

ASS. REG. BY

Steve

CS/CT 1210/1993/Euy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OR (TP/NS/TPR/OD/RR/ EYA/INV/MV)

To Inspect Vehicle No: **SNA 9041B**

at Workshop no: _____

Insured: **GBH 1205D**

Policy No: **DMCVSNW00001112100**

Claims No: **SNM21D206406/C02**

Sum Insured: _____

(Client's Record)

Makes of Vols: _____

(Policy Condition)

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

Det. or Market Value: _____

IOAC Accident Report: _____ Consistent? Yes or No

GIA / PR Sec: _____ Consistent? Yes or No

Est. Repair: **5** days Rep: Yes or No

Com Sum: _____ % 3 Vol: Yes or No

QA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____



Veh No: **SNA 9041B** Yr Reg: **22/7/21**

Type: ☒ Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Trail / ☐ Mobile

Truck / Trailer or

Make: **BMW 520i** Cb: **1998**

Colour: **Black** A/C: ☐ Insured / ☐ St / ☐ NI / ☐ H

Sp. Reading: **4-2-26** Yr Reg: ☐ Insured / ☐ St / ☐ NI / ☐ H

Eng No: **WBA72AG 070 WX 35481**

On/O: _____

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Bught

Steering: ☒ Free / ☐ Jammed / ☐ Locked / ☐ Burnt or

Brake: ☒ Free / ☐ Jammed / ☐ Locked / ☐ Burnt or

Mod: ☒ All / ☐ R / ☐ L / ☐ 3/4 R / ☐ 3/4 L

Tyre Size: **Pi 245/40R19**

RI: **11**

☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI

TOYO / YOKO or

Front: **5** mmn **5** mm

R/Vel: **5** mmn **5** mm

U/Vel: **5** mmn **5** mm

O.A.A: **7/11/21** **Performance Motors**

Survey held at: **Reor / O/S / H/S / VIC / Roadside or**

Det. of Damages: **Reor / O/S / H/S / VIC / Roadside or**

The V/O / Chassis / Frame / Body Structure affected due to collision

Date / Time: _____ Action / Instruction: **MV-26015**

Confirmed P/P \$9318.45, 5 repair days

(RED \$346.20; 4%)

me/Time, File, Receipt: ☐ Prel. Report

14/12 TYPIST ☐ Final Report

me/Time, File, Receipt: _____

Days of Repair: **5**

Resurvey No. or Trips: **1**

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invo (\$ _____)

☐ Workshop (\$ _____)

Survey Fee: _____

Transportation: _____

Breaks: _____

Others: _____

TP: **\$9318.45**

BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559W 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 436180
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. : 1 of 5

Estimate No. : b1 59976
Date Estimated : 09/11/2021
Prepared By : Inthiran A/L Thurasamy

- ESTIMATE REPAIR FOR -
BMW Asia Pte Ltd
1 Harbour Front Avenue
#15-02/07 Keppel Bay Tower

Singapore 098632

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNA9041B	WBA72AG070WX35489	22/07/2021	520i Sedan	2434

DESCRIPTION

To replace rear bumper, boot lid and attachments.

1700 1,700.00

To painting rear bumper and boot lid.

1826 1,923.00

To check electrical wiring system and lighting at the rear section for proper function.

168 177.00

To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.

168 177.00

To transfer lock mechanism from old to new bootlid including conduct check on new bootlid central locking system for proper function.

524 531.00

To carry out body cavity preservation.
(Per panel).

112 118.00

Sundries.

9 150.00

Total Labour 1: **4,776.00**DESCRIPTION

TAILGATE ALUMINIUM

QTY

PRIC

VALUE

REAR BUMPER CARRIER

1

1,758.45

1,758.45

REAR BUMPER TRIM STRIP (LUXURY)

1

582.55

582.55

REAR BUMPER BOTTOM TRIM PANEL

1

63.45

63.45

REAR BUMPER BOTTOM REINFORCEMENT

1

309.95

309.95

REAR BUMPER TRIM PANEL (PDC/PMA)

1

86.30

86.30

LETTERING 520i

1

1,627.25

1,627.25

Tail light t

1

64.75

64.75

(Tailgate)
Right RH

CUT

Total Parts : **4,882.95**

Performance Motors Limited

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



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 59976
Date Estimated : 09/11/2021
Prepared By : Inthiran A/L Thurasamy

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNA9041B	WBA72AG070WX35489	22/07/2021	520i Sedan	2434

Steve (LKK)
29/11/21, 11.30am

WAL RL
5 d/s
P/P
by BL by

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:



Labour 1	:	4,776.00
Parts	:	4,882.95
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	676.13
Grand Total	:	10,335.08

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY **

** PRICE FOR PARTS ARE SUBJECTED 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	07/11/2021 22:42 (SGT)
Date of Accident	07/11/2021 14:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY AFTER RANGOON ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9041B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BMW ASIA PTE LTD
Company Reg No	198502157D
Email Address	Yi-Yun.chen@bmw.de
Mobile Phone No	(Phone) +65-68389701
Alternative Phone No	(Office) +65-68389701

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520I LUXURY ADAP LED HL
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	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SD21V01511
Cover Note Number	-

DRIVER

Name of Driver	LEE YU SHENG
NRIC No	S8429868I

Date Of Birth	26/09/1984
Occupation	Indoor
Date Of Driving Pass	13/10/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82339618
Alt. Phone Number	-
Email Address	leeyusheng84@gmail.com
Address	13 KIM KEAT ROAD
Address complement	#10-02
Postcode	328842
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger 1
Gender	Male

PASSENGER 2

Name	Passenger 2
Gender	Female

PASSENGER 3

Name	Passenger 3
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

I was traveling along CTE towards city just after Rangoon road exit it was a 3 lane traffic and my vehicle was stationary along lane 3 suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

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	GBH1205D
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	SAMUDI GOVINDAN
Work Permit No	G7836026M
Contact Number	(Phone) +65-84341845
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	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 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 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.

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Policyholder's Signature
Date & Time:

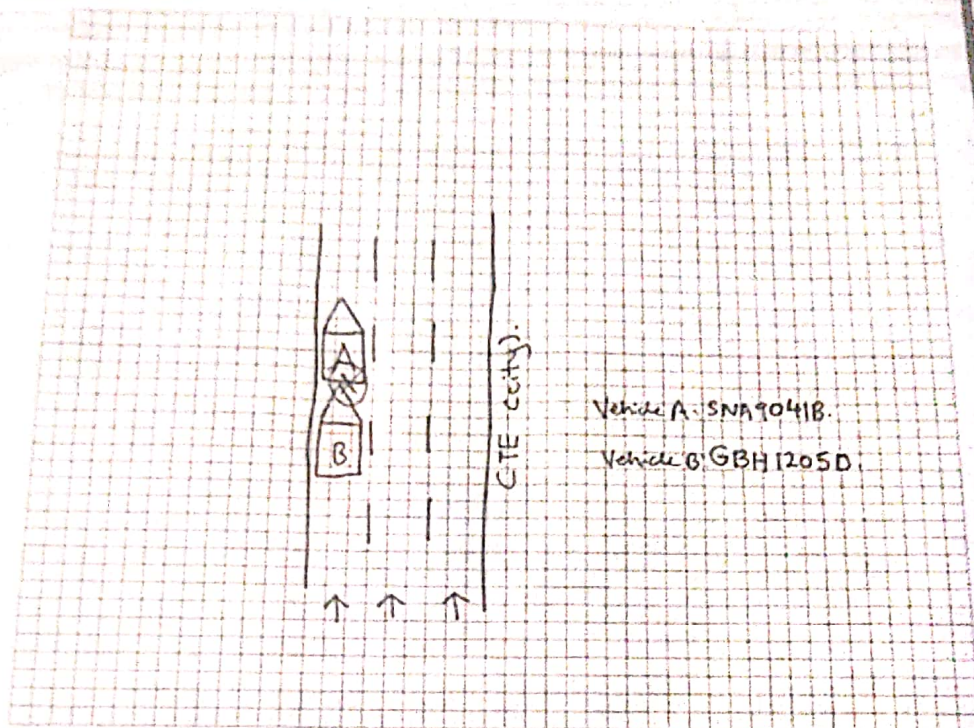
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

7 Nov 2021

ACCIDENT DIAGRAM

Ver. 30042631



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Policyholder's Signature
Date & Time:

MD.
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along CTE towards city just after Rangoon road exit it was a 3 lane traffic and my vehicle was stationary along lane 3 suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

7 Nov 2021

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2