

ASS. REC. BY:

Steve

REF

CS/CTI 21007573/C

ASSIGNMENT

From:

Date:

Veh No:

SLQ 9381J

Yr Regn:

27/7/17

Estimated Cost:

Type (M, Car / M, Cycle / Bus / Van / Lorry / Taxi / Prime Mover)

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

SLQ 9381J

Make:

BMW

C.B.

1499

at Workshop m/s

PERFORMANCE MOTORS

Colour:

Grey

A/O: Insured / Std / NI / N

Sp. Reading

67362

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

W00AH599: 97276

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / 3/Rim / STD AIR/In or

Tyre Size:

F:

225/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

10/1/17

D.O.A.

17/8/17

Survey held at

Performance Motors

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

Rear LH

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

Insured:

GBG 7058C

Policy No.

DMCVSNW00084592000

Claims No.

SNM21D203852/C02

Sum Insured:

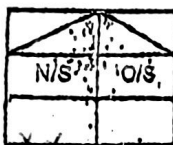
Excess:

(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

GIA / PR Sent:

Consistent? : Yes or No

Est. Repair:

3

days

Res.:

Yes or No

Cum Sum:

%

3 Val.:

Yes or No

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

17/8/2021 Revise to CTI via Merimen.

Confirmed final fig P/P \$3320.35; 3 repair days.

(RED \$2718.55; 45%)

Date/Time, File, Poss id?



: Prel. Report

Days Of Repair:

3

25/8 TYPIST



: Final Report

Resurvey No. of Trips:

1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: VV&end (\$

Photos

Others

TOTAL

Special Form:

TP

Date/Time, File, Poss id?

\$3320.35

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

260, Kampong Arang Road
East Coast Centre
Singapore 438180
Fax: 63449773

315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64796601 (AfterSales)
64796624 (Motorrad)



WHL PL
3 days, R/L sy
P/P

Steve (LKK)

17/8/21, 10.30am

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 58937
Date Estimated : 12/07/2021
Prepared By : Foong Shiuh Jye

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Tay Kok Ling
2A Jalan Siantan

Singapore 268238

- ACCOUNT - 135

China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLQ9381J	WBAHS120605J97076	27/07/2017	X1 sDrive18i	55632

DESCRIPTION

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

850 1,275.00

To respray rear bumper

986 1,038.00

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.

80.00

Total Labour 1: 2,747.00

DESCRIPTION

DESCRIPTION	QTY	PRIC	VALUE
# REAR LH BUMPER MOUNT	1	162.25	162.25
RR BUMPER CARRIER	1	516.00	516.00
REAR TRIM UNDERRIDE PROTECTION (X L)	1	178.25	178.25
# RR BUMPER LH CORNER MOUNTING	1	143.35	143.35
# REAR BUMPER PANEL PRIMED X R	1	907.90	907.90
# REAR BUMPER MIDDLE TRIM PANE (uri (black))	1	266.95	266.95
REAR BUMPER TRIM BOTTOM (LINES) (uri (grey))	1	232.45	232.45
EXPANDING RIVET BLACK	30	1.40	42.00
REAR LH REFLECTOR	1	39.05	39.05

Total Parts : 2,488.20

Performance Motors Limited

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Co. Reg. No. 197401659N GST Reg. No. M2-0020081-X
Toll-Free Number (1800-2255269)



303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax: 64747770

260, Kampong Arang Road
East Coast Centre
Singapore 418180
Fax: 63448773

315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64756601 (AfterSales)
64756624 (Motorsrad)

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 58937
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Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLQ9381J	WBAHS120605J97076	27/07/2017	X1 sDrive18i	55632

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	:	2,747.00
Parts	:	2,488.20
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	366.46
Grand Total	:	5,601.66

** 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 14:36 (SGT)
Date of Accident	10/07/2021 14:14 (SGT)
Exact Location of Accident	Vanda Rd, Singapore
Additional Location Information	JUNCTION VANDA ROAD AND DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9381J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY KOK LING
NRIC No	SXXXX006E
Email Address	TAYKL632@GMAIL.COM
Mobile Phone No	(Phone) +65-96206503
Alternative Phone No	+65-96206503

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD19V08010/VPC2/R01
Cover Note Number	-

DRIVER

Name of Driver	TAY JUN SHENG
NRIC No	SXXXX041C

Date Of Birth	21/01/1979
Occupation	Indoor
Date Of Driving Pass	23/10/1999
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91684791
Alt. Phone Number	-
Email Address	TAYKI632@GMAIL.COM
Address	2A JALAN SIANTAN
Address complement	-
Postcode	268238
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

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	GBG7058C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PHILIP
Contact Number	(Phone) +65-91259945
Address	-
Address complement	-

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

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

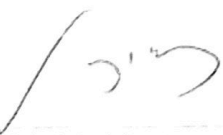
SKETCH PLAN

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

12/7/21

13:30

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

DUNEARN ROAD

9370580
VANDA ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/7/2021 at 2.14 pm. At junction vanda road & Dunearn Rd. Was turning left from Vanda rd into Dunearn Rd. Saw another car doing a U turn from Dunearn Rd & approaching self lane and slow down. Hit by car GSC 70882 from behind

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.: