

A.S.S. REC. BY: SteveREF: CS/FC122001161/E9f3

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. D22000337MFBP
 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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 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: SCY5916D Yr Regn: 28/12/14
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 320i c.c. 1598
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 171994 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA3B16060N 551576
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55 R16
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or .
 Front _____ Rear _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 3/2/22 D.O.I. 7/3/22
 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-48X

23/03/22@ 11.20am revised to FCI by email.

We will be advising our Principal a cost of repair of \$4421.25 (P/P before GST) -
 with 4 days of repair, subject to their approval. (Red \$5398.95, 55%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 23/03 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TPLump Sum / L.B.F. (\$) 4421.25Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

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

ESTIMATE

Estimate No. : b1 60807
Date Estimated : 04/02/2022
Prepared By : Foong Shiuh Jye

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -
Chua Kuan Seah (Cai GuangCheng)
118 Edgefield Plains
#15-302

Singapore 820118

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SCY5926D	WBA3B16060NS51576	28/02/2014	320iA/4	74898

DESCRIPTION	VALUE
To replace front bumper, left front fender including to knock out dented area <i>1.5</i>	<i>1275</i> 880 2,550.00
To respray front bumper and left front fender	<i>1826</i> 1,923.00
To carry out body cavity preservation. (Per panel).	<i>112</i> 118.00
To replace left headlight.	<i>?</i> 481.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	<i>168</i> 177.00
To check electrical wiring system at the front section for proper function including adjustment of headlights.	<i>168</i> 177.00
Sundries.	<i>?</i> 80.00
Total Labour 1:	5,506.00

DESCRIPTION	QTY	PRIC	VALUE
FRT LH SIDE PANEL <i>/ MC ?</i>	1	706.15	706.15
FRT LH 2 SIDE PANEL BRACKET	1	35.30	35.30
EXPANDING RIVET <i>X</i>	10	0.50	5.00
# FRT LH TOP SUPPORT SIDE PANE <i>?</i>	1	11.55	11.55
LH SUPPORT FOGLAMP <i>X</i>	1	42.85	42.85
FRT LH BOTTOM MOUNTING SIDE PANEL <i>X</i>	1	13.25	13.25
# FRT BUMPER TRIM PRIMED (SRA) <i>X R</i>	1	1,058.10	1,058.10
GROMMET <i>X MC</i>	2	0.80	1.60
# FRT LH WHEEL HOUSING COVER <i>X</i>	1	117.70	117.70
# LH COVER BOTTOM <i>X</i>	1	117.70	117.70
PLAQUE 82MM <i>/ MC</i>	1	72.85	72.85
# LH HEADLIGHT (XENON) <i>?</i>	1	2,130.35	2,130.35

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GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Page No. : 2 of 5

Estimate No. : b1 60807
Date Estimated : 04/02/2022
Prepared By : Foong Shiuh Jye

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SCY5926D	WBA3B16060NS51576	28/02/2014	3201A/4	74898

Total Parts : 4,312.40

Steve (LKK)
7/3/22, 12-M

W L R
4 Lyr
PIP
1y B-L H

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	:	5,506.00
Parts	:	4,312.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	687.29
Grand Total	:	10,505.69

**** 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	04/02/2022 14:21 (SGT)
Date of Accident	03/02/2022 19:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES ROAD/HOUGANG AVE 3 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCY5926D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA KUAN SEAH
NRIC No	SXXXX451B
Email Address	KUANSEAH@YAHOO.COM
Mobile Phone No	(Phone) +65-97860353
Alternative Phone No	(Home) +--

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
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	1997

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 300272151 SMP
Cover Note Number	-

DRIVER

Name of Driver	CHUA KUAN SEAH
NRIC No	SXXXX451B

Date Of Birth	25/10/1972
Occupation	Indoor
Date Of Driving Pass	05/09/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97860353
Alt. Phone Number	(Home) +--
Email Address	KUANSEAH@YAHOO.COM
Address	APT BLK 118 EDGEFIELD PLAINS
Address complement	#15-302
Postcode	820118
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	Side Swipe
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)	1
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	SG6283Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TEONG HONG WANG
Passport No/FIN	FXXXX862W
Contact Number	-
Address	GO AHEAD SINGAPORE

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**.
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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: 4 / Feb / 2022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

The sketch plan is drawn on grid paper. It shows a street layout. On the left, a vertical line is labeled 'Hanging Ave 3'. At the bottom, a horizontal line is labeled 'Tombines Rd'. A 'Bus' is parked at the intersection. Two 'other cars' are marked with 'x' in boxes. A 'Bus hit me' area is indicated with arrows. A 'Bus' is also shown at the intersection. The plan is labeled with circled 'A' and 'B'.

On. 3 Feb 2022. I was stationary at Tampines Road/Honggang Ave 3 Bus. (S662837) was next to me. At traffic light change, the bus turned left and swipe my car fender/bumper (front left portion) of the car. This resulted in damage to my car.

I was stationary as there are vehicles in front of the yellow box.

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

GARMCSkel.nPlatform_V3

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

bye