

ASS. REC. BY: Steve CS/CTI 21/06/93/C

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: _____

Policy No. _____

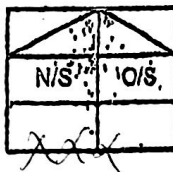
Claims No. _____

Sum Insured: _____ Excess: _____
(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GA / 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: _____

Vehicle: IN / OUT

Veh No: SKH 9734 Yr Regn: 28/S/19

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

Truck / Trailer or

Make: BMW 520T c.c. 1998

Colour: Black A/C: Insured / Std / NI / N

Sp. Reading: 19102 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: WBAJA1203BMW 29345

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/45R18

R: 11

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

Front 4 mm Rear 4 mm

R/Bal. 4 mm U/Bal. 4 mm

D.O.A. 21/6/21 O.O.L. 29/6/21

Survey held at Cycle & Carriage

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

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

Date / Time Action / Instruction

MV-187K

Time/Time, File, Poss 107. ☐ : Prel. Report

☐ : Final Report

Time/Time, File Return 107

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Police

Others

TOTAL

Time/Time, File, Poss 107

Time/Time, File Return 107

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)

29/6/2021
Sunny & Super



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 58737
Date Estimated : 21/06/2021
Prepared By : Chua Kee Sin

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -
Chua Kah Huat
Blk 273D Compassvale Link
#10-180

Singapore 544273

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKH973U	WBAJA12080WW29245	28/05/2019	520i	16191

DESCRIPTION

Replace rear bumper include remove attachment etc

Painting rear bumper

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

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

Sundries.

VALUE

850 - 1,275.00

986 - 1,038.00

168 - 177.00

168 - 177.00

80 - 150.00

Total Labour 1: 2,817.00

DESCRIPTION

TAILPIPE TRIM BLACK CHROME D=80MM

LEFT PROTECTION FOIL X nn

RIGHT PROTEC X nn

REAR BUMPER CARRIER

REAR BUMPER BOTTOM REINFORCEMENT

REAR BUMPER CENTRE GUIDE

REAR BUMPER TRIM STRIP

REAR BUMPER TOWING EYE FLAP PRIMED

REAR BUMPER PANEL PRIMED (PDC/PMA)

SET MOUNTING PMA SENSOR

SET MOUNTING PMA SENSOR

UNDERBODY PANELLING REAR

ULTRASONIC SENSOR BLACK

DECOUPLING RING PDC TORQUE CONVERTER

QTYPRICVALUE

1 159.20 159.20

1 13.50 13.50

1 13.50 13.50

1 582.55 582.55

1 88.60 88.60

1 67.80 67.80

1 116.60 116.60

1 52.90 52.90

1 1,627.25 1,627.25

1 69.70 69.70

1 69.70 69.70

1 41.20 41.20

4 251.20 1,004.80

4 5.15 20.60

Total Parts : 3,927.90

Performance Motors Limited

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303, Alexandra Road
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GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 58737
Date Estimated : 21/06/2021
Prepared By : Chua Kee Sin

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKH973U	WBAJA12080WW29245	28/05/2019	5201	16191

Store (LKK)
83778813
29/6/21, 11:11

WZ R-
3 djs
P/P
My B/Ly

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

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

Signature: _____ Claim No. _____

Date: _____ Excess S\$ _____

Date & Time _____ Sign _____

Surveyor's Name _____ Authorised Yes / No _____

Surveyor's Tel _____ Time _____

Authorised Date _____

RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No

Surveyor's E-mail _____

No. of Working Days Recommend _____



Labour 1	:	2,817.00
Parts	:	3,927.90
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	472.14
Grand Total	:	7,217.04

** 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 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. 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 21/06/2021 16:12 (SGT)
Date of Accident 21/06/2021 14:25 (SGT)
Exact Location of Accident Tampines, Singapore
Additional Location Information -
Country/State of Loss Singapore

VEHICLE OF OWN VEHICLE

Vehicle Registration Number SKH973U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA KAH HUAT
NRIC No SXXXX979H
Email Address LEICESTER.CHUA@GMAIL.COM
Mobile Phone No (Phone) +65-96922988
Alternative Phone No +65-96922988

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
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 1998

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 CHUA KAH HUAT
NRIC No SXXXX979H

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

23/02/1973
Indoor
01/03/1999
22 YEARS AND 3 MONTHS
Male
(Phone) +65-96922988
+65-96922988
LEICESTER.CHUA@GMAIL.COM
27 FERNVALE ROAD #25-28

797415

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
1
No

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
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address

SKL4858Y
Honda
-
-
White
Private car
LIM CHEE SEONG
SXXXX781I
(Phone) +65-97777690
BLK 122B EDGEDALE PLAINS #08-167

ss complement
code
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
822122
China Taiping Insurance (Singapore) Pte. Ltd.
FRONT
-
-

IMPORTANT NOTICE

1. Please fill out 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)

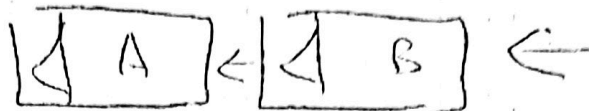
I understand, acknowledge, agree and consent that:

- (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:

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR STOP AT TRAFFIC LIGHT, THE CAR
BEHIND SLAM INTO MY CAR.

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/ID No.: _____