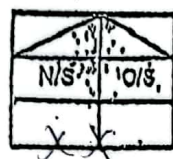


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TPRES/OD-RES/EVA/INV/MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SKV 8874X
 Policy No. DMPCSNW00135392004
 Claims No. SNM21D203736/C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 SIA / PR Seen _____ Consistent? : Yes or No
 Est. Repair: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMW 6789T Yr Regn: 18/3/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW X5 c. 1998
 Colour: Grey A/O: Insured / Std / NI / N
 Sp. Reading: 19419 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 G/No: WBACR62350934746
 Gen. Cond: Good / Fair / Poor / Bupst
 Steering: In order / Jammed / Locked / Burnt or
 Brakes: In order / Jammed / Locked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: Ft 275/45R20
 Ri: _____

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

Front	mm	Rear	mm
R/Bal. <u>4</u>		R/Bal. <u>4</u>	
L/Bal. <u>4</u>		L/Bal. <u>4</u>	
D.O.A. <u>2/1/21</u>		D.O.A. <u>7/9/21</u>	

Survey held at Performance Motors

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

The U/C / O/S / N/S / U/C / Roof/Top or Body Structure affected due to collision

Date / Time Action / Instruction

MV-340K

21/9/21 Final fig \$2607.80 confirmed by email (Red 1903.40 42%)

Time/Time, File, Photo by: ☐ : Prel. Report
☐ : Final Report

Time/Time, File Return to:
 21/9/21-typist

Special Agent: Merimen
 Rep Sum / L.B. / R. \$2607.80

Days Of Repair: 3
 Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____)
☐ : Wheel/Val (\$ _____)

Survey Fee:
 Transportation: _____
 S. & R. S. _____
 Printer _____
 Others _____
 TOTAL _____

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)



Steve C LKK)
7/9/21, 3.00pm

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 58885
Date Estimated : 06/07/2021
Prepared By : Brandon Chan Eng Meng

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

Yip Lai Mun
78 Bayshore Rd
#11-23 Costa Del Sol

Singapore 469991

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMW6789T	WBACR620509B42746	18/03/2020	X5 xDrive40i	12407

DESCRIPTION**VALUE**

To replace rear bumper underride trim, attachment items cause by accident.

850 1,700.00

Remove and install rear bumper for repair.

To spray paint rear bumper.

986 1,038.00

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

168 177.00

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

~~168~~ x 177.00

Sundries.

40/- 80.00

Total Labour 1: 3,172.00

DESCRIPTION**QTY****PRIC****VALUE**

REAR UNDERRIDE PROTECTION TRIM (X L CUT

1 552.30

552.30

DECOUPLING RING ← AKC + nn

4 5.15

20.60

ULTRASONIC SENSOR ARCTIC GREY WC27 ? x nn

2 383.15

766.30

Total Parts : 1,339.20

4511.20

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

Labour 1	:	3,172.00
Parts	:	1,339.20
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	315.78
Grand Total	:	4,826.98



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

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

Acknowledged by Repairer

Signature:

Date:

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	05/07/2021 18:02 (SGT)
Date of Accident	02/07/2021 18:20 (SGT)
Exact Location of Accident	Bedok South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6789T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIP LAI MUN
NRIC No	SXXXX580I
Email Address	CYIPLM@GMAIL.COM
Mobile Phone No	(Phone) +65-93379226
Alternative Phone No	+65-90013091

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X5
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	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00121772000
Cover Note Number	-

DRIVER

Name of Driver	YEE YUEN BIN
NRIC No	SXXXX859B

Date Of Birth	27/02/1968
Occupation	Indoor
Date Of Driving Pass	30/08/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98883993
Alt. Phone Number	-
Email Address	RYEEYB@GMAIL.COM
Address	BLK 78 BAYSHORE ROAD #11-23
Address complement	-
Postcode	469991
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 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 1

Vehicle Registration Number	SKV8874X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO CHOON SENG
NRIC No	SXXXX060E
Contact Number	-
Address	457 UPPER EAST COAST ROAD

Address complement	-
Postcode	466503
Insurance Company Name	-
Nature Of Damage	FRONT
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.:

ON 2ND OF JULY AT AROUND 6:15pm, I STOPPED AT TRAFFIC LIGHT JUNCTION OF BEDOK SOUTH AVENUE 3 AND UPPER EAST COAST ROAD WHERE THE CAR I WAS DRIVING (BMW 6789T) WAS THE FIRST IN LINE WAITING FOR THE TRAFFIC LIGHT TO TURN FROM RED TO GREEN, I.E. MY CAR WAS FULLY STATIONARY.

ALL OF A SUDDEN, EVEN THE TRAFFIC LIGHTS WERE STILL RED AND MY CAR WAS STILL STATIONARY, I FELT A BUMP IMPACT FROM THE REAR OF MY VEHICLE, AND UPON LOOKING IN MY REAR VIEW MIRROR, I REALIZED THAT THE CAR BEHIND MY CAR HAD COLLIDED INTO THE BACK OF MY CAR.

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

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

 Accident report SP0121750009