

Spoke

CS/CT121099025/C

ASSIGNMENT

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

(Policy Condition)

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



Real. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 SIA / PR Sent _____ 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: SGX 288C Yr Regn: 25/6/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Tractor or _____
 Make: BMW 320i 1998
 Colour: Black A/O: Insured / Std / NI / N
 Sp. Reading: 2164 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: WBA15F32000FJ14044
 Gen. Condi: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Locked / Burnt or
 Brake: In order / Jammed / Locked / Burnt or
 Mod: NII / S/R/m / STD A/R/m or
 Tyre Size: F: 225/45 R18
 R: _____
 ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front: _____ Rear: _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 25/8/21 O.O.L. 16/9/21
 Survey held at Performance Motors
 Des. of Damages: FH / Rear / O/S / N/S / VIC / Roof/lop or
 The U/S / Chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-175R</u>

Site/Time, File, Poss 1st. ☐ : Prelim. Report
☐ : Final Report
 Site/Time, File Return 1st.
 Days Of Repair: _____
 Resurvey No. of Trips: _____
 Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Inve (\$ _____)
☐ : Wheel and (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S. & R. SI: _____
 Fuel: _____
 Others: _____
 TOTAL: _____

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559M 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 (Motorsrad)



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 59309
Date Estimated : 26/08/2021
Prepared By : Joseph Yaguel

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Gene Phay Mia Young (Peng MiaoYang)
38 Mount Vernon Road. (S) 368059
Bartley Ridge
#13-28
SINGAPORE 368059

- 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
SGX288C	WBA5F32000FJ14044	25/06/2020	320i Sedan	20023

DESCRIPTION	VALUE
To replace rear bumper, boot lid including to knock out tail panel and dented area caused by the accident 850 X 2	1717 3,400.00
To respray rear bumper, boot lid and tail panel	1826 2,666.00
To carry out body cavity preservation. (Per panel).	112 118.00
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 remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	168 177.00
To remove and install boot compartment carpet and garnish to facilitate repair.	257 271.00
To check electrical wiring system and lighting at the rear section for proper function.	168 177.00
Sundries.	? 150.00

Total Labour 1: 7,490.00

DESCRIPTION	QTY	PRIC	VALUE
TRUNK LID	1	1,322.15	1,322.15
Mount, lateral	1	199.95	199.95
Mount, lateral	1	199.95	199.95
# REAR BUMPER CARRIER	1	493.80	493.80
ADAPTER	1	48.40	48.40
TRIM STRIP (SPORT)	1	104.20	104.20
REAR BUMPER LH SIDE GUIDE	1	134.30	134.30
# REAR BUMPER RH SIDE GUIDE	1	134.30	134.30

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Fax: 64747770

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Singapore 438160
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

Page No. : 2 of 5

Estimate No. : **b1 59309**
Date Estimated : **26/08/2021**
Prepared By : **Joseph Yaguel**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SGX288C	WBA5F32000FJ14044	25/06/2020	320i Sedan	20023

DESCRIPTION	QTY	PRIC	VALUE
# REAR BUMPER PANEL PRIMED (SP <i>CRU</i>)	1	1,281.30	1,281.30
REAR BUMPER TOWING EYE COVER PRIMED	1	48.10	48.10
SET MOUNTING PDC/PMA SENSOR REAR <i>AK</i>	1	69.70	69.70
PLAQUE 74MM <i>AK</i>	1	71.95	71.95
# LETTERING 320i <i>AK</i>	1	64.75	64.75
GROMMET <i>AK</i>	2	0.80	1.60
EXPANDING RIVET D=8MM <i>AK</i>	14	1.10	15.40
# REAR DIFFUSER <i>BR</i>	1	64.95	64.95
# TRUNK LID SEALING <i>?</i>	1	129.35	129.35
Ultrasonic sensor black <i>?</i>	2	249.95	499.90
(DG/SL) ADHESIVE SET K6 <i>AK</i>	1	53.05	53.05

Total Parts : **4,937.10**

Steve (LKK)
16/9/21, 19. Mon
WHL PL
P/P
My Bel dy
5 dys

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damage before/after survey
- Parts price to be confirmed by LKK
- To provide a quote on a "no win, no fee" basis
- To provide a quote on a "no win, no fee" basis
- To provide a quote on a "no win, no fee" basis

Acknowledged by Repairer

Signature:

Date:



Labour 1	:	7,490.00
Parts	:	4,937.10
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	869.90
Grand Total	:	13,297.00

** 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 26/08/2021 14:09 (SGT)
Date of Accident 25/08/2021 07:45 (SGT)
Exact Location of Accident Bishan Street 21, Singapore
Additional Location Information BISHAN STREET 21 SLIP ROAD TO MARYMOUNT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX288C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GENE PHAY MIA YOUNG
NRIC No SXXXX996I
Email Address GENESYSQINT@GMAIL.COM
Mobile Phone No (Phone) +65-97340225
Alternative Phone No +65-97340225

VEHICLE PARTICULARS

Manufacturer BMW
Model 320i
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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00125982100
Cover Note Number -

DRIVER

Name of Driver GENE PHAY MIA YOUNG
NRIC No SXXXX996I



Date Of Birth	29/07/1977
Occupation	Indoor
Date Of Driving Pass	28/07/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97340225
Alt. Phone Number	+65-97340225
Email Address	GENESYSQINT@GMAIL.COM
Address	38 MOUNT VERNON ROAD #13-28
Address complement	-
Postcode	368059
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FIONA 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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX1192C
Vehicle Manufacturer	Mercedes
Vehicle Model	C180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	GLORIA HO
NRIC No	SXXXX542Z
Contact Number	(Phone) +65-82284210
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GENE PHAY
Gender	Male
Phone No	(Phone) +65-97340225
Address	38 MOUNT VERNON ROAD #13-28
Address Complement	-
Post Code	368059
Approximate Age Years Old	44
Injuries Sustained	HEAD, NECK AND SPINE
Injured person in which vehicle?	SGX288C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	SHARON
Phone	(Phone) +65-93665325
Email	-

SKETCH PLANIMPORTANT 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: 26/8/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

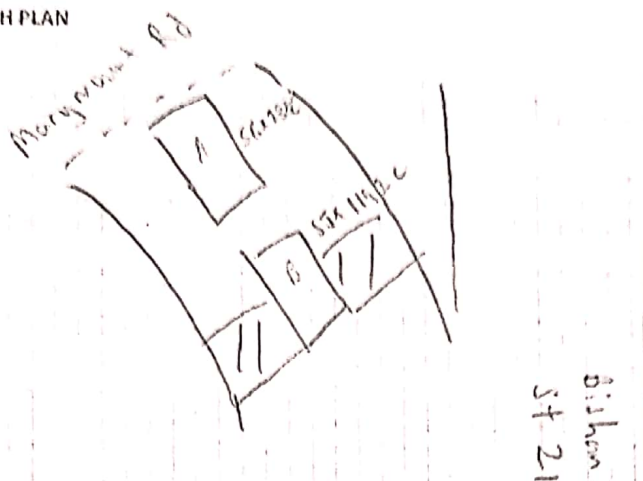
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Joseph Yaguel
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. 1 stop before the entry to Marymount Rd.
2. Car B behind me did not stop at the zebra crossing.
3. Car B continued to drive through.
4. Collided with my car A at the rear twice.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 26/8/2021

Driver's Signature _____

(If driver is not the policyholder)
Date & Time:

Reporting Captain Personnel's Signature

Performance Motors Limited
NRIC 80303
Sime Darby Performance Centre
Singapore 159041