONNET WEATHERSTRIP X	38.00
	BONNET EMBLEM / MCC	78.00
(BONNET CABLE X VV	40.00
1	FAN BELT ?	30.00
1	FAN BELT TENSIONAL ?	294.00
1	GEAR BOX COOLER 7	528.00
1	WIPER WASHER TANK' 7	177.00
	•	25037.00
	Cost +10%	2503.70
	Subtotal	27540.70
	PARTS REPLACEMENT - SPECIAL NETT ITEMS	
	FRONT BUMPER CLIP / M.C.	30.00
1 SET	BONNET INSULATOR CLIP X NOV	40.00
1	FRONT NUMBER PLATE / df	80.00
1	JOINT SEALANT K MANNA	150.00
1 BOT	COOLANT / HC	150.00
	Subtotal	450.00
	Balance C/F	27990.70
	LABOUR AND MISCELLANEOUS CHARGES	
1	CHECK WIRING AND LIGHTNING SYSTEM	60.00 30
2	REMOVE AND REFIT RADIATOR AND TOP UP COOLANT	200.00 (
3	REMOVE AND REFIT CONDENSER AND TOP UP GAS	200.00
4	MOUNT VEHICLE ON BENCH FOR CHASSIS REPAIR	500.00 X M
5	RE-PROGRAMME OF HEADLAMP MODULE AFTER REPAIR	300.00 🏕 ?
6	DIAGNOSIS CHECK AFTER REPAIR	300.00
7	REMOVE AND REPLACE PDC SENSOR	200.00 40
8	PANEL BEATING ON AFFECTED AREAS	2400.00700
9	SPRAY PAINTING ON AFFECTED AREAS	2400.00
10	APPLY ANTI RUST ON AFFECTED AREAS	150.00 🗶 📈
	Subtotal	6710.00
	Grand total	34700.70
	:00	

5 Pays.
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8288-282
[8/2/2]

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:

SS0C213F0002 / Soc Leon Motor Works ENTRY DATE & TIME: 15/03/2021 16:46 (SGT) SUBMITTED BY: Leong Sum Pheng VERSION: 1 (15/03/2021 16:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

1. Please report correctly the details of the accident to speed up the cialins 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 witholding of material facts may allow insurance companies to repudiate

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. 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

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

15/03/2021 16:46 (SGT) 13/03/2021 12:10 (SGT)

Keppel Rd, Singapore

KEPPEL ROAD TOWARDS VIVO CITY

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM1383R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No.

Alternative Phone No

No

BRYAN HU MING SHENG

SXXXX336F

bryanhums@gmail.com (Phone) +65-96157411

+65-96157411

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

BMW

M3

Private use

Yes

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Comprehensive

No

DMPPHQ20-008729

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SS0C213F0002

BRYAN HU MING SHENG

SXXXX336F

02/12/1993

Indoor

Of Driving Pass 1/8/40/3//340/1/18 experience A TEARS AND I CHAR SHARTH Afraile estalio Nutrities Whenever and American All Phone blumber +65-96157411 From! Address. bryanhuma@gmail.com Address BLK 18A HOLLAME DAINE #31-461 наминациина зачибым Postcode 272018 to the driver the policy/volder? VA4 If No. Relationship of the Driver with the Insured Does Oriver Own Officer Vehicles 7 965 Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMALTION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Road Surface COTHE IS BUT CHIMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? bilin Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSEMBER DELIA TUNG Name 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?

DIROUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED REPORT.

ATTACHMENT(6)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

ess	
ress complement	
ostcode	
nsurance Company Name	
vature 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 Formmust be completed by the Policyholder and/or the Authorised Driver
- 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 w ill be forw arded 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 impde 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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 insure: (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' law yers/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 making 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 wiell 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' law yers/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 law yers fare firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder Signature / Date &

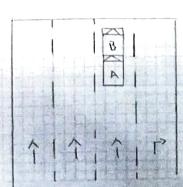
Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SMM1383R.



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