

ASS. REC. BY: Steve

REF: CS/U0122000728/Erfs

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. M12D17352201

Sum Insured: _____ Excess: 750

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SFA3838D Yr Regn: 30/7/18

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

Truck / Trailer or

Make: BMW 116D c.c. 1496

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

Sp. Reading: 29462 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA1V720X0V015436

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: 1

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

TOYO / YOKO or Cinturato

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 26/12/21

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
	<u>MV-96X</u>
16/3/22	Steve informed final fig \$2611.25 (red 3038.30, 53%)

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) 17/3/22-typist

Report Format : OD

Lump Sum / I.B.I: (\$ 2611.25)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559W GST Reg. No. M2-0020081-X
Toll-Free Number (1800-2288269)

303, Alexandra Road
Sime Darby Performance Centre
Singapore 155941
Fax: 64747770

280, Tampang Alam Road
East Coast Centre
Singapore 438188
Fax: 63449773

118, Alexandra Road
Sime Darby Business Centre
Singapore 155944
Fax: 44796601 (After 5pm)
44796624 (After 5pm)

Submitted 20.12.2021

Cer In.

CSA Jeffrey Koh



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 60428
Date Estimated : 28/12/2021
Prepared By : Foong Shiuh Jye

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

Soh Bee Guat
223 Lorong 8 Toa Payoh
#08-753

Singapore 310223

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFA3838D	WBA1V720X0V945436	30/07/2018	116d	28200

DESCRIPTION

To replace front left side panel and repair inner pillar left

To spray paint front left side panel and front left A pillar

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

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

Sundries.

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

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:

VALUE

850 2,550.00

841 1,558.00

112 118.00

168 177.00

80.00

504 531.00

Total Labour 1: 5,014.00

DESCRIPTION

FRT LH FENDER

FRT LH SIDE PANEL BRACKET 3

QTY**PRIC**

1 600.25

1 35.30

VALUE

600.25

35.30

Total Parts : 635.55



Labour 1 : 5,014.00

Parts : 635.55

Labour 2 : 0.00

Excess : 0.00

Total GST @ 7% : 395.47

Grand Total : 6,045.02

** 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 27/12/2021 17:35 (SGT)
Date of Accident 26/12/2021 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TOA PAYOH LORONG 8 BLOCK 213 CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA3838D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH BEE GUAT
NRIC No SXXXX084I
Email Address JANESOH3838@GMAIL.COM
Mobile Phone No (Phone) +65-97370355
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DH0M120063702100
Cover Note Number

DRIVER

Name of Driver SOH BEE GUAT
NRIC No SXXXX084I

Date Of Birth	07/01/1965
Occupation	Indoor
Date Of Driving Pass	29/05/1986
Driving experience	35 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97370355
Alt. Phone Number	(Home) +--
Email Address	JANESOH3838@GMAIL.COM
Address	APT BLK 223 LORONG 8 TOA PAYOH
Address complement	#08-753
Postcode	310223
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?	Yes
Police Station Name	Kim Keat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002529999
Alt. Police Station Phone No	(Fax) +65-63554311
Police Station Address	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
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	SLL8015A
Vehicle Manufacturer	Kia
Vehicle Model	Forte
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-
-
-
-

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

RAYMOND
(Phone) +65-96865844
-

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.:

This image shows a full page of blank graph paper. The grid consists of thin, light gray horizontal and vertical lines forming small squares across the entire surface. There are no margins, text, or other markings on the paper.

Refer to police report.

~~1~~ We declare the foregoing particulars are true in every respect.

10.1503/1085-3383(2005)018:001;1-12

Date & Time:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20211226/2061

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

1 of 3

Report No. T/20211226/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2021 20:00		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: SOH BEE GUAT			Address: APT BLK 223 LORONG 8 TOA PAYOH #08-753 SINGAPORE 310223		
ID Type / ID No.: NRIC NO / S1708084I			Contact No.: Home/Office: Mobile: 97370355		
Nationality: SINGAPORE CITIZEN			Email: janesoh3838@gmail.com		
Sex: Female	Age: 56	Date of Birth: 07/01/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/12/2021 18:30	Type of Location: Car Park
Location: LORONG 8 TOA PAYOH				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Hit and run				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFA3838D	Car	BMW	116D 5DR LED EU6	Silver		0
SLL8015A	Car	KIA	FORTE K3 1.6A	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFA3838D	UNITED OVERSEAS INSURANCE LIMITED	DHOM1200637021 00	17/12/2021	29/07/2023



**SINGAPORE
POLICE FORCE**



T/20211226/2061

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Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Report No. T/20211226/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH BEE GUAT	ID No.	S1708084I
Related Vehicle	SFA3838D (Car)	Contact No.	97370355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I parked my vehicle, bearing vehicle registration plate number SFA3838D, at lot 128A near to Block 213 Toa Payoh Lorong 8.

On 26/12/2021 at around 1845hrs, I went to retrieve my vehicle and noticed a huge dent at the front left portion of my vehicle and it was covered with red paint transfer marks. I was informed by one passerby(Raymond, Handphone:96865844) and he informed that he had witnessed the hit and run. Raymond told me that on 26/12/2021 at around 1830hrs, one red colour vehicle, bearing registration plate number SLL8015A, hit my vehicle while it was reversing. Raymond added that the driver did not step out from the vehicle and drove off after hitting my vehicle.

My in car camera does not have parking mode.



**SINGAPORE
POLICE FORCE**



T/20211226/2061

3 of 3

Report No. T/20211226/2061

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
E/
Sgt 2 LEE SIONG HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/12/2021 20:00

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 64

SIGNATURE

ORIGINAL

CERTIFICATE NO.	DHOM120063702100	Excess:	\$750/-NAMED DRIVERS - OPTION 2 \$1500/-OTHERS
Type of Cover	COMPREHENSIVE		\$3000/-APPL TO <25 YRS & OR <3YRS EXP
Vehicle Number	SFA38380		\$100/-WINDSCREEN DAMAGE CLAIM
Name of Insured	SOH BEE GUAT		\$500/-WINDSCREEN DAMAGE & SOLAR FILM
Restricted Driver(s)	NOT APPLICABLE		

Engine# 36045238B37D15A
Chassis# WBA1V720X0V945436

(1) The Insured
(2) Any other person who is driving on the Insured's order or with his permission
(3) In the event of the death of the Insured
 (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and
 (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

Use only for social domestic and pleasure purposes and for the Insured's business
THE POLICY DOES NOT COVER
Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods
(other than samples) in connection with any trade or business or use for any purposes in connection with the
Motor Trade
The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the
passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be
deemed to constitute use for hire or reward

*Limitation rendered inoperative by Section 6-207(a)(2) of the Motor Vehicle Code.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD