

ASS. REC. BY:

REF:

C72/ 22 001284/Ky3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / ~~TP~~ WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s MBM

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D200700/C01

Sum Insured: _____ Excess: 12501

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 8160K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

15/02/22@2.07pm revert to Irene Tay via Merimen.

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + R.S. \$ _____

Fees

Others

TOTAL

Veh No: SMC 6425Z Yr Regn: 07K 18

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

Truck / Trailer or

Make: BMW 520i c.c. 1998

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 111002 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAJA12010BJ20041

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 245/35R20

R: 275/30R20

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 24/1/2

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 15/2/2022

Survey held at

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

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

MBM WHEELPOWER PTE. LTD.

YOUR REF.:

OUR REF.: SMC6425Z

TO: CHINA TAIPING

CC: MOTOR CLAIMS DEPARTMENT

FAX:

Not Authorised
Recovery B4 panel
ex B1250h
4 days

DATE: 28 January 2022

FROM: Alvin Koh

FAX: 64525333

CONTACT: 81387188

MAKE & MODEL: BMW 520i SE SALOON

CHASSIS NO.: WBAJA12010BJ20041

ENGINE NO.: 22365262B48B20A

YEAR MADE: 2018

ACCIDENT DATE: 24 January 2022

ESTIMATE FOR VEHICLE NO.: SMC6425Z

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	BONNET <i>(Aluminium)</i>		1	\$ 3,421.00 ✓
2	BONNET HINGE LH		1	\$ 103.00 X
3	BONNET HINGE RH		1	\$ 103.00 X
4	BONNET DAMPER LH		1	\$ 181.00 X
5	BONNET DAMPER RH		1	\$ 181.00 X
6	BONNET WEATHER STRIP		1	\$ 260.00 X
7	BONNET LOCK		1	\$ 485.00 X
8	BONNET BMW EMBLEM		1	\$ 149.00 ✓
9	HEADLAMP RH		1	\$ 4,940.00 ✓
10	FRONT BUMPER		1	\$ 2,156.00 ?
11	FRONT BUMPER TOWING COVER		1	\$ 153.00 X
12	FRONT BUMPER RETAINER RH		1	\$ 104.00 ?
13	FRONT BUMPER GRILLE RH		1	\$ 264.00 ?
14	FRONT BUMPER REINFORCEMENT		1	\$ 855.00 X
15	FRONT BUMPER SPONGE		1	\$ 173.00 ?
16	FRONT AIR DUCT		1	\$ 641.00 X
17	FRONT BRAKE DUCT RH		1	\$ 124.00 X
TOTAL:				\$ 14,293.00
LESS 10%:				\$ (1,429.30)
PARTS TOTAL:				\$ 12,863.70

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:

ASS. REC. BY:

REF:

ASM/

SPECIAL NETT

BODY SEALANT
FRONT BUMPER CLIP
NUMBER PLATE & HOLDER
FRONT BUMPER COMPLETE

\$	na	80.00	X
\$		100.00	7
\$	50	60.00	X
\$	Replaces	2,500.00	X

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS
TO APPLY ANTI RUST COATING
TO REMOVE & REPLACE BUMPER SENSORS
TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)
TO CHECK & RECONNECT ALL NECESSARY WIRING
TO SPRAY PAINT ON THE AFFECTED AREAS

\$		800.00	
\$	NZ	80.00	X
\$		120.00	7
\$		250.00	7
\$	2nd	50.00	
\$	5000	800.00	

TOTAL: \$ 17,703.70

7% GST: \$ 1,239.26

GRAND TOTAL: \$ 18,942.96



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	27/01/2022 17:15 (SGT)
Date of Accident	24/01/2022 10:20 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	Exit to NUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6425Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ng Ghee Huat
NRIC No	S7714479Z
Email Address	iansonghee@hotmail.com
Mobile Phone No	(Phone) +65-90409183
Alternative Phone No	+65-94236560

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00130222100
Cover Note Number	-

DRIVER

Name of Driver	Ng Guan Kiat
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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 willful 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.
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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 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.

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.

16/01/2024 12:10 PM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Angie Soh

Sketch Plan

Sketch Plan on grid paper:

AFE - CITY

A: SMC 64252
B: SMN 3495
C: SLM 36975

Diagram showing three vehicles (A, B, C) moving from left to right, indicated by arrows.