

ASS. REQ. BY:

REF:

CTZ/21011677/K

Kenneth

## 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-6 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Smv 18187 Yr Regn: 05.19

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

Truck / Trailer or

CA1

Wagon

Make:

BMW X1

C.C.

1499

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

58293

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBAJG120505N07088

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

Pirelli

R:

Pir 225/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

8

mm

L/Bal.

7

mm

L/Bal.

8

mm

D.O.A.

14/11/21

D.O.I.

23/11/2021

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

# MBM WHEELPOWER PTE LTD

Your Ref: SLN5644T3

Our Ref: SMN1818Z

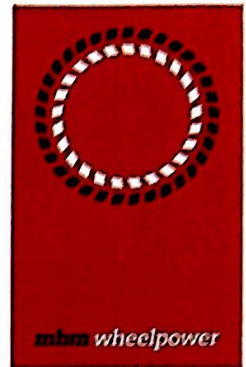
To: CHINA TAIPING

CC

Fax

*Not Authorized  
Survey B4 point  
4-6 days*

Date: 15/11/2021  
From: Danny  
Fax: 64525333  
Contact: 93288668  
Make / Model: B.M.W X1  
Chassis No.: WBAJG120505N07088  
Engine No.: 38975588B3B15A  
Year of Make: 2019  
Accident Date: 14 November 2021



ESTIMATE FOR VEHICLE NO. : SMN1818Z

DESCRIPTION	QTY	List Price
REAR WINDSCREEN MOULDING	1	\$ 120.00 7
TAIL GATE	1	\$ 1,584.00 B7 ✓
TAIL GATE HINGE LH	1	\$ 130.00 R X
TAIL GATE HINGE RH	1	\$ 130.00 R X
TAIL GATE WEATHERSTRIP	1	\$ 200.00 S2 X
REAR BUMPER	1	\$ 1,339.00 B2 ✓
REAR BUMPER LOWER COVER	1	\$ 400.00 Du ✓
REAR BUMPER LOWER TRIM	1	\$ 247.00 Du ✓
REAR BUMPER RH TOW COVER	1	\$ 60.00 S2 X
REAR BUMPER CENTER MOUNTING	1	\$ 65.00 ?
REAR BUMPER LH RETAINER	1	\$ 210.00 S2 X
REAR BUMPER RH RETAINER	1	\$ 210.00 S2 X
REAR BUMPER LH CARRIER	1	\$ 226.00 ?
REAR BUMPER RH CARRIER	1	\$ 226.00 ?
REAR REINFORCEMENT	1	\$ 629.00 ?
REAR EXHAUST HEAT SHIELD	1	\$ 105.00 B7 ✓
END PANEL	1	\$ 650.00 ?
BUMPER CLIPS	10	\$ 60.00 M ✓
DISTANCE SENSOR @ \$250 EACH	2	\$ 500.00 ?

Total: \$ 6,971.00

LESS 10% (697.10)

Parts Total: \$ 6,273.90

**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:



**SNETT:**

WINDSCREEN SEALANT  
REAR NUMBER PLATE & HOLDER

1 \$  
1 \$

*100* 60.00  
*100* 50.00 *X*

**LABOUR**

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO  
KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS.

\$ 1,000.00 *7*

TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)

\$ 300.00 *7*

TO REMOVE & REPLACE REAR WINDSCREEN

\$ *1200* 150.00

TO APPLY ANTI RUST COATING

\$ 150.00 *7*

TO REMOVE, REFIT & UPHOLSTERY TO FACILITATE REPAIRS

\$ *600* 150.00

TO REMOVE & REPLACE BUMPER SENSORS

\$ 60.00 *✓*

TO CHECK & RECONNECT ALL NECESSARY WIRING

\$ 80.00 *200*

TO SPRAY PAINT ON THE AFFECTED AREAS

\$ *6600* 1,000.00

Total: \$ 9,273.90

7% GST: \$ 649.17

Grand Total: \$ 9,923.07

**WHEELPOWER PTE LTD**

180 SIN MING DRIVE

#08-02

SIN MING AUTO CITY

TEL: 63208888 FAX: 63208888

Company Registration Number: 2033204112111

## 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	15/11/2021 10:17 (SGT)
Date of Accident	14/11/2021 21:42 (SGT)
Exact Location of Accident	Bukit Batok East Ave 2, Singapore
Additional Location Information	SLIP ROAD AT JUNCTION BETWEEN BUKIT BATOK EAST AVE 2 & EAST AVE 6
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN1818Z
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SHI HUI CELESTINA (LIN SHIHUI)
NRIC No	SXXXX027H
Email Address	CELESTINA.LIM@GMAIL.COM
Mobile Phone No	(Phone) +65-91190011
Alternative Phone No	+65-91190011

#### 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	1995

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117635529-01
Cover Note Number	-

#### DRIVER

Name of Driver	TUNG GUANG JUN, DARREN
----------------	------------------------



# 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.

*[Signature]* 15/11/21 0930hrs

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

