

ASS. REC. BY: Steve

REF: CS/SMR21013084/E4f3

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. BUS/12/21/5041

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: SJD4787Y Yr Regn: 11/3/11

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

Truck / Trailer or

Make: BMW 523i c.c. 2647

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 165216 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAFP 37080C 864132

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 245/45R18

R: 11

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

TOYO / YOKO or

Front 5 mm Rear 5 mm

R/Bal. 5 mm L/Bal. 5 mm

D.O.A. 70/11/21 D.O.I. 17/1/22

Survey held at Performance Motors

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

Front LH

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

Date / Time Action / Instruction

MV-4CK

We will be advising our Principal a cost of repair of \$9269.15 (P/P before GST)
with 5 days of repair, subject to their approval. (Red \$4164.16, 31%)

Date/Time, File Pass to?

1) 09/02 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Report Format: TP

~~Lump Sum~~ / L.B.I: (\$ 9269.19)

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 438180
Fax. 63449773

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



Shuy Repair ✓
on 17/1/2022
rental Hest
#1250

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 60388
Date Estimated : 23/12/2021
Prepared By : Brandon Chan Eng Meng

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Arijit Roy
790 MOUNTBATTEN ROAD

Singapore 437788

- ACCOUNT - 66

MSIG Insurance (S) Pte Ltd
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SJD4787Y	WBAPF32080C864732	11/03/2011	5231A	162734

DESCRIPTION**VALUE**

To replace front bumper, front bumper absorber, attachment item
cause by 1/2
accident & make make good front left side panel.

1.5

1275 - 2,550.00

To spray paint front bumper, front left side panel.

1827 - 1,923.00

To replace tyre and wheel rim including balancing. (1x).
Front left

94.00

To check steering geometry and conduct wheel alignment in
accordance with BMW specifications. (1x).

504 - 531.00

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

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 replace left headlight.

457 - 481.00

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

112 - 118.00

Sundries.

3 - 150.00

Total Labour 1: 6,201.00

DESCRIPTION**QTY****PRIC****VALUE**

ALLOY RIM 8JX18 V SPOKE STY 328	1	976.00	976.00
HUB CAP WITH CHROME EDGE (BMW)	1	29.80	29.80
Set of mount	1	33.70	33.70
FRT BUMPER TOP IMPACT ABSORBER	1	100.00	100.00
SUPPORT	2	4.85	9.70
FRT BUMPER TRIM PRIMED (PDC)	1	1,357.90	1,357.90

1378.60 - 1,378.60

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GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 60388
Date Estimated : 23/12/2021
Prepared By : Brandon Chan Eng Meng

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SJD4787Y	WBAPP32080C864732	11/03/2011	5231A	162734

DESCRIPTION	QTY	PRIC	VALUE
LH BI-XENON HEADLIGHT ✓ CUT	1	2,662.90	2,662.90
DECOUPLING RING PDC TORQUE CONVERTE MC x nn	4	5.15	20.60
BUMPER PDC SENSOR (A76 TIEFSEEBLAU) (LH) ? x nn	1	371.20	1,484.80
Total Parts :			6,675.40

Steve (LKK)
17/1/22, 10.00am

WZ PL
5 dys
P/P
My Bel 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	:	6,201.00
Parts	:	6,675.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	901.35
Grand Total	:	13,777.75

** 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	21/12/2021 20:02 (SGT)
Date of Accident	20/12/2021 17:10 (SGT)
Exact Location of Accident	Orchard Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD4787Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ARJIT ROY
NRIC No	SXXXX755G
Email Address	ROY_ARJIT@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91098423
Alternative Phone No	(Home) +- -

VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2497

INSURANCE COMPANY

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

DRIVER

Name of Driver	SMITA ROY
NRIC No	SXXXX508G

Date Of Birth	14/04/1977
Occupation	Indoor
Date Of Driving Pass	13/10/2003
Driving experience	18 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98500291
Alt. Phone Number	-
Email Address	ROY_ARJIT@HOTMAIL.COM
Address	32 POH HUAT DRIVE
Address complement	-
Postcode	546822
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AAHANA ROY
Gender	Female

PASSENGER 2

Name	SAANVI ROY
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG6345D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	RAVI CHANDRAN
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

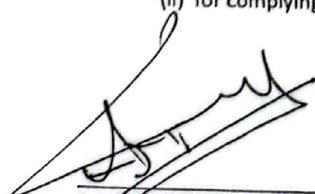
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1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful 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:

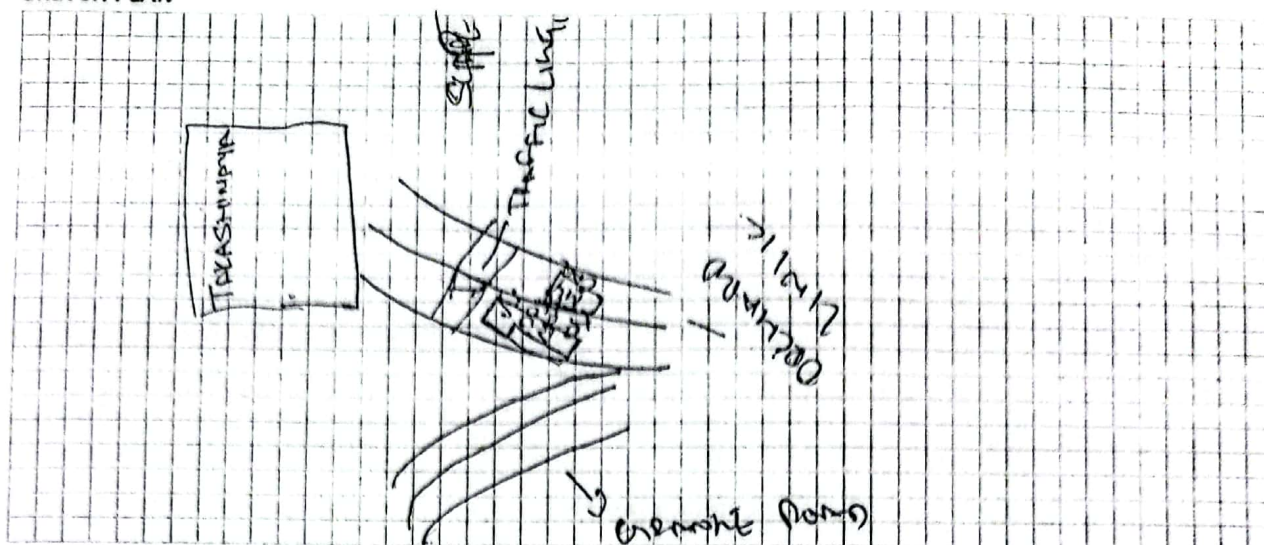
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN




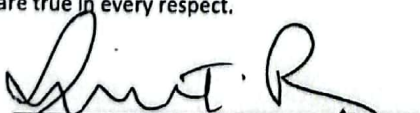
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING TO DESTINATION NINE AND CITY ON ORCHARD ROAD. I WAS ON THE MIDDLE LANE WHILE THE SMART BUS WAS ON THE LEFT LANE. THE ROAD WAS EXTREMELY CONGESTED & JAMMED. THE ROAD IN REFERENCE IS JUST OPPOSITE SCAPE. THE BUS WAS AHEAD OF ME & IT BANKED INTO THE FRONT LEFT SIDE OF THE CAR. I ROLLED MY WINDOW DOWN ONCE I APPROACHED THE BUS & TOLD THE DRIVER WHAT HAPPENED. HE ASKED ME TO STOP FURTHER DOWN AT THE BUS STOP WHERE WE TOOK PICTURES OF THE DRIVERS LICENSE & THE DAMAGE TO VEHICLE. THE BUS DRIVER INITIALLY WAS IN DENIAL ~~AS THE~~ UNTIL I SHOWED HIM PROOF OF DAMAGE ON HIS BUS. HE MENTIONED THE BUS HAD CCTV CAMERA'S ON BOARD & THIS WOULD BE REVIEWED.

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:


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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SPO121CLO007-01 Vehicle Registration No: SJD 487Y
Name (as shown in NRIC) : ARJIT ROY NRIC/FIN/Passport No : SFXXX 255 G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 910 984 23
Email Address : _____
Date of Accident : 20.12.2021 Time of Accident : 17:10 hr
Place of Accident : Orchard Link
Insurance Company: MSIG Insurance.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WISH TO CLAIM UNDER MY INSURANCE
AND LATER REVERT AGAINST 3rd
PARTY CLAIM.


Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 30/12/2021
@ 1706hr