

(08/13/13) wof

ASS. REC. BY: JPme

REF:

CC4/ASM 21008.245/R1pa3

2780

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMY 72394at Workshop m/s MTM AUTOMOTIQof 48, TOH HUAN ROAD EAST #01-138

Insured:

ASM

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.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value:

73k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / 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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMY 72394

Yr Regn:

2016 / MAKType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

B.M.W 318I SCOD LEO c.c 1499

Colour

BLACK

A/C: Insured / Std / NI / NA

Sp.Reading

132972

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA8E32050K457894

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

265/302R19

R:

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

03/08/21

D.O.I.

05/08/21

Survey held at

MTM

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

FRT O/S

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

Date / Time

Action / Instruction

repair limit - 33k

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS SI☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.B.I: (\$

)

MTM AUTOMOTIQ PTE LTD

48 Toh Guan Road East #01-141 Enterprise Hub S(608586)
Tel: 6271 2088 ROC No. : 202107073H



ESTIMATE

| | | | |
|------------------------|--|------------------------|----------------------------------|
| TO | : AXA INSURANCE | DATE | : 4-Aug-2021 |
| ATTENTION | : MOTOR CLAIM DEPARTMENT | JOB TYPE | : THIRD PARTY CLAIM |
| VEHICLE DETAILS | | ACCIDENT DETAIL | |
| VEHICLE NO. | : SMY7239Y | DATE | : 0-Jan-1900 03/08/21 |
| MAKE / MODEL | : BMW 318I | TIME | : 2:10hs 0:00 |
| CHASSIS NO. | : WBA8E32050K497891 | | |
| VEHICLE REG DATE | : 11 Mar 2016 | | |
| OWNER INSURANCE | : NTUC INSURANCE | POLICY NO | : 5122351567 |
| ESTIMATOR | : Donavan HP: 97974474 Donavan.leong@mtmperformancegroup.com | | |

CLAIM DETAIL : LIST PRICE (\$\$)

| S/N | DESCRIPTION | QTY | UNIT LIST PRICE | TOTAL LIST PRICE |
|-----|--|-----|-----------------|------------------|
| 1 | Front Bumper Repair <i>Tepcur</i> | 1 | \$1100 | \$ - |
| 2 | Front Bumper Retainer LH <i>X</i> | 1 | \$48 | \$ - |
| 3 | Front Grille <i>X</i> | 1 | \$220 | \$ - |
| 4 | Headlamp LH <i>CR</i> | 1 | \$3325 | \$ - |
| 5 | Front Support Panel <i>X</i> | 1 | \$110 | \$ - |
| 6 | Front Reinforcement <i>X</i> | 1 | \$361.65 | \$ - |
| 7 | Front Reinforcement cover <i>X</i> | 1 | \$52.15 | \$ - |
| 8 | Front Headlight washer Assembly <i>X</i> | 1 | \$155.95 | \$ - |

TOTAL PRICE : \$ 5372.5-

LIST LESS ^{5%} 10% : \$ 268.6 -

SUB TOTAL PRICE : \$ 5103.9.-

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

| S/N | DESCRIPTION | PRICE | ADJUST |
|-----|--|-----------|--------|
| 1 | Panel beating and renew of damage parts on affected area | \$ 560.00 | 250 |
| 2 | Spray painting on affected area | \$ 560.00 | 250 |

| | | | |
|---|---|-----------|----|
| 3 | Labor to calibrate of headlight to LTA standard | \$ 120.00 | 40 |
|---|---|-----------|----|

LABOUR TOTAL PRICE: \$ 1,240.00

ESTIMATE REPORT

TOTAL PARTS PRICE : #REF!

TOTAL LABOUR PRICE : \$ 1,240.00

TOTAL AMOUNT : #REF!

APPROVED DETAILS

NO.OF REPAIR DAYS : 3 days

P & P OR LUMPSUM :

SURVEYED BY : RASUL - Hp 90010068

CONTACT NUMBER : 90010068

E-MAIL :

Resy after repair

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:

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 | 04/08/2021 12:54 (SGT) |
| Date of Accident | 03/08/2021 21:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BLK 287 YISHUN AVENUE 6 OPEN SPACE CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMY7239Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | IAN ZHANG |
| NRIC No | S7873278D |
| Email Address | ian.zhang1978@gmail.com |
| Mobile Phone No | (Phone) +65-92996991 |
| Alternative Phone No | +65-92996991 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 318i |
| 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 | 1500 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5122351567 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------|
| Name of Driver | IAN ZHANG |
| NRIC No | S7873278D |

| | |
|--|--------------------------------|
| Date of Birth | 09/12/1978 |
| Occupation | Indoor |
| Date Of Driving Pass | 09/06/1997 |
| Driving experience | 24 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92996991 |
| Alt. Phone Number | +65-92996991 |
| Email Address | lan.zhang1978@gmail.com |
| Address | BLK 288 YISHUN AVENUE 6 #02-56 |
| Address complement | - |
| Postcode | 760288 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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) | 0 |
| 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? | Yes |
| Police Station Name | Woodlands Division Headquarters |
| Police Station Phone No | (Phone) +65-18004660000 |
| Police Station Address | 1 Woodlands St 12 Singapore 738622 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

| | |
|---|---------------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | SENT TO MOTORVIDE@INCOME.COM.SG |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA9369C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | Yellow |
| Vehicle Category | Taxi |

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

LIM CHOONG KWANG
S0556985J
(Phone) +65-97246627

-
-
-
-
-
1

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/mall 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: 04/04/2014

1245

Driver's Signature

(If driver is not the policyholder)

Date & Time:

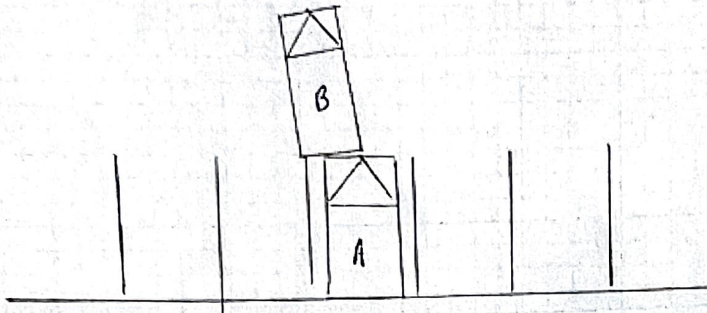
Reporting Centre Personnel's Signature

Name: MUHAMMAD JAHN

NRIC/FIN No.: 372247320

SKETCH PLAN

A - SMY72394
B - SHM9369C



BLK 287 YISHUN AVENUE 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT NUMBER L/20210803/7055

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 04/08/2021
1245

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

[Signature]

Reporting Centre Personnel's Signature
Name: HUIA SHAN
NRIC/FIN No.: S7221958



SINGAPORE POLICE FORCE



L/20210803/7055

1 of 2

POLICE REPORT (NP299)

Report No. L/20210803/7055

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

| | | | | |
|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 03/08/2021 22:36 | Vide Report No. | | Station Diary No. | |
| Name Of Informant IAN ZHANG | Address 288 YISHUN AVENUE 6 #02-56 SINGAPORE 760288 | | | |
| ID Type / ID No. NRIC NO / S7873278D | Contact No. Home/Office: | | Mobile: 92996991 | |
| Nationality SINGAPORE CITIZEN | Email Address ian.zhang1978@gmail.com | | | |
| Occupation Sales and related associate professional nec | Sex Male | Age 42 | Date of Birth 09/12/1978 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 03/08/2021 21:10 - 03/08/2021 21:15 | Location Of Incident 288 YISHUN AVENUE 6 #02-56 SINGAPORE 760288 | | | |

Brief details.

Yellow Comfort Taxi SHA9369C, Driver Lim Choon Kwang S0556985J, was doing a U turn at carpark and hit my parked vehicle SMY7239Y, black BMW 318i .

As a result bumper was dislodged, damaged paint job, impact from taxi hitting my parked vehicle may have damaged electronic sensors and headlight unit as well as body kit. Video footage of incident is available and pictures available.

Unable to upload due to file size limitations

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

03/08/2021 22:36

Classification Of Case:

Authentication Stamp

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 278D |
| Vehicle No.: | SMY7239Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 09 Aug 2021 |
| Vehicle Make: | B.M.W. |
| Vehicle Model: | 318I SEDAN LED |
| Primary Colour: | Black |
| Manufacturing Year: | 2015 |
| Engine No.: | F7941303B38B15A |
| Chassis No.: | WBA8E32050K497891 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$27,677.00 |
| Original Registration Date: | 11 Mar 2016 |
| First Registration Date: | 11 Mar 2016 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$25,748.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 10 Mar 2026 |
| PARF Rebate Amount: | \$18,023.00 |
| COE Expiry Date: | 10 Mar 2026 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$46,970.00 |
| COE Rebate Amount: | \$21,540.00 |
| Total Rebate Amount: | \$39,563.00 |

The information contained herein is correct as at 09 Aug 2021

OK

BMW 3 Series 318i

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

| | | | |
|-----------------|--|-----------------|---|
| Price | \$73,800 | | |
| Depreciation ? | \$13,210 /yr View models with similar depre | Reg Date | 21-Mar-2016 (4yrs 7mths 11days COE left) |
| Mileage | N.A. | Manufactured ? | 2015 |
| Road Tax ? | \$684 /yr | Transmission | Auto |
| Dereg Value ? | \$39,966 as of today (change) | OMV ? | \$27,677 |
| COE ? | \$48,002 | ARF ? | \$25,748 |
| Engine Cap | 1,499 cc | Power | 100.0 kW (134 bhp) |
| Curb Weight ? | 1,425 kg | No. of Owners ? | 1 |
| Type of Vehicle | Luxury Sedan | | |

Features

1.5L Twin Power Turbo Engine Producing 136bhp, 8speed, Auto Start/Stop, IDrive With Bluetooth, Driving Experience Control & Eco Pro/Comfort/Sport Mode View specs of the [BMW 318i](#)