

ASS. REC. BY: Steve : CS/40121007989/ET73

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle Not _____

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.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

SIA / PR Seat: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Sum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLO5963A Yr Regn: 23/6/16

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

Truck / Trailer or

Make: BMW X4 c. 1997

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

Sp. Reading: 45652 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: WBA X 12290R 68159

Gen. Cond: Good / Fair / Poor / Buzpt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size: F: 245/50 RT8

R: 11

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

TOYO / YOKO or Pirelli

Front: _____ Rear: _____

R/Bal: 5 mm R/Bal: 5 mm

L/Bal: 5 mm L/Bal: 5 mm

D.O.A. 25/6/21 O.O.I. 30/6/21

Survey held at Performance Motors

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

FULLY

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

Date / Time Action / Instruction

MV-120K

13270.45

Confirm \$8,693.90, 3days

RED: 4576.55:34%

Time/Time, File, Pass list: ☐ : Prel. Report

☐ : Final Report

Time/Time, File Return list

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Inve (\$ _____)
☐ : Weol and (\$ _____)

Survey Fee:

Transportation

\$ + RS \$

Proton

Others

TOTAL

Time/Time, File Return list

Time/Time, File Return list

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)

30/6/2021
Sunny only
10:30 am



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 58794
Date Estimated : 26/06/2021
Prepared By : Chua Kee Sin

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Gudi Pandurang Mohan
130 Tanjong Rhu Road
#07-06

Singapore 436918

- ACCOUNT - 115

United Overseas Insurance Ltd
3 Anson Road #28-01 Springleaf Tower

Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLD5963A	WBAXW120200R68159	23/06/2016	X4 xDrive20i	45508

DESCRIPTION

Replace front support panel ,front bumper include remove on attachment etc

1275 3,400.00

Painting front bumper

986 1,038.00

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

168 177.00

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

168 177.00

To supply front emboss number plate.

78 83.00

Sundries.

150.00

Headlamp / CUT

2449.90

Total Labour 1:

5,025.00

DESCRIPTION

DESCRIPTION	QTY	PRIC	VALUE
BLIND RIVET / nec	30	3.10	93.00
LH BRACKET / BR	1	24.40	24.40
RH BRACKET / BR	1	24.40	24.40
FLAP TOWING EYE	1	37.45	37.45
LH SIDE GRILLE CLOSED / CUT	1	114.00	114.00
FRT SHOCK ABSORBER ECE	1	63.05	63.05
LICENCE PLATE HOLDER ECE	1	69.90	69.90
SET COVER PRIMED (SRA) / nec	1	78.65	78.65
FRT BUMPER CROSS MEMBER ECE	1	531.60	531.60
CLADDING BUMPER FRT (PDC/SCHWARZ) / CUT (BLACK)	1	318.90	318.90
FRT BUMPER PANEL PRIMED / DO	1	1,326.25	1,326.25
UNDERRIDE GUARD PRIMED FRT (X-LINE) / CUT (SILH)	1	308.35	308.35
AIR GUIDE MIDDLE FRT	1	39.70	39.70
CLIP / nec	10	2.10	21.00
AIR DUCT	1	370.85	370.85
LH FOG LIGHT LED / BR	1	455.50	455.50
ULTRASONIC SENSOR BLACK	4	251.20	1,004.80

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 58794**
Date Estimated : **26/06/2021**
Prepared By : **Chua Kee Sin**

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLD5963A	WBAXW120200R68159	23/06/2016	X4 xDrive20i	45508

DESCRIPTION	QTY	PRIC	VALUE
DECOUPING RING PDC TORQUE CONVERTER	4	5.15	20.60
Total Parts :			4,902.40

Steve (LKK) 00- AL1 AL
30/6/21, 10.30am EXCIS-2\$750
P/P
By Bel Smy
3 # dys

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey on "without prejudice" basis
- No illegal modification is allowed
- Supplemental claim must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer
Signature:
Date:



Labour 1	:	5,025.00
Parts	:	4,902.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	694.92
Grand Total	:	10,622.32

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

** PRICE FOR PARTS ARE SUBJECT 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 26/06/2021 11:36 (SGT)
Date of Accident 25/06/2021 17:30 (SGT)
Exact Location of Accident 137 Kallang Pudding Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD5963A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GUDI PANDURANG MOHAN
NRIC No SXXXX418C
Email Address SUJAY@RAPID.SG
Mobile Phone No (Phone) +65-97848367
Alternative Phone No +65-97848367

VEHICLE PARTICULARS

Manufacturer BMW
Model X4
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
Transmission Auto
CC 1997

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DH0M120043731901
Cover Note Number -

DRIVER

Name of Driver GUDI PANDURANG MOHAN
NRIC No SXXXX418C

Date Of Birth	29/03/1967
Occupation	Indoor
Date Of Driving Pass	02/01/2004
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97848367
Alt. Phone Number	+65-97848367
Email Address	SUJAY@RAPID.SG
Address	130 TANJONG RHU ROAD #07-06 PEBBLE BAY LOBBY K
Address complement	-
Postcode	436918
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	Side Swipe
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 vehicle 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

Vehicle Registration Number	SKW1026T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MO BOON KIAT ANDREW
NRIC No	SXXXX435D
Contact Number	(Phone) +65-87794540
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND RIGHT
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.



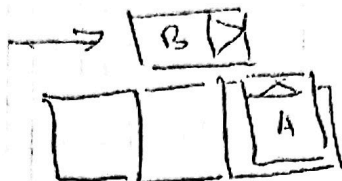
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving out of the car park & there is a van blocking my view. I was slowly turning out from my lot. However, I got involved in an accident of arriving car coming from left side

DECLARATION

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

Adi

Policyholder's Signature

Date & Time:

26/06/2021 11.09 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

26/6/2021

WILLIAM



OF THE UOB GROUP

3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152P

ORIGINAL

UNIDRIVE
RENEWAL CERTIFICATE

Agency	A000401	Class of Policy	MOTOR	Policy Number DHOM120043731901
Account	A000401	Issued on 16/06/2021 in UOI	Replacing Policy no.	DHOM120043731900
Client	0419624	Acceptance Date	24/05/2021	Replacing Cover Note	20031389

Period of Insurance from 23/06/2021 to 22/06/2023 , both dates inclusive

Insured's Name....	MR GUDI PANDURANG MOHAN
Mailing Address....	130 TANJONG RHU ROAD #07-06 PEBBLE BAY SINGAPORE 436918

Business/Occupn... INDOOR
Financial interest DBS BANK LTD

Premium	ANNUAL PREMIUM	SGD1,031.99		
	SAFE DRIVE DISCOUNT	SGD67.64-		
	Total Annual Premium	SGD964.35	Premium Due	SGD1,928.70
			Premium GST	SGD135.01
			Total Due	SGD2,063.71

EXCESS FOR NAMED DRIVER
REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN
THREE (3) YEARS.

Risk No. 001	UNIDRIVE			
1. Registration	SLD5963A	Make/Model ..	BMW X4 XDRIVE20I WITH SUN ROOF	
Type of Cover	COMPREHENSIVE	No. of seats	4	Body Type STATION WAGON
Engine No. ..	A8421319N20B20A	Capacity cc's	1997	Yr of Manuf/Regn 2016/2016
Chassis No. .	WBAXW120200R68159			NCB%..... 50.00
				Certificate Ref. PVI
INDEMNITY FOR TOTAL LOSS.....		MARKET VALUE		
NAMED DRIVERS - OPTION 2		SGD750.00		
OTHERS		SGD1,500.00		
APPL TO <25 YRS & OR <3YRS EXP		SGD3,000.00		
WINDSCREEN DAMAGE CLAIM		SGD100.00		
Named Drivers GUDI PANDURANG MOHAN				

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY
2 - EXCESS - DAMAGE CLAIMS
AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM
15 - HIRE PURCHASE
PAYMENT BEFORE COVER WARRANTY
SANCTION LIMITATION AND EXCLUSION CLAUSE
TERRORISM EXCLUSION ENDORSEMENT
CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001
25 - STRIKE RIOT AND CIVIL COMMOTION
SECTION III - MEDICAL EXPENSES
SECTION IV - PERSONAL ACCIDENT BENEFITS