

ASSIGNED BY: Tayman

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: **PC 5859B**
 Policy No. _____
 Claims No. **CLMOMVC000003992**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

☒	☒
N/S	O/S
☐	☐

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

Bal. or Market Value: \$124K
 IDAC Accident Report: _____ 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: Plan Vehicle: IN / OUT

Veh No: SBK1900P Yr Regn: 2019, Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 216I C.C. 1499
 Colour: 17335 A/C: Insured / Std / NI / NA
 Sp. Reading: Grey T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA2X920307F59488

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: 205/55R17
 R: _____

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>12/4/21</u>	D.O.I. <u>4/5/21</u>

Survey held at Pull Alexander

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

Frt N/S

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

Date / Time Action / Instruction

10/6/21 Final fig \$7185.95 confirmed by email (Red 649.55,8%)

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 10/6/21-Typist

Project Form: TP

Final Sum / B.O.T. \$7185.95

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Wash (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Other:

TOTAL

Tues 04/05 @ 10am
98R

SBK1900P

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 58139
Date Estimated : 13/04/2021
Prepared By : Han Kwan Yong

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Ng Jui Kheng
7 Pandan Valley
#03-501

Singapore 597631

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SBK1900P	WBA2X920307E89488	12/12/2019	216i AT	0

DESCRIPTION

To replace front bumper, front left supporting strut, left headlight support including to knock out dented area caused by the accident

1700 2,125.00

To respray front bumper

986 1,038.00

To replace left headlight.

456 481.00

To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.

168 177.00

To check electrical wiring system at the front section for proper function including adjustment of headlights.

168 177.00

Sundries

? 80.00

Total Labour 1: 4,078.00

DESCRIPTION

LH EXTENSION WHEEL HOUSING STRUT
RH FOG LAMP SUPPORT
IMPACT ABSORBER TOP
FRT BUMPER PRIMED PANEL (PMA GROMMET
LH SUPPORT HEADLIGHT ARM
PLAQUE 82MM
LH HEADLIGHT LED TECHNOLOGY

QTY	PRIC	VALUE
1	170.45	170.45
1	78.45	78.45
1	49.50	49.50
1	901.75	901.75
2	0.80	1.60
1	124.05	124.05
1	71.95	71.95
1	2,359.75	2,359.75

Total Parts : 3,757.50

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 58139
Date Estimated : 13/04/2021
Prepared By : Han Kwan Yong

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SBK1900P	WBA2X920307E89488	12/12/2019	216i AT	0

Claims OD / 3rd Party / Uninsured losses / Direct Settlement

Report No. 4/5/2101030 Claim No. _____
 Date of Claim 4/5/21 Excess S\$ _____
 Insured Name Tan Jiah Sign [Signature]
 Surveyor's Ref. 92495745 Authorised Yes / No _____
 Approved by WP Time _____
 PML Yes / No _____
 Surveyor's Name Tan Jiah PML Yes / No _____
 No. of Working Days Recommend 3-4 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:



Labour 1	:	4,078.00
Parts	:	3,757.50
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	548.49
Grand Total	:	8,383.99

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

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

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	14/04/2021 16:40 (SGT)
Date of Accident	12/04/2021 06:31 (SGT)
Exact Location of Accident	5 Pandan Valley, Singapore 597629
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBK1900P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG JUI KHENG
NRIC No	SXXXX109G
Email Address	PSEAH19@GMAIL.COM
Mobile Phone No	(Phone) +65-81808382
Alternative Phone No	(Home) +65-0

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	SEAH BOON KWANG
NRIC No	SXXXX713E

Date Of Birth	01/09/1957
Occupation	Indoor
Date Of Driving Pass	26/07/1983
Driving experience	37 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91696000
Alt. Phone Number	-
Email Address	PSEAH19@GMAIL.COM
Address	7 PANDAN VALLEY
Address complement	#03-501
Postcode	597631
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5859B
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
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)		-

Accident Reports

(/accident-reports)

Insurer Enquiry

(/insurer-

enquiry)

Third Party Reports

(/third-party-reports)

Files

(/folders)



INSURER ENQUIRY

Find**insurer****Vehicle reg. no.**

PC5859B

Date of Accident

12/04/2021

Reset% **RESULT & RECEIPT**

TP Insurer Enquiry

No information available

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:

14/04/21 (1.50PM)


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

(Pat)


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

A full-page view of a blank sheet of graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares. A vertical line runs down the center of the page, dividing it into two equal halves. The paper is otherwise empty, with no markings or text.

Refer to Police Report no:

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

14/04/21 (1.50pm)

..(Pat)

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



SINGAPORE POLICE FORCE



T/20210414/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210414/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2021 14:42			Vide Report No.: T/20210414/7005		Station Diary No.:	
Informant's Particulars						
Name of Informant: NG JUI KHENG			Address: 7 PANDAN VALLEY #03-501 SINGAPORE 597631			
ID Type / ID No.: NRIC NO / S1165109G			Contact No.: Home/Office: Mobile: 81808382			
Nationality: SINGAPORE CITIZEN			Email: jk17ng@gmail.com			
Sex: Male	Age: 65	Date of Birth: 17/12/1955	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident					
Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 12/04/2021 06:30	Type of Location: Car Park
Location: 5 Pandan Valley Car Park					
Weather: Raining		Road Surface: Wet		Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC5859B	Van	TOYOTA	Hiace	Black		0
SBK1900P	Car	BMW	216i	Grey	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company		Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210414/7015

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Report No. T/20210414/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBK1900P	LIBERTY INSURANCE PTE LTD	SI20V14157/VPC/R 01	12/12/2020	11/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Vehicle Owner				
Name	NG JUI KHENG		ID No.	S1165109G
Related Vehicle	SBK1900P (Car)		Contact No.	81808382
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

My car (SBK1900P) was parked at Blk 5 Pandan Valley Condominium carpark lot at around 6:30 am on 12 Apr 2021.

The next day on 13 Apr 2021 at about 2:00 pm, my wife drove my car to the petrol kiosk to top up petrol as well as top up water in the washer tank. The pump attendant highlighted to my wife that the front left headlight and bumper were damaged.

I retrieved the video from my in-car camera and discovered that on 12 Apr 2021 at around 6:30 am, the vehicle PC5859B, a black Toyota Hiace, has collided onto my car which was parked in the carpark slot.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210414/7015

3 of 3

Report No. T/20210414/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/04/2021 14:42

Classification Of Case: