(08/11/13) wef	REF: CCC/C	7100	. 0-111	
ASS. REC. BY: MCrch			000875 Uea	3]
*	ASSI	GNME	T	111
From:	Date:	Veh No:	521 882R	Yr Regn: 30 /19 / /
Estimated Cost			ar / M.Cycle / Bus / Van / L	
OD I WS ! TP RES! OD RES! EV	A / INV / MV		ck / Trailer or (P)	/
	41 882R	Make:	BMW S	27; cc 2497
		Colour	wh-te	A/C: Insured / Std / NI / NA
of	ucc	Sp.Readin		T/Radio: Insured / Std / NI / NA
	L94965	Eng/No:	23389/	
	117(10)	C/No:	1010170	320100868198
Policy No.		-300 (0.00)	Good / Fair / Poor / Burn	
Claims No.			norder / Jammed / Leaked	
	Excess:		norder / Jammed / Leaked	
(Client's Record)			\checkmark	
Make of Veh:			III (S/R/m / STD A/Rim o	1/35-2120
		Tyre Size:	F: 253	131 21020
(Policy Condition)			R: 285	150th W
Remark: The veh had commenced its repair at the time of inspec		/		/MIC) OHTSU / PIR / SUMI /
		TOYO	OKO or	
	T.K.	Front	6	Rear 6
IDAC Accident Rport: Con	sistent? : Yes or No	R/Bal.	mm	R/Bal. mm
GIA / PR Seen: Con	sistent? : Yes or No	L/Bal.	6 mm	L/Bal. 6 mm
Est. Repairs: 3 days	Res.: Yes or No	D.O.A.	3/12/21_	D.O.I. 19/1/2
Lum Sum: 20 %	3 Val.: Yes or No	Survey he	ld at	
CA / REV / REP. / 24 HRS	907C	Des. of Da	mages: Frt / Rear / O/S	/ N/S / U/C / Rooftop or
D	Vehicle: IN / OUT		Reer ol	(
Date: Person Contact		The U	C / Chassis frame / Bod	y Structure affected due to collision.
Date / Time Action / Instruction	8e79 k.	11/2.	10	
coeurly 2	9-9-2031 MAB	7624	(1)	
45\$38\$0				
95 4 7000				
Date/Time, File Pass to? : Preli	. Report	Days Of F	Penair:	
			No. of Trip:	Curana Fara
Date/Time, File Return to?		r courvey	No. of Trip:	Survey Fee:
2)	Add Fee	: : : Si	te Insp (\$	Transportation:)S + RS,SI
		=	erview (\$)S+RS,SI) Photos
Report Format :			ch. Invs (\$	
Lump Sum / I.B.I: (\$)		eekend (\$) Others
	,	. VV	eekend (4)

TOTAL

SN0921C60006 / National Assessment Centre Services [408933] ENTRY DATE'S TIME: 06/12/2021 14:34 (SGT) SUBMITTED BY: Ren VERSION: 1 (06/12/2021 14:34 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

- polcy 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 falsa magariting may be referred to the Police for investigation.

 6. The Issue and the Journal of the Insures of the GAI 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 14:34 (SGT) Date of Accident 03/12/2021 16:25 (SGT) Exact Location of Accident Singapore dditional Location Information SARACA HILL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL882R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No.

No

LEE ZHI XIONG S8234907C

XIONG09@HOTMAIL.COM (Phone) +65-88220882

+65-88220882

VEHICLE PARTICULARS

'Aanufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

BMW 523

Private use

No - Claiming third party

China Taiping Insurance (Singapore) Pte. Ltd.

Private car Auto

2497

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

LEE ZHI XIONG S8234907C

Comprehensive

DMPCSNA00183172101

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name

Police Station Phone No Alt Police Station Phone No.

Police Station Address '/as notice of intended Prosecution given?

ir yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT: T/20211204/2067

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes Yes

WITH WORKSHOP

18/10/1982

04/09/2002

+65-88220882

#03-403

680619

Yes

No

Clear

Dry

No

No

Yes

No

No

19 YEARS AND 3 MONTHS

XIONG09@HOTMAIL.COM

BLK 619 CHOA CHU KANG NORTH 7

Bukit Timah Neighbourhood Police Centre

(Phone) +65-18004629999

1 Duke Road Singapore 268914

(Fax) +65-64628933

(Phone) +65-88220882

Collision - Head to Rear

Indoor

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

GBJ9496S

Vehicle Category
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)

Commercial vehicle

.

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wild insrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 G/A 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 aforesad.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 more prossessed 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 the surpose(s) of the surpose(s) of the purpose(s) of the surpose(s) of t

(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 mo;
- (v) administering my claims (including the making of correspondence, statements, involces, 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 law yers/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 GA to their third party service providers or agents (including their law yers/law (irms), which may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Sketch Plan

vehicle A: SLL882R vehicles, 40J 94965 SARACA HILL

	Refur to police, paport	
	(7)	
	Refur to power popor+ (T/16211 204/1667)	
	THE RESERVE OF THE PERSON OF T	90
2 (0.00)	www.pere	
		TO VOICE UP
-1-1-1-1	and the second variety are selected as the second	
The second second	The state of the s	
	VUM	35171
-	A COLOR COMPANION CONTROL OF THE STATE	

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date 8

Driver's Signature (if driver is not the policyholder) / Date & Time

D- 06/12/21

Witnessed by Reporting Centre Personnel

SGCARMART.COM



https://www.sgcarmart.com/used_cars/listing.php?MOD=brmw+523+2031&AVL=2&RPG=20&AVL=2&VEH=0&RGD=10&PRC=0&DEP=0

\$9,710 /yr

Bodykit, Sport Rims. Secured And Well Maintained By Fussy Owner. Immaculate Condition. Certified With Assurance And Quality From ST...

24-Oct-2011

2,497 cc

99,477 km

Luxury

\$94,800

BMW 5 Series 523i Highline

(COE till 10/2031)

Available PREMIUM AD

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC		
Owner ID: Vehicle Details	907C		
Vehicle No.:	SLL882R No		
Vehicle to be Exported:			
Intended Deregistration Date:	19 Jan 2022		
Vehicle Make:	B.M.W.		
Vehicle Model:	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV		
Primary Colour:	White		
Manufacturing Year:	2011		
Engine No.:	07157876N52B25AF		
Chassis No.:	WBAFP32010C868198		
Maximum Power Output:	150.0 kW (201 bhp)		
Open Market Value:	\$48.780.00		
Original Registration Date:	30 Sep 2011		
First Registration Date:	30 Sep 2011		
Transfer Count:	2		

Actual ARF Paid: Intended PARF Rebate Details

PARF Eligibility: PARF Eligibility Expiry Date:

PARF Rebate Amount: Intended COE Rebate Details COE Expiry Date:

COE Category:
COE Period(Years):
PQP Paid:
COE Rebate Amount:

Total Rebate Amount:

\$0.00 29 Sep 2031 E-Open Category 10 \$58,124.00 \$56,347.00

\$48,780.00

Forfeited

The information contained herein is correct as at 19 Jan 2022