

ASS. REQ. BY: Steve

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SKG 6193UAt Workshop m/s Performance Motors Limited

of \_\_\_\_\_

Insured: SMB 5014M

Policy No. \_\_\_\_\_

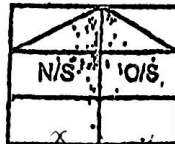
Claims No. BUS/05/21/5046

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 NoSIA / PR Seen: Consistent? : Yes or NoEst. Repairs: 5 days Res.: Yes or No

Cum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SKG 6193U Yr Regn: 718/17

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

Truck / Trailer or

Make: BMW 718 GT C.C. 1499Colour: Black A/C: Insured / Std / NI / NSp. Reading: 6466 T/Radio: Insured / Std / NI / N

Eng/No: \_\_\_\_\_

C/No: WB120 917X 7SE 9112

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 7.5/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Pirelli

Front Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 24/5/71 D.O.I. 28/6/71Survey held at Performance Motors

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

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

Date / Time Action / Instruction

NIR-91K

Confirmed final fig P/P \$7863.70, 5 repair days.

(RED \$2277.95; 22%)

Date/Time, File, Poss. to?

☐ : Prel. ReportDays Of Repair: 5

23/7 TYPIST

☐ : Final ReportResurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Transportation

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

23/7 TYPIST

TP

Total P/P: \$7863.70

Mon 28/06 @ 9.30am

SKG 6193U

SR

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

## ESTIMATE

Estimate No. : b1 58512  
Date Estimated : 25/05/2021  
Prepared By : Han Kwan Yong

Page No. : 1 of 5

### - ESTIMATE REPAIR FOR -

Celina Kow Sow Leng  
29 Lorong Pisang Asam

Singapore 597974

### - ACCOUNT - 40000

Cash Sales - Service  
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKG6193U	WBA2D920X05E91212	07/08/2017	216i G TOURER	60335

### DESCRIPTION

To replace rear bumper, boot lid including to knock out dented area caused by the accident

850 X 2

1700 2,550.00

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 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 check electrical wiring system and lighting at the rear section for proper function.

168 177.00

Sundries.

150.00

Total Labour 1: 6,275.00

### DESCRIPTION

BOOTLID / DO  
REAR BUMPER CARRIER ?  
SUPPORT ?  
# REAR BUMPER PANEL PRIMED (PD / DO  
GROMMET / npc

QTY	PRIC
1	1,216.40
1	460.40
1	45.75
1	1,050.65
2	0.80

VALUE
1,216.40
460.40
45.75
1,050.65
1.60

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GST REG. NO : M2 - 0020081 - X

## E S T I M A T E

Estimate No. : b1 58512  
Date Estimated : 25/05/2021  
Prepared By : Han Kwan Yong

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKG6193U	WBA2D920X05E91212	07/08/2017	2161 G TOURER	60335

DESCRIPTION	QTY	PRIC	VALUE
PLAQUE 74MM / <i>APC</i>	1	71.95	71.95
REAR WINDOW (ESG)	1	657.60	657.60
HOOK AND LOOP FASTENER / <i>APC</i>	6	2.20	13.20
(DG) CLEANER R1 (100ML) / <i>APC</i>	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) / <i>APC</i>	2	131.55	263.10
(DG/SL)ADHESIVE PRIMER VP 206 (30ML) / <i>APC</i>	1	27.85	27.85

Total Parts : 3,834.65

*Steve CLKK)*  
*28/6/21, 10.00am*  
*83228813*

*WML PL*  
*5 dys*  
*My BL dy*  
*P/P*

### Third Party / Uninsured losses / Direct Settlement

Claim No.	Claim No.
Date & Time	Excess \$
Surveyor's Name	Sign
Surveyor's Tel	Authorised Yes/No
Authorised Date	Time
Supply Parts Photo by Surveyor Yes/No P/L Yes/No	
E mail	
Recommend	

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	:	6,275.00
Parts	:	3,834.65
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	707.68
Grand Total	:	10,817.33

\*\* 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 ..... 25/05/2021 14:53 (SGT)  
Date of Accident ..... 24/05/2021 16:55 (SGT)  
Exact Location of Accident ..... Choa Chu Kang Way, Singapore  
Additional Location Information ..... CROSS JUNCTION BETWEEN CHOA CHU KANG WAY & CHOA  
CHU KANG AVE 4  
Country/State of Loss ..... Singapore

### OWN VEHICLE

Vehicle Registration Number ..... SKG6193U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CELINA KOW SOW LENG  
NRIC No ..... SXXXX568Z  
Email Address ..... RHYTHM388@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94579139  
Alternative Phone No ..... +65-89010491

### 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 ..... VPA/P1974478  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CELINA KOW SOW LENG



Police No  
Date Of Birth  
Occupation  
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

SXXXX568Z  
12/02/1966  
Indoor  
28/07/1995  
25 YEARS AND 10 MONTHS  
Female  
(Phone) +65-94579139  
+65-89010491  
RHYTHM388@GMAIL.COM  
29 LORONG PISANG ASAM  
-  
597974  
Yes  
-  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
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  
2  
No

#### PASSENGER 1

Name  
Gender

TAM KOK LEONG  
Male

#### 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

#### REFER TO ATTACH.

#### ATTACHMENT(S)

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

Yes  
No  
No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour

SMB5014M  
-  
-  
-  
-

Vehicle Category	Bus
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)	-

## 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.

Policyholder's Signature  
Date & Time: 25/05/21  
11.42am

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

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 4.50 to 5pm, I was travelling along CCK Way towards CCK AVE 4, I was stopped by the traffic light turning into Ave 4, the SMART bus driver assumed I would go as the green arrow was flashing which I know means I have to stop if I cannot make it, hence I stopped.

The bus driver just slammed into my boot of the car causing my car to go forward.

This incident happened on 24/5/21

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:

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