

ASS. REQ. BY:

REF:

LPC / 22001226/Kc

Faster
memoryPrecision
touchpad

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

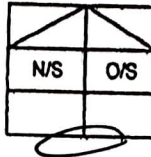
Sum Insured: _____

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: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

06

days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SME 6822K Yr Regn: 06, 14Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Bmw 320i GT c.c. 1997Colour: A.D.B/GR

A/C: Insured / Std / NI / NA

Sp. Reading: 95939

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 3X120 30D 735009Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / A/Rim or

Tyre Size: F: _____

R: _____

R: 225/50R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 29/1/22D.O.I. 21/2/2022

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1) Make part by part.

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Parties

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____

Add Fee: ☐

: Site Insp (\$ _____)



: Interview (\$ _____)



Tech Invs (\$ _____)



Weekend (\$ _____)

Hand Hoe Method

Sin Ming Drive (Sin Ming Autocare)

Tel: 83636141

Fax: 6452 0614

Vehicle:	SME6622K
Model:	BMW 320i GT 5DR ABS
Chassis:	WBA3X12030D735069

[illegible]

Not Withdrawn
Recovery After Pain
1/1/94 @
4 days

- 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:

[illegible]

PARTS	\$ 2,964.32
LABOUR	\$ 2,600.00
SPECIAL NETT	\$ 694.20
TOTAL	\$ 6,258.52
GST 7%	\$ 438.10
FINAL TOTAL	\$ 6,696.62



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 13:35 (SGT)
Date of Accident 29/01/2022 17:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information ALONG PIE TOWARDS TUAS AFTER TOA PAYOH EXIT.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME6622K
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner FELIX YEO SOO HIN
NRIC No SXXXX012I
Email Address felixyeo111@gmail.com
Mobile Phone No (Phone) +65-81389967
Alternative Phone No (Office) +65-81389967

VEHICLE PARTICULARS

Manufacturer BMW
Model 320I GT 5 DR
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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00236072101
Cover Note Number -

DRIVER

Name of Driver FELIX YEO SOO HIN
NRIC No SXXXX012I

