

ASSIGNMENT

(-2030)

From

Date

Estimated Cost:

☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop n/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.

N/S	O/S

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp Reading

Eng/No:

C/No:

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

Rear

R/Bal.

L/Bal.

D.O.I.

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Filled:

Encl: 2mm / 100mm

☐ : Preli. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Insp (\$)  
☐ : Photo (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Other:

TOTAL

EQ

Vehicle number	SMM1383R
Make / Model	BMW M3
Chassis number	WBSKG920X0E698568
Accident date	13/3/21
Reference	2103-26

Qty	Particulars	Unit Price - SGD \$
	<u>PARTS REPLACEMENT - LIST ITEMS</u>	
1	AIR INTAKE HOSE ?	178.00
1	AIR INTAKE BOX ?	1044.00
1	TURBO CHARGE PIPE ?	180.00
1	RESERVIOR COOLANT TANK ?	204.00
1	INLET PIPE ?	252.00
1	OUTLET PIPE ?	150.00
1	ALTERNATOR ?	768.00
1	INTAKE MANIFOLD ?	1920.00
1	OIL COOLER ?	516.00
2	FRONT HEADLAMP / <i>can</i>	3120.00
2	FRONT HEADLAMP BRACKET ?	204.00
2	HEADLAMP BALLAST X <i>sun</i>	720.00
2	HEADLAMP CONTROL MODULE X	564.00
1	FRONT BUMPER - <i>de</i>	1440.00
2	FRONT BUMPER RETAINER - <i>de</i>	28.00
1	FRONT BUMPER TOW COVER - <i>mis.</i>	48.00
1	FRONT BUMPER LOWER GRILLE ?	105.00
1	FRONT BUMPER SPONGE ?	51.00
1	FRONT BUMPER REINFORCMENT ?	1140.00
2	FRONT NOZZLE - <i>mis</i>	336.00
2	FRONT NOZZLE COVER - <i>mis.</i>	108.00
4	FRONT PDC SENSOR ?	408.00
1	FRONT NUMBER PLATE BASE - <i>ant.</i>	108.00
2	FRONT GRILLE LH/RH - <i>dis.</i>	288.00
1	AIRDUCT FRONT ?	96.00
1	AIRDUCT CENTRE ?	96.00
1	RADIATOR ?	840.00
1	RADIATOR FAN HOUSING ?	396.00
1	RADIATOR HOSE ?	52.00
1	RADIATOR UPPER HOSE ?	96.00
1	RADIATOR LOWER HOSE ?	110.00
1	EXPANSION TANK ?	192.00
1	EXPANSION TANK CAP ?	27.00
1	COMPRESSOR X <i>NN</i>	2760.00
1	AIRCON CONDENSER ?	264.00
1	AIRCON SUCTION PIPE ?	324.00
1	AIRCON LIQUID PIPE ?	216.00
1	AIRCON DISCHARGE PIPE ?	312.00
1	FRONT TOP PANEL / <i>BT.</i>	684.00

1	FRONT TOP PANEL SEAL / <i>twi</i>	32.00
1	AIR GUIDANCE ?	96.00
1	BONNET / <i>anc</i>	2976.00
2	BONNET HINGE X <i>NN</i>	124.00
2	BONNET LOCK = ?	172.00
2	BONNET LOCK CATCH <i>?</i>	64.00
2	BONNET LOCK CATCH BRACE BRACKET - <i>BT</i>	43.00
1	BONNET WEATHERSTRIP X <i>NN</i>	38.00
1	BONNET EMBLEM / <i>mc</i>	78.00
2	BONNET CABLE X <i>NN</i>	40.00
1	FAN BELT ?	30.00
1	FAN BELT TENSIONAL ?	294.00
1	GEAR BOX COOLER ?	528.00
1	WIPER WASHER TANK ?	177.00
		25037.00
Cost +10%		2503.70
Subtotal		27540.70
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1 SET	FRONT BUMPER CLIP / <i>M.C</i>	30.00
1 SET	BONNET INSULATOR CLIP X <i>NN</i>	40.00
1	FRONT NUMBER PLATE / <i>CRA</i>	80.00
1	JOINT SEALANT X <i>NN</i>	150.00
1 BOT	COOLANT / <i>MC</i>	150.00
Subtotal		450.00
Balance C/F		27990.70
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
1	CHECK WIRING AND LIGHTNING SYSTEM	60.00 <i>30</i>
2	REMOVE AND REFIT RADIATOR AND TOP UP COOLANT	200.00 <i>100</i>
3	REMOVE AND REFIT CONDENSER AND TOP UP GAS	200.00 <i>100</i>
4	MOUNT VEHICLE ON BENCH FOR CHASSIS REPAIR	500.00 X <i>NN</i>
5	RE-PROGRAMME OF HEADLAMP MODULE AFTER REPAIR	300.00 <i>?</i>
6	DIAGNOSIS CHECK AFTER REPAIR	300.00 X
7	REMOVE AND REPLACE PDC SENSOR	200.00 <i>40</i>
8	PANEL BEATING ON AFFECTED AREAS	2400.00 <i>700</i>
9	SPRAY PAINTING ON AFFECTED AREAS	2400.00 <i>800</i>
10	APPLY ANTI RUST ON AFFECTED AREAS	150.00 X <i>NN</i>
Subtotal		6710.00
Grand total		34700.70

5 Days.  
 part by part.  
 Before paint photos  
 Gmc Qiang  
 82880282  
 18/3/21

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:



# 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	15/03/2021 16:46 (SGT)
Date of Accident	13/03/2021 12:10 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	KEPPEL ROAD TOWARDS VIVO CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1383R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BRYAN HU MING SHENG
NRIC No	SXXXX336F
Email Address	bryanhums@gmail.com
Mobile Phone No	(Phone) +65-96157411
Alternative Phone No	+65-96157411

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	M3
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?	Yes
Vehicle Category	Private car

## INSURANCE COMPANY

Name of Insurance Company	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-008729
Cover Note Number	-

## DRIVER

Name of Driver	BRYAN HU MING SHENG
NRIC No	SXXXX336F
Date Of Birth	02/12/1993
Occupation	Indoor

Of Driving Post	19/02/2013
ing experience	8 YEARS AND 1 MONTH
nder	Male
obile Number	(Phone) +65-96157411
All Phone Number	+65-96157411
Email Address	bryanbumar@gmail.com
Address	BLK 18A HOLLAND DRIVE #31-461
Address complement	-
Postcode	272018
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 - Head to Rear
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	DELIA TUNG
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 THE ATTACHED REPORT.

#### 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	SMX3548L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94595211

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 willful 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 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)

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 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 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.

  
Policyholder's Signature / Date & Time

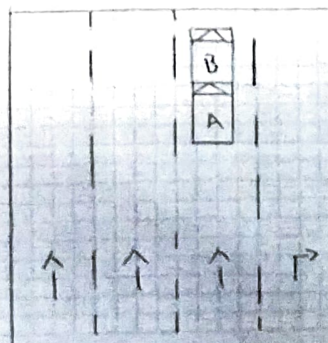
  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SMM1383R

B = SMX3548L






**Describe Circumstances of the Accident**

On the stated date and time, I was driving my vehicle  
 SMIM1363P when the vehicle SMX3548L suddenly jam brake.  
 I could not stop my vehicle on time and collided my front  
 portion of my vehicle

**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

  
 Witnessed by Reporting Centre  
 Personnel