

ASS. REC. BY:

Steve T CS/UOI 21007543/E+43

## 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.

M12D16122107

Sum Insured:

Excess:

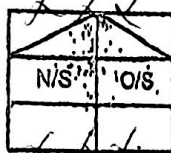
750.00

(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

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

SFN 8833R

Yr Regn:

28/9/18

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

Truck / Trailer or

Make:

BMW X3

c.c.

1998

Colour:

white

A/C:

Insured / Std / NI / N

Sp. Reading

39555

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

WRA TR 120 FOLC 94425

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rm / STD A/Rm or

Tyre Size:

F:

245/50R19

R:

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

9/7/21

D.O.I.

13/7/21

Survey held at

Performance Motors

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

MIV-165K

Confirm part by part \$38,708.60, 15 days

RED: 8757.25;18%

Date/Time, File, Pass to:



: Prel. Report



: Final Report

Date/Time, File Return to:

Days Of Repair:

15

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Phone

Others

TOTAL

Signature:

Date/Time, File, Pass to:

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 (CLKK)  
13/7/21

00-AL AL  
EXCER-?  
8 dys

P/P

M AL 1y

GST REG. NO : M2 - 0020081 - X

**E S T I M A T E**

Estimate No. : b1 58929  
Date Estimated : 10/07/2021  
Prepared By : Foong Shiuh Jye

Page No. : 1 of 6

**- ESTIMATE REPAIR FOR -**

Tan Yoke Weng, Linsey (Chen YuRong, Linse  
44 Mimosa View

Singapore 805624

**- ACCOUNT - 115**

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

Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFN8833R	WBATR12070LC94405	28/09/2018	X3 sDrive20i	36607

**DESCRIPTION**

To tow accident vehicle to PML workshop.

**VALUE**

150.00

To replace front & rear bumper, bonnet, boot lid, front air duct, cross link  
including to knock out tail panel and dented area caused by the accident

3400 6,800.00

To respray front bumper, rear bumper, bonnet, boot lid and tail panel

4191 4,412.00

To carry out body cavity preservation (2X)

226 238.00

To replace low temperature cooler assembly including conduct pressure test, bleed cooling system and conduct check fo leak.

? 1,062.00

To remove and install boot compartment carpet and garnish to facilitate repair.

257 271.00

To remove and install rear windscreen glass

545 574.00

To conduct water leak tests.

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 replace left headlight.

457

? 481.00

To replace right headlight.

457

? 481.00

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 at the front and rear sections for proper function including adjustment of headlights.

280 295.00

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Singapore 159944  
Fax. 64755551 (AfterSales)  
64755524 (Motorrad)



GST REG. NO : M2 - 0020081 - X

## ESTIMATE

Estimate No. : b1 58929  
Date Estimated : 10/07/2021  
Prepared By : Foong Shiuh Jye

Page No. : 2 of 6

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFN8833R	WBATR12070LC94405	28/09/2018	X3 sDrive20i	36607

### DESCRIPTION

To supply front emboss number plate.

83.00

Sundries.

150.00

Total Labour 1: 15,720.00

### DESCRIPTION

DESCRIPTION	QTY	PRIC	VALUE
EXPANDING RIVET	10	2.65	26.50
# RADIATOR	1	745.00	745.00
# STONE CHIP GUARD TOP	1	94.55	94.55
# STONE CHIP GUARD BOTTOM	1	84.00	84.00
CLAMPING BUSH	1	60.90	60.90
# MUFFLER CLAMP D=80.0MM	1	43.25	43.25
TAILPIPE TRIM CHROME D=90MM	2	125.85	251.70
# FRONT SILENCER	1	1,379.80	1,379.80
# REAR SILENCER	1	1,353.40	1,353.40
TRUNK LID	1	1,983.20	1,983.20
# BONNET	1	1,838.70	1,838.70
EXPANDING RIVET	10	0.50	5.00
FRT BUMPER TOP CARRIER	1	858.75	858.75
FRT BUMPER BOTTOM CARRIER	1	472.35	472.35
LH VERTICAL STRUT	1	51.80	51.80
RH VERTICAL STRUT	1	51.80	51.80
FRT LH ADAPTER	1	72.00	72.00
FRT RH ADAPTER	1	72.00	72.00
# LH COVER FOR AIR INLET	1	99.70	99.70
RH COVER FOR AIR INLET	1	99.70	99.70
# GRILLE AIR INLET MIDDLE	1	119.40	119.40
# FRT BUMPER LH TRIM	1	58.05	58.05
FRT BUMPER RH TRIM	1	58.05	58.05
FRT SHOCK ABSORBER (M)	1	66.25	66.25
# FRT BUMPER PANEL PRIMED (M/P)	1	1,687.50	1,687.50
FRT BUMPER COVER	1	235.05	235.05
# LH SIDE GRILLE OPEN	1	129.10	129.10
# RH SIDE GRILLE OPEN	1	129.10	129.10
REAR BUMPER CARRIER	1	765.35	765.35
LH SIDE GUIDE FOR BUMPER	1	58.55	58.55
RH SIDE GUIDE FOR BUMPER	1	58.55	58.55
LH BUMPER GUIDE	1	61.65	61.65
RH BUMPER GUIDE	1	61.65	61.65
REAR BUMPER BOTTOM REINFORCEMENT	1	79.25	79.25
REAR BUMPER BOTTOM REINFORCEMENT	1	79.25	79.25
REAR BUMPER TOWING LUG COVER (M)	1	76.45	76.45
# REAR BUMPER PANEL PRIMED (M/	1	1,563.20	1,563.20
FRT LH GRILLE (BASIS)	1	157.10	157.10
# FRT RH GRILLE (BASIS)	1	157.10	157.10

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## ESTIMATE

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFN8833R	WBATR12070LC94405	28/09/2018	X3 sDrive20i	36607

DESCRIPTION	QTY	PRIC	VALUE
EMBLEM GROMMET / ACC	4	0.85	3.40
EMBLEM GROMMET / ACC	2	0.85	1.70
PLAQUE 82MM / ACC	1 2	71.95	143.90
PLAQUE 82MM / ACC	1 2	71.95	143.90
LETTERING X3 / ACC	1	64.75	64.75
LETTERING S DRIVE 20i / ACC	1	97.15	97.15
LOCK RH	1	121.25	121.25
LOCK TOP PART	2	72.75	145.50
# PASSIVE LOCK WITH SWITCH	1	93.30	93.30
BUMP STOP / ACC	10	5.70	57.00
# REAR WINDOW GREEN	1	1,121.75	1,121.75
REAR SILENCER HEAT INSULATION / GR	1	77.30	77.30
AIR DUCT TOP	1	221.85	221.85
AIR DUCT BOTTOM	1	82.00	82.00
# FRONT CROSSLINK / BT (silw)	1	185.95	185.95
FRT TOP CONNECTION	1	185.95	185.95
# FRT LH PANEL SUPPORT	1	67.20	67.20
# FRT RH PANEL SUPPORT	1	67.20	67.20
AIR DUCT RADIATOR TOP / GR	1	105.90	105.90
AIR DUCT RADIATOR BOTTOM	1	105.90	105.90
FRT LH BRAKE AIR DUCT	1	65.10	65.10
# FRT RH BRAKE AIR DUCT	1	65.10	65.10
# LH AIR DUCT BRAKE WHEEL ARCH	1	65.10	65.10
# RH WHEEL ARCH BRAKE AIR DUCT	1	65.10	65.10
# FRT ENGINE HOOD SEALING / ACC	1	34.05	34.05
# TRUNK LID GASKET / ACC	1	149.70	149.70
EXPANDING RIVET BLACK	60	1.40	84.00
LH HEADLIGHT LED AHL HIGH (ICON LIG	1	4,281.15	4,281.15
RH HEADLIGHT LED AHL HIGH (ICON LIG	1	4,281.15	4,281.15
# LH REFLECTOR	1	39.05	39.05
(DG) CLEANER R1 (100ML) / ACC	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) / ACC	2	131.55	263.10
(DG/SL) ADHESIVE PRIMER VP 206 (30ML) / ACC	1	27.85	27.85
(S/L) ANTI FREEZE 1.5 LITRES / ACC	3	20.70	62.10

Total Parts : 27,846.25

LKK Auto Consultants hence notify

the Reparer 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 Reparer

Labour 1	:	15,780.00
Parts	:	27,846.25
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	3,053.84
Grand Total	:	46,680.09

\*\* 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	12/07/2021 09:23 (SGT)
Date of Accident	09/07/2021 17:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS YISHUN AVE AND BETWEEN BRADDELL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN8833R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN YOKE WENG LINSEY
NRIC No	SXXXX430Z
Email Address	LINSEYTAN@GMAIL.COM
Mobile Phone No	(Phone) +65-90408640
Alternative Phone No	+65-90408640

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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	1998

### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DH0M120053472000
Cover Note Number	-

### DRIVER

Name of Driver	WOO SU-PHEN
NRIC No	SXXXX244D





Date Of Birth	27/06/1975
Occupation	Indoor
Date Of Driving Pass	27/12/1993
Driving experience	27 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96928833
Alt. Phone Number	-
Email Address	ADELINE.SP@GMAIL.COM
Address	44 MIMOSA VIEW
Address complement	-
Postcode	805624
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CLAUDIA ELIZABETH TAN
Gender	Female

#### PASSENGER 2

Name	CHERYL VICTORIA TAN
Gender	Female

#### PASSENGER 3

Name	CLARA MAE TAN
Gender	Female

#### 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	
Vehicle Manufacturer	SMJ9920D
Vehicle Model	Mitsubishi
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	HU SHIXUAN
Address	(Phone) +65-96567485
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT4546S
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BALAKRISHNA S/O KRISHINA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBZ2493L
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHUAY PENG
NRIC No	SXXXX330D
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 Authorized 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. 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/IN No.:



SMITHSONIAN

QNR 338

CTE TOWARDS VISION.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I applied my brakes but unfortunately the car behind me hit my vehicle and subsequently my vehicle moved forward.

## DECLARATION

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

Postholders Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name  
RRC/IRB No.: