

ASS. REC. BY: Steve

REF:

C3/CT121012323/Y3**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 Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLM5373E Yr Regn: 31/3/17Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 116D c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 86068 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAIV720505686423Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 1/12/21 D.O.I. 2/12/21Survey held at Performare Motors

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

Front RH

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

Date / Time Action / Instruction

MV-68K

cost of repair of \$3349.00 (P/P before GST) - with 4 days of repair

red: 2669.55;44%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I. (\$) _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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 438180
Fax: 63449773

315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64796601 (AfterSales)
64796624 (Motorrad)



Submit third party.
Car Not In

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 60231
Date Estimated : 04/12/2021
Prepared By : Foong Shiuh Jye

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Hong Shi Ling
Blk 8 Marsiling Drive
#10-30

Singapore 730008

- 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
SLM5373E	WBA1V720505G86423	31/03/2017	116d	85444

DESCRIPTION

To replace bumper front panel. To remove and install attachments on front right side panel

1275 2,550.00

To spray paint bumper front panel and front right side panel

1826 1,923.00

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

168 177.00

To check electrical wiring system at the front section for proper function including adjustment of headlights.

168 177.00

Sundries.

7 80.00

* patty / complete photo

Total Labour 1: 4,907.00

DESCRIPTION

DESCRIPTION	QTY	PRIC	VALUE
CLAMP <i>npc</i>	10	3.35	33.50
MOUNTING SUPPORT <i>1</i>	1	11.25	11.25
SUPPORT CENTER <i>1</i>	1	17.60	17.60
FRT BUMPER LH INSERT <i>X</i>	1	68.30	68.30
FRT BUMPER RH INSERT <i>X</i>	1	68.30	68.30
FRT BUMPER PANEL PRIMED <i>X R</i>	1	833.80	833.80
SET PDC HOLDER FRONT <i>X</i>	1	25.75	25.75
(DG/SL) ADHESIVE SET K6 <i>X</i>	1	53.05	53.05

Total Parts : 1,111.55

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GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 60231
Date Estimated : 04/12/2021
Prepared By : Foong Shiuh Jye

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLM5373E	WBA1V720505G86423	31/03/2017	116d	85444

Steve (LKK)
21/12/21, 4.9pm

WKL PL
4 dys
P/P
Lg AL sy

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	:	4,907.00
Parts	:	1,111.55
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	421.30
Grand Total	:	6,439.85

**** 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	02/12/2021 18:47 (SGT)
Date of Accident	01/12/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SHAW HOUSE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5373E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HONG SHI LING
NRIC No	SXXXX020F
Email Address	SERENEHONG40@GMAIL.COM
Mobile Phone No	(Phone) +65-90622325
Alternative Phone No	(Home) +--

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00188552104
Cover Note Number	-

DRIVER

Name of Driver	HONG SHI LING
NRIC No	SXXXX020F

Date Of Birth	08/08/1984
Occupation	Indoor
Date Of Driving Pass	10/01/2005
Driving experience	16 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90622325
Alt. Phone Number	(Home) +--
Email Address	SERENEHONG40@GMAIL.COM
Address	APT BLK 8 MARSILING DRIVE
Address complement	#10-30
Postcode	730008
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

SEE ATTACHED SKETCH PLAN

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	GBG2910A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91050064
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


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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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: 2/12/21
2.30pm



Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/12/21
2.30pm



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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked (stationary) at Shaw House carpark.
When i get back to the car, i saw the paint work
damaged and the other driver left a note for me
to contact him.

DECLARATION

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

Policyholder's Signature

Date & Time: 2/12/21
2:30pm

GLARMC Sketch Form V2

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/12/21
2:40pm.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: