(08/11/13) wef

ASS. REC. BY: [signature]

REF: CS/CTI21005979/Rvf3 . 165P

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMY 6540H

at Workshop m/s PERFORMANCE

of 303, ALEXANDRA RD

Insured: PC 1128D CTI

Policy No. DMB1SNA00003282101

Claims No. SNM21D202882/C02/TANKL

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: 132K

IDAC Accident Rport: 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: SMY 6540H Yr Regn: 2021 MAR

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

Make: B.M.W 216I ACTIVE TOURER c.c 1499

Colour BLACK A/C: Insured / Std / NI / NA

Sp.Reading 07280 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA2X920807H54406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 14/05/21 D.O.I. 21/06/21

Survey held at PERFORMANCE

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

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

Date / Time Action / Instruction

Repair limit - 62K

7/7/21 Final fig $10,049.50 confirmed by email (Red 5576.55, 35%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 7/7/21-Typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

__S + RS, __SI

Photos

Others

TOTAL

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 10,049.50)

S/R 07/06 am @ 10am SMY6540H 21/06 @ 10am

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 58422
Date Estimated : 14/05/2021
Prepared By : Han Kwan Yong

- ESTIMATE REPAIR FOR -
Mst Nazia Naznin
670 Choa Chu Kang Crescent
#05-513

Singapore 680670

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMY6540H	WBA2X920807H54406	19/03/2021	216i Active Tourer	12

DESCRIPTION	VALUE
To replace bumper, boot lid including to knock out dented area caused by the accident	1700 ~~2,580.00~~
To respray rear bumper and boot lid	1826 ~~1,923.00~~
To carry out body cavity preservation. (Per panel).	112 ~~118.00~~
To remove and install rear windscreen glass to transfer from old to new boot lid	545 ~~574.00~~
To conduct water leak tests.	71 ~~75.00~~
To supply and install rear windscreen solar film.	? 504 531.00
To transfer lock mechanism from old to new bootlid including conduct check on new bootlid central locking system for proper function.	504 ~~531.00~~
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	168 ~~177.00~~
To replace rear exhaust silencer including alignment system and conduct check for leak.	? 504 531.00
To replace front exhaust silencer including alignment system and conduct check for leak.	? 504 531.00
To check electrical wiring system and lighting at the rear section for proper function.	168 ~~177.00~~
Sundries.	? 150.00

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
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64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : **b1 58422** Page No. : **2 of 5**
Date Estimated : **14/05/2021**
Prepared By : **Han Kwan Yong**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMY6540H	WBA2X920807H54406	19/03/2021	216i Active Tourer	12

Total Labour 1: **7,868.00**

DESCRIPTION	QTY	PRIC	VALUE
# RUBBER MOUNTING ?	2	17.70	35.40
# REAR SILENCER ?	1	1,015.05	1,015.05
# HOLDER EXHAUST SYSTEM ?	2	58.95	117.90
# TAILPIPE TRIM BRIGHT CHROME scr ✓	1	119.55	119.55
TRUNK LID sh ✓	1	1,216.40	1,216.40
RR BUMPER LH SIDE GUIDE ?	1	61.65	61.65
REAR BUMPER CARRIER ?	1	460.40	460.40
SUPPORT ?	1	45.75	45.75
RR BUMPER LH INNER SIDE GUIDE ?	1	61.65	61.65
RR BUMPER RH INNER SIDE GUIDE ?	1	61.65	61.65
REAR BUMPER TRIM STRIP (BLACK) scr ✓	1	88.20	88.20
# REAR BUMPER PANEL PRIMED (LI de ✓	1	1,050.65	1,050.65
LETTERING 216 I ne ✓	1	64.75	64.75
PLAQUE 74MM ne ✓	1	71.95	71.95
REAR WINDOW ESG ? photo?	1	657.60	657.60
		Total Parts :	**5,128.55**

...ms OD / 3rd Party / Uninsured losses / Direct Settlement
Pegn No. _____ Claim No. _____
Date&Time 21/06/21 @11SU Excess $3 _____
Surveyor's Name RASUL Sign _____
Surveyor's Tel 90010068 Authorised _____ Yes / No
Authorised Date _____ Time _____
SURVEY PARTS PHOTO BY SURVEYOR Yes / No Yes / No
E-mail _____
Recommend 5-6 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	:	7,868.00
Parts	:	5,128.55
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	909.76
Grand Total	:	13,906.31

** 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 witholding 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	14/05/2021 18:20 (SGT)
Date of Accident	14/05/2021 11:38 (SGT)
Exact Location of Accident	Choa Chu Kang Dr, Singapore
Additional Location Information	CHOA CHU KANG DRIVE FILTER ROAD TO WOODLAND ROAD (BKE/KJE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6540H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MST NAZIA NAZNIN
NRIC No	GXXXX165P
Email Address	SHAHADOT@GMAIL.COM
Mobile Phone No	(Phone) +65-83210102
Alternative Phone No	+65-83210102

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	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	CN119697
Cover Note Number	-

DRIVER

Name of Driver	EMON MD SHAHADOT HOSSAIN

IC No	GXXXX478X
Date Of Birth	02/02/1986
Occupation	Indoor
Date Of Driving Pass	16/11/2015
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83210102
Alt. Phone Number	-
Email Address	SHAHADOT@GMAIL.COM
Address	670 CHOA CHU KANG CRESCENT #05-513
Address complement	-
Postcode	680670
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	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)	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

REFER TO ATTACH.

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	PC1128D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOW CHWEE HIONG
Contact Number	(Phone) +65-96965415
Address	-

ress complement	-
stcode	-
surance 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 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.

X Nazrin

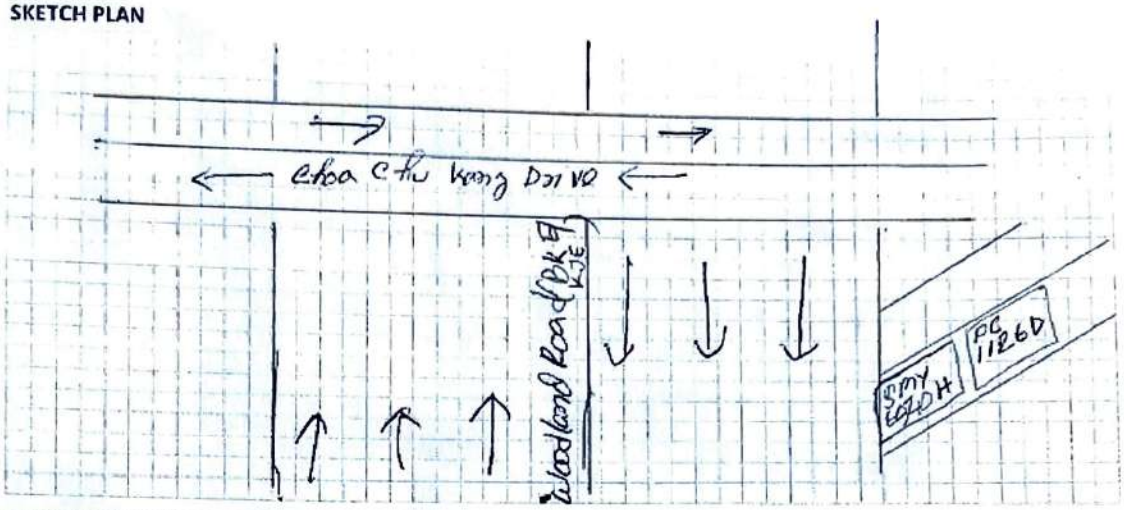
Policyholder's Signature
Date & Time:

X

Driver's Signature
(If driver is not the policyholder)
Date & Time:
14/05/21 (5.11pm)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car was stationary position and i was waiting to traffic to clear at left tilting road.

But suddenly vehicel from behind hit my car.

DECLARATION

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

Nazrin

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:
14/05/21 (5.11pm)

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Foreign Identification Number
Owner ID:	165P
Vehicle No.:	SMY6540H
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2021
Vehicle Make:	B.M.W.
Vehicle Model:	216I ACTIVE TOURER
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	34486270B38A15A
Chassis No.:	WBA2X920807H54406
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$30,762.00
Original Registration Date:	19 Mar 2021
First Registration Date:	19 Mar 2021
Transfer Count:	0
Actual ARF Paid:	$35,067.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Mar 2031
PARF Rebate Amount:	$26,300.00
COE Expiry Date:	18 Mar 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$44,589.00
COE Rebate Amount:	$43,411.00
Total Rebate Amount:	$69,711.00

The information contained herein is correct as at 21 Jun 2021

OK

BMW 2 Series 216i Active Tourer

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$126,988**		
Depreciation	$11,870 /yr View models with similar depre.	**Reg Date**	11-Sep-2020 (9yrs 2mths 20days COE left)
Mileage	13,000 km	**Manufactured**	2020
Road Tax	$684 /yr	**Transmission**	Auto
Dereg Value	$61,025 as of today (change)	**OMV**	$30,645
COE	$37,766	**ARF**	$34,903
Engine Cap	1,499 cc	**Power**	80.0 kW (107 bhp)
Curb Weight	1,380 kg	**No. of Owners**	1