

ASS. REC. BY:

REF:

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. _____

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: _____

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: SKB3319X Yr Regn: 2011, May.

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

Truck / Trailer or

Make: Bmw X5 c.c. 2979

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 109145 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAZV42060L491781

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/55R18

R: 255/55R18

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 02/0/21

Survey held at New Zen

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
	<u>TP AXA</u>
	<u>COE Expiry: 31/01/31</u>
	<u>MV: 107K</u>
	<u>PV: 39.8K</u>
	<u>Nett: 67.2K</u>

Date/Time, File Pass to? : **Prefi. Report**

1) : **Final Report**

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

3 + RS _____ SI

Phone

Others

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Inve (\$)

: Weekend (\$)

Report Format: _____

Lump Sum / LB: £

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 04/10/2021 12:25 (SGT)
Date of Accident 02/10/2021 21:50 (SGT)
Exact Location of Accident 7 Lor. 102 Changi, Singapore 426602
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB3319X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ;LIM YIN MING ADRIAN
NRIC No SXXXX688J
Email Address ADRIANLIM.PN@GMAIL.COM
Mobile Phone No (Phone) +65-91015050
Alternative Phone No +65-91015050

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 2979

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21A00052901
Cover Note Number -

DRIVER

Name of Driver ;LIM YIN MING ADRIAN
NRIC No SXXXX688J

Date Of Birth	15/03/1981
Occupation	Indoor
Date Of Driving Pass	30/07/2004
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91015050
Alt. Phone Number	+65-91015050
Email Address	ADRIANLIM.PN@GMAIL.COM
Address	780 BEDOK RESERVOIR ROAF #05-29 WATERFRONT KEY
Address complement	-
Postcode	479255
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SJQ9769Z
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TSE KWAN TENG ANTON
NRIC No	SXXXX528F
Contact Number	-

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 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 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

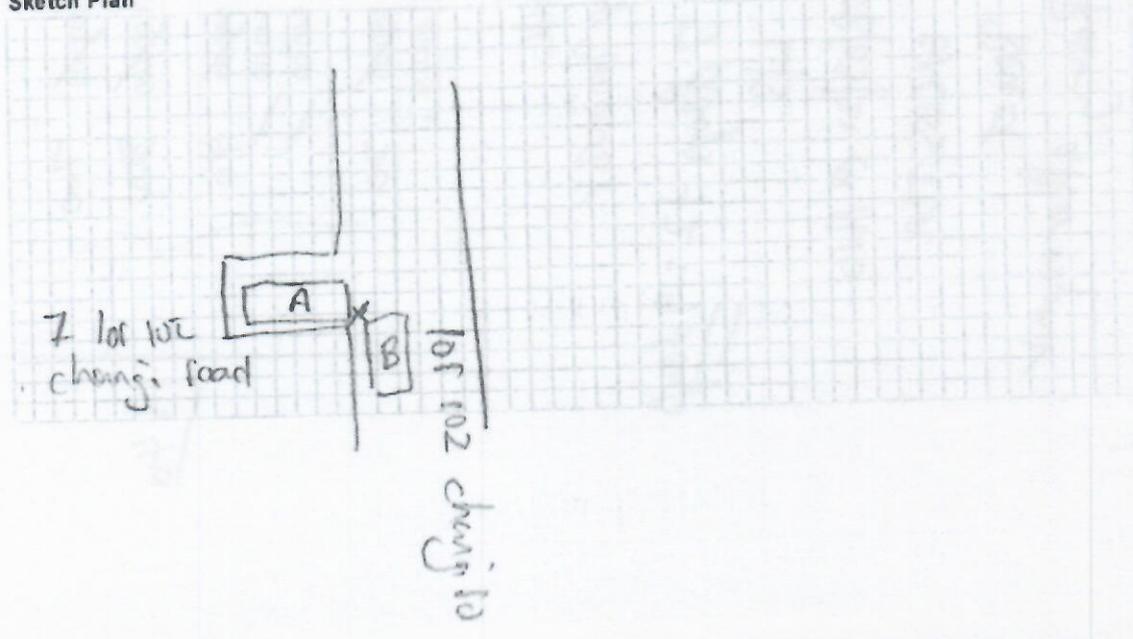
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 4/10/21
 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

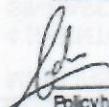
My Car, BMW X5 is parked stationary in front of my mother's house 7 Lor 102 Changi Road S(426602) on 2/10/2021, 9:50pm. A black Volkswagen Golf drove by TSE KWAN TENG ANTON S(9206528 F) along Lorong 102 Changi Road and his car brush across the front right bumper and the front bumper of my car, causing deep scratches in my front right bumper and the front bumper. The car plate is damaged and falls off too. His Volkswagen Golf also has scratches in front left bumper and front side door as evidence of his car hitting my stationary car.

We had an agreement that he acknowledge hitting my car, and I will be claiming on his insurance to repair the damage.

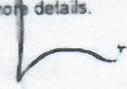
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 4/10/21
 Policyholder's Signature / Date & Time

 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP0U21A40005 Vehicle Registration No: SKB 3319X
Name (as shown in NRIC): Adrian Lim NRIC/FIN/Passport No: S8109688J
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 91015050

Email Address: _____

Date of Accident: 2/10/21 Time of Accident: 2150

Place of Accident: F Lor 102 Changi Rd

Insurance Company: EUCS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Insured Name
Lim Yin Ming Adrian

[Signature]
Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR
Blk 3022A Upper Road
Singapore 408715
Tel: 6741 5336 Fax: 6741 7111
Email: claims@procarcare.com...

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
 Owner ID: 688J

Vehicle Details

Vehicle No.: SKB3319X
 Vehicle to be Exported: No
 Intended Deregistration Date: 07 Oct 2021
 Vehicle Make: B.M.W.
 Vehicle Model: X5 XDRIVE35I 3.0 AT 4WD 5DR GAS/D NAV SR
 Primary Colour: Black
 Manufacturing Year: 2011
 Engine No.: 05517723N55B30A
 Chassis No.: WBAZV42060L491781
 Maximum Power Output: 225.0 kW (301 bhp)
 Open Market Value: \$73,049.00
 Original Registration Date: 19 May 2011
 First Registration Date: 19 May 2011
 Transfer Count: 2
 Actual ARF Paid: \$73,049.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
 PARF Eligibility Expiry Date: -
 PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Jan 2031
 COE Category: B - Car (1601cc & above)
 COE Period(Years): 10
 PQP Paid: \$42,683.00
 COE Rebate Amount: \$39,757.00
Total Rebate Amount: \$39,757.00

The information contained herein is correct as at 07 Oct 2021

OK

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20 results/page