

(08/11/13) waf
ASS. REC. BY: Paul

REF:

CS/CT121012375/Rity3

964A

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: Smy 31427
at Workshop m/s PERFORMANCE
of 303, ALEXANDRA RD
Insured: CTI

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:

62K

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:

Smy 31427

Yr Regn: 2016 MAY

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

Truck / Trailer or

Make:

B.M.W 116D H.B. SDR

c.c 1496

Colour

GREY

A/C: Insured / Std / NI / NA

Sp.Reading

58350

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA 1V72040V724608

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:

205/55R16

R:

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

04/12/21

D.O.I.

03/01/22

Survey held at

PERFORMANCE

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

REPAIR LIMIT - 38K

We will be advising our Principal a cost of repair of P/P \$2,044.00 /- with 3 days of repair,
subject to their approval

red:773;27%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

); S + RS, SI

☐

: Interview (\$

). Photos

☐

: Tech. Invs (\$

). Others

Report Format :

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 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 60236
Date Estimated : 06/12/2021
Prepared By : Chua Kee Sin

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

Bryan Heng Teng Tien
117 Bedok North Road
#05-241

Singapore 460117

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMY3142T	WBA1V72040V724608	25/05/2016	116d	46262

DESCRIPTION

Remove rear bumper include attachment et c

VALUE
880 1,275.00

Painting rear bumper

986 1,088.00

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

Sundries.

9 150.00

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:

Claims OD / 3rd Party / Uninsured / Direct Settlement**2,817.00**

Regn No.

Date & Time 03/01/22 @ 1420

Surveyor's Name

Rasul

Surveyor's Tel

95010068

Yes / No

Authorised Date

Time

RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No

Surveyor's E-mail

No. of Working Days Recommend

3 days



Labour 1	:	2,817.00
Parts	:	0.00
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	197.19
Grand Total	:	3,014.19

** 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 06/12/2021 14:44 (SGT)
Date of Accident 04/12/2021 21:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PUNGGOL ROAD TOWARDS COMPASSVALE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY3142T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BRYAN HENG TENG TIEN
NRIC No SXXXX964A
Email Address BRYANHENG7@GMAIL.COM
Mobile Phone No (Phone) +65-97672617
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 Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V06856/VPC/R00
Cover Note Number -

DRIVER

Name of Driver BRYAN HENG TENG TIEN
NRIC No SXXXX964A

Date Of Birth	12/05/1996
Occupation	Indoor
Date Of Driving Pass	05/07/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97672617
Alt. Phone Number	(Home) +--
Email Address	BRYANHENG7@GMAIL.COM
Address	APT BLK 117 BEDOK NORTH ROAD
Address complement	#05-241
Postcode	460117
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANGELA WONG XIN YU
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

SEE ATTACHED SKETCH PLAN

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	SDM9498Y
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-96311511
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 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)**

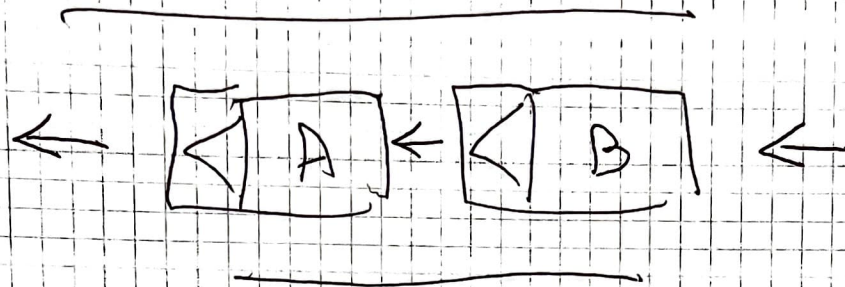
I understand, acknowledge, agree and consent that:

- (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:

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 04 December 2021, around 2100hrs, my car was at stationary at a red light junction. Driver of SDM9498Y was stationary behind my vehicle W but she suddenly inched forward and knock onto my rear.

DECLARATION

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

Policyholder's Signature

Date & Time: 06/12/2021
12:46pm

WAFWA Sketchbook 1.0.0_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

6/12/2021

@1246W

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	964A
Vehicle No.:	SMY3142T
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jan 2022
Vehicle Make:	B.M.W.
Vehicle Model:	116D 5DR HATCHBACK DSC LED
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	37029568B37D15A
Chassis No.:	WBA1V72040V724608
Maximum Power Output:	85.0kW (113 bhp)
Open Market Value:	\$23,904.00
Original Registration Date:	25 May 2016
First Registration Date:	25 May 2016
Transfer Count:	1
Actual ARF Paid:	\$10,466.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 May 2026
PARF Rebate Amount:	\$7,326.00
COE Expiry Date:	24 May 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,889.00
COE Rebate Amount:	\$21,022.00
Total Rebate Amount:	\$28,348.00

The information contained herein is correct as at 03 Jan 2022

OK

BMW 1 Series 116d

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$62,200		
Depreciation ⓘ	\$13,090 /yr View models with similar depre	Reg Date	12-May-2016 (4yrs 4mths 8days COE left)
Mileage	77,000 km (13.6k /yr)	Manufactured ⓘ	2016
Road Tax ⓘ	\$1,082 /yr	Transmission	Auto
Dereg Value ⓘ	\$28,174 as of today (change)	Fuel Type	Diesel (Euro 5 Engine and Above)
COE ⓘ	\$47,889	OMV ⓘ	\$23,904
Engine Cap	1,496 cc	ARF ⓘ	\$10,466
Curb Weight ⓘ	1,350 kg	Power	85.0 kW (113 bhp)
Type of Vehicle	Hatchback	No. of Owners ⓘ	1