

REG BY: Thuan

REF: 04/AIG2611026/r93

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: 140k
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SFC988m ✓ Yr Regn: 12/9/12
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Bmw 640I c.c. 2979
 Colour: Silver A/C: _____ Insured / Std / NI / NA
 Sp. Reading: 60358 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBALW72020DK15564
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 275/30R20
 R: 275/30R20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI /
 TOYO / YOKO or

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 25/10/21 D.O.I. 28/10/21 1000
 Survey held at Teamwork
 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
	MV: <u>140k</u>
	Rebate: <u>99752</u>
	NV: <u>40248</u>

Date/Time File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Wash and

Survey Fee:

Transportation:

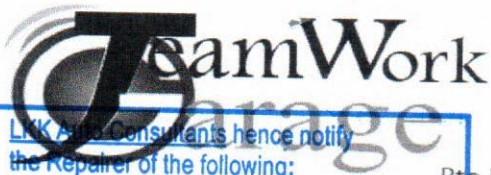
\$ + RS. \$

Photos

Others

Report Form:

Letter Sign / UIC:



TeamWork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475
 E-mail : claims@teamworkgarage.com
 ROC number : 201015366H
REPAIR PERFORMANCE INVOICE

Link & 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

AND 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

Pte Ltd

Acknowledged by Repairer

Signature:

Qty: Particulars

Vehicle number SFC988M ✓
 Make / Model BMW 640i
 Chassis number WBALW72020DK15564
 Accident date 25/10/21
 Reference 2110-18

Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS

1	FRONT BUMPER	1513.4	1815.00	✓	Scr
1	FRONT BUMPER RETAINER LH	30	132.00	✓	nrc
1	FRONT BUMPER PDC		275.00	✓	Cut
1	FRONT BUMPER LOWER GRILLE		143.00	✓	Scr
1	FRONT HEADLAMP LH		2640.00	✓	Scr
1	FRONT HEADLAMP BRACKET LH		154.00	?	X Svc
1	FRONT SIGNAL LAMP LH		260.00	?	X Svc
1	FRONT NOZZLE		209.00	?	X Svc
1	FRONT NOZZLE COVER		77.00	✓	Scr
1	FRONT SHOCK ABSORBER LH		1815.00	?	X Svc
1	FRONT KNUCKLE ARM LH		770.00	?	X Svc
1	FRONT KNUCKLE ARM BEARING LH		528.00	?	X Svc
1	FRONT LOWER ARM LH	310	748.00	?	BT
1	FRONT UPPER ARM LH	486.7	605.00	?	BT
1	FRONT RIM LH	750	1980.00	✓	Cut

Less 5%

12151.00

607.55

11543.45

PARTS REPLACEMENT - SPECIAL NETT ITEMS

1	FRONT HEADLAMP TINTING		200.00	✓	nec 100
1 SET	FRONT BUMPER CLIP		50.00	✓	nec 30
1 SET	FRONT FENDER INNER SHIELD CLIP		50.00	✓	nec 30

Subtotal

300.00

Balance C/F

11843.45

LABOUR AND MISCELLANEOUS CHARGES

1	CHECK WIRING AND LIGHTNING SYSTEM		60.00	20
2	COMPUTERIZE AND CHECK WHEEL ALIGNMENT		200.00	60
3	REMOVE AND REPLACE REAR UNDERCARRIAGE		200.00	70
4	RE-PROGRAMME AFTER REPAIR		300.00	50
5	PANEL BEATING ON AFFECTED AREAS		1000.00	200
6	SPRAY PAINTING ON AFFECTED AREAS		1000.00	200
7	APPLY ANTI RUST ON AFFECTED AREAS		150.00	30

Subtotal

2910.00

Grand total

14753.45

Thevan@lhtayto.com

82235769 28/10/21
 L/S after repair photo
 3 days wp

subject to
 wheel alignment
 Report.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	678J
Vehicle Details	
Vehicle No.:	SFC988M
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Nov 2021
Vehicle Make:	B.M.W.
Vehicle Model:	640I 3.0 AT ABS D/AB HID DSC NAV HUD
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	08288218N55B30A
Chassis No.:	WBALW72020DK15564
Maximum Power Output:	235.0 kW (315 bhp)
Open Market Value:	\$78,398.00
Original Registration Date:	12 Sep 2012
First Registration Date:	12 Sep 2012
Transfer Count:	3
Actual ARF Paid:	\$78,398.00 391,999
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Sep 2022
PARF Rebate Amount:	\$39,199.00
Intended COE Rebate Details	
COE Expiry Date:	31 Oct 2031
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$60,586.00
COE Rebate Amount:	\$60,553.00
Total Rebate Amount:	\$99,752.00

The information contained herein is correct as at 02 Nov 2021

OK

$$\begin{aligned} 1167 \times 120 &= 140040 \\ &= 140k \\ 140k - 49752 &= 90248 \end{aligned}$$

6 Series 640i Cabriolet Used Vehicle List (3 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
BMW 6 Series 640i Cabriolet (New 10-yr COE)	\$149,800	\$14,970 /yr	30-May-2012	2,979 cc	90,000 km	V.I.P. Auto Nation Pte Ltd	Available

A Grand 640i With A Soft Top For Best Pleasure During A Night Drive. Pearl White With Black Interior. Low Mileage. Powerful And Responsive Engine. Wear And Tear Replaced. Loan/Finance Available. Viewin...

Office No. - -

Dennis - 88701172 | Althan - 92718770 | Charles - 87266193 | Kirby - 87496492

BMW 6 Series 640i Cabriolet (New 10-yr COE)	\$148,888	\$14,880 /yr	10-May-2012	2,979 cc	59,345 km	Wheels & Cars Pte Ltd	Available
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We Are The COE Specialist. No Gimmicks, Honest Dealing, Very Low Mileage Clocked, Immaculate Condition With No Repairs Needed. 1 Year Warranty On Engine And Gearbox. Full Loan Available! Easy Approval...

Office No. - 66559555

Kenneth - 97116507 | Roy Lee - 83158315 | Royston - 81322288

BMW 6 Series 640i Cabriolet (New 10-yr COE)	\$155,000	\$15,490 /yr	12-Sep-2012	2,979 cc	55,000 km	Teamwork Garage Pte Ltd	Available
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Extremely Well Maintained. Immaculate Condition From Interior To Exterior. High/Flexible Loan Available. Trade In Welcome. View By Appointment. Price Included New 10 Years COE.

Office No. - -

Randall - 92988685 | Kenneth - 90119989 | Keith - 83389989

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$$\frac{dp: 14k}{12} = 1167$$

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	26/10/2021 17:07 (SGT)
Date of Accident	25/10/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVENUE 2 TOWARDS UBI ROAD 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC988M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KUEK KIEN JOO
NRIC No	S6860678J
Email Address	austenkjy@gmail.com
Mobile Phone No	(Phone) +65-97334822
Alternative Phone No	+65-97334822

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640I 3.0 AT ABS D/AB HID DSC NAV HUD
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA011769
Cover Note Number	14/11/2020 TO 13/11/2021

DRIVER

Name of Driver	AUSTEN KUEK JINGYONG
NRIC No	T0037878F

Date Of Birth	28/10/2000
Occupation	Indoor
Date Of Driving Pass	15/11/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90849088
Alt. Phone Number	-
Email Address	austenkjy@gmail.com
Address	150 JALAN ARIF SINGAPORE 548822
Address complement	-
Postcode	-
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 - Change/cross lane
Weather Conditions	AFTER RAIN
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 WITH ATTACHED.

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	SLB1988R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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 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 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:

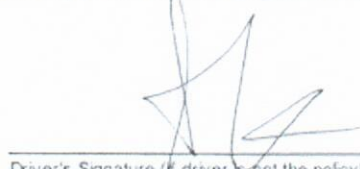
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 Purpose.

for 

Policyholder's Signature / Date & Time



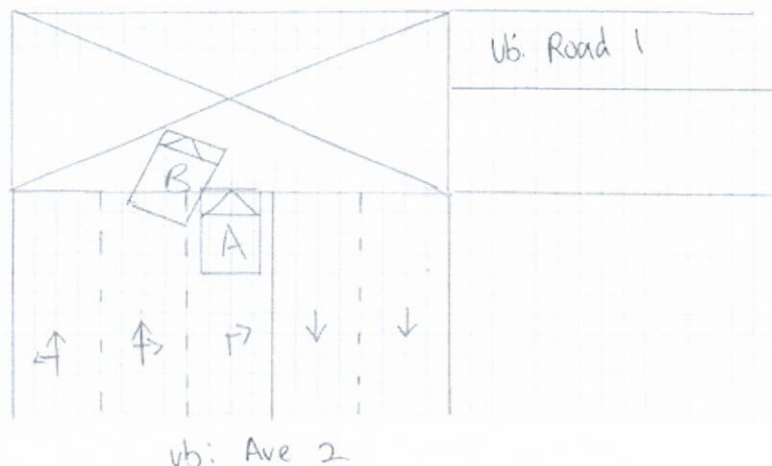
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

A: SFC988M
B: SLB1988R



Describe Circumstances of the Accident

I was travelling along Ubi Ave 2 turning towards Ubi Road 1 on the most right lane. As I approached the junction, vehicle B which is on the middle lane cut into my lane and collided onto my vehicle front right portion.

Declaration

We declare the foregoing particulars are true in every respect.

for

Policyholder's Signature / Date &
Time

(If driver is not the policyholder)

Witnessed by Reporting Centre
Personnel