

ASS. REC. BY: Steve

REF:

CS/ASM22001701/Eqy3

**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. S2M03TTN  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S
XXX	

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 5 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: SM27457D Yr Regn: 26/1/15  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: BMW 5281 c.c. 1997  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 97341 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WBA5A52010D873619  
 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: 245/45R18  
 R: 21  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or . \_\_\_\_\_  
 Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 16/2/22 D.O.I. 22/2/22  
 Survey held at Kok Wang  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MY-91K</u>
09/03/22 @ 9.59am	revised to Chan Kian Chuan via Smart Claims.
	Steve finalised LS \$9250, 5 days. (Red \$15396 23, 62%)

Date/Time, File Pass to?

☐ : Prell. Report  
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

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

Report Format: SMART CLAIMS - TP

Lump Sum / LS (\$ 9250 )



**Kok Wang Car Grooming**  
**1 Soon Lee Street #06-40 Pioneer Centre**  
**Singapore 627605 Hp: 91839633**

**ESTIMATE REPORT**

Vehicle Number : SMZ7457D  
 Make And Model : BMW 528i  
 Date of Accident : 16 February 2022

S/No	Parts	QTY	Unit Price	List Price
1	Rear bumper / <i>BR</i>	1		\$ 1,579.85
2	Rear bumper side mount LH & RH ?	2	\$ 139.25	\$ 278.50
3	Rear bumper inner bracket ?	1		\$ 197.00
4	Rear bumper tow cover / <i>mis</i>	1		\$ 48.10
5	Rear bumper reflector LH & RH (LH) ? (RH) - <i>mis</i>	2	\$ 48.50	\$ 97.00
6	Rear bumper reinforcement ?	1		\$ 775.95
7	Rear bumper reinforcement bracket LH & RH ?	2	\$ 77.60	\$ 155.20
8	Rear bumper PDC sensor / <i>shld</i>	2 <i>A</i>	\$ 268.10	\$ 1,072.40
9	Rear bumper PDC sensor holder - <i>mc</i>	4	\$ 58.60	\$ 234.40
10	Rear bumper PDC sensor decoupling ring - <i>mc</i>	4	\$ 13.40	\$ 53.60
11	Rear bumper PDC sensor wire ?	1		\$ 164.10
12	Rear bumper antenna sensor X <i>BR</i>	1		\$ 97.35
13	Rear smart sensor adapter - <i>BR</i>	1		\$ 129.95
14	Rear smart sensor control unit - <i>BR</i>	1		\$ 499.50
15	Rear end panel ?	1		\$ 825.45
16	Rear end panel top garnish ?	1		\$ 116.15
17	Rear spare tyre panel X	1		\$ 2,284.10
18	Rear spare tyre panel top cover X	1		\$ 575.10
19	Rear exhaust muffler / <i>DD</i>	1		\$ 1,538.00
20	Rear exhaust muffler heat shield ?	1		\$ 133.40
21	Rear exhaust muffler holder	1		\$ 19.70
22	Rear fender LH & RH X <i>R</i>	2	\$ 2,052.85	\$ 4,105.70
23	Rear fender inner trimboard LH & RH X	2	\$ 186.90	\$ 373.80
24	Rear taillamp LH & RH X	2	\$ 628.55	\$ 1,257.10
25	Rear taillamp panel LH & RH X	2	\$ 132.10	\$ 264.20
26	Rear bootlid / <i>DD</i>	1		\$ 1,658.90
27	Rear bootlid 'LOGO' emblem - <i>mc</i>	1		\$ 78.95
28	Rear bootlid '528i' emblem - <i>mc</i>	1		\$ 64.10
29	Rear bootlid hinge LH & RH X	2	\$ 119.40	\$ 238.80
30	Rear bootlid reflector LH & RH X	2	\$ 371.25	\$ 742.50
31	Rear bootlid inner lock ?	1		\$ 425.35
32	Rear bootlid inner lock cover X	1		\$ 88.20
33	Rear bootlid inner trimboard X	1		\$ 125.30
34	Rear bootlid weatherstrip - <i>TH</i>	1		\$ 66.75
				\$ 20,364.45
Less 5%				\$ 1,018.22
<b>Total</b>				<b>\$ 19,346.23</b>

**Special Nett Item**

- 1 Rear bumper rivet & clips *me*
- 2 Rear bootlid inner trimboard clips *X*
- 3 Rear fender inner trimboard clips LH & RH *X*
- 4 Rear number plate *CUT*
- 5 Rear windscreen glass sealant *X*
- 6 Rear windscreen glass inner seal *X*

1 set	\$ <i>30</i>	100.00
1 set	\$	60.00
2 sets	\$	120.00
1 pc	\$	50.00
2 tubes	\$	120.00
1 set	\$	100.00
<b>Total</b>	<b>\$</b>	<b>550.00</b>

**Labour & Misc Charges**

- To dismantle, replace & panel beating affected parts for rear portion.
- To spray paint on affected areas for rear portion.
- To remove/reinstall rear windscreen glass.
- To remove/reinstall rear seats, roof ling upholstery & etc.
- To remove/reinstall rear panel upholstery & trim.
- To apply anti-rust on affected areas.
- To remove/refit reverse sensors.
- To check wiring for rear portion.
- To perform system diagnostic & reset ECU.

<i>800</i>	\$	1,800.00
<i>1000</i>	\$	1,500.00
	\$ <i>X</i>	200.00
	\$ <i>X</i>	200.00
	\$ <i>30</i>	200.00
	\$ <i>30</i>	250.00
	\$ <i>30</i>	100.00
	\$ <i>X</i>	100.00
	\$ <i>100</i>	400.00
<b>Total</b>	<b>\$</b>	<b>4,750.00</b>

**Grand Total : \$ 24,646.23**

*Stev (LKK)*  
*22/2/22, 1.70p*

*WL ML*  
*L/S*  
*ly AL sy*  
*5 d/s*

**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:



SMOM222J0002 / MOVA AUTOMOTIVE PTE LTD (159722)  
 ENTRY DATE & TIME: 18/02/2022 11:37 (SGT)  
 SUBMITTED BY: Suann  
 VERSION: 1 (19/02/2022 11:37 (SGT))

Your NCD will be affected due to late reporting

## 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 Authorized 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.
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	19/02/2022 11:37 (SGT)
Date of Accident	16/02/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7457D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG ZHAO QUN, CALVIN
NRIC No	S8706078J
Email Address	VIANONG@YMAIL.COM
Mobile Phone No	(Phone) +65-91000019
Alternative Phone No	+65-91000019

### VEHICLE PARTICULARS


Manufacturer	BMW
Model	523i
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	1987

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113250468
Cover Note Number	-

### DRIVER

Name of Driver	NG THIAM CHYE
NRIC No	S1441127E

 Accident report SMOM222J0002

Date Of Birth	30/05/1960
Occupation	Indoor
Date Of Driving Pass	08/04/1987
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91000019
Alt. Phone Number	.
Email Address	VIANONG@YMAIL.COM
Address	52 WOODLANDA DR 16
Address complement	#07-06
Postcode	737900
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004689999
Alt. Police Station Phone No	(Fax) +65-64623782
Police Station Address	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of Intended Prosecution given?	No
If yes, against whom?	.

## CIRCUMSTANCES OF ACCIDENT

## REFER TO POLICE REPORT

## 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	SHC8668K
Vehicle Manufacturer	.
Vehicle Model	.
Vehicle Variant	.
Vehicle Colour	.
Vehicle Category	Taxi

 Accident report SM0M222J0002

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02-22, 10:11  
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)

KW

#### INJURED PERSONS DETAILS

##### INJURED 1



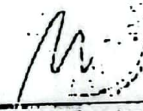
Name of injured person  
Gender  
Phone No  
Address  
Address Complement  
Post Code  
Approximate Age Years Old  
Injuries Sustained  
Injured person in which vehicle? SMZ7457D  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No



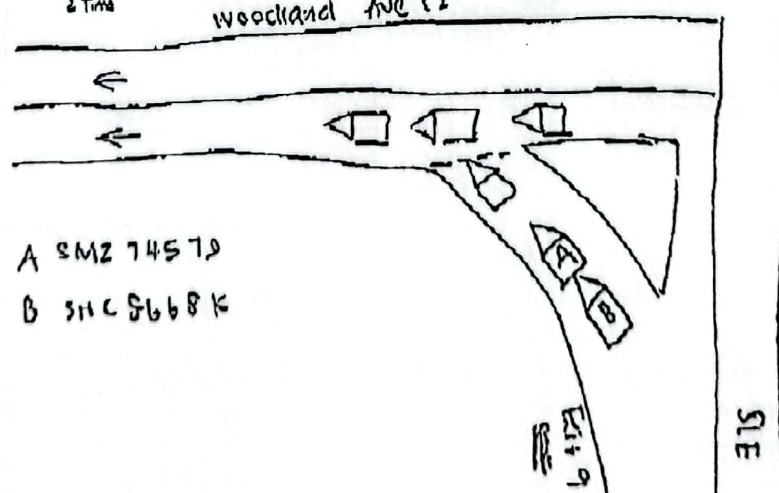
SKETCH PLAN

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 Authorized Person.
  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.
  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 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 be permitted to collect, use, disclose and/or process my personal and/or 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 my 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 claim;
    - (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 making 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 goods as well as on the external cover of envelopes/postal packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
  - (b) collectively the 'Purposes')
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 situated outside of Singapore, for one or more of the above purposes.

 Policyholder's Signature / Date & Time Sketch Plan	 Driver's Signature (if driver is not the policyholder) / Date & Time Woodland Ave 12	 Witnessed by Reporting Centre Personnel
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Sketch Plan



Scanned with CamScanner





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20220218/2051

1 of 3

Report No. T/20220218/2051

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2022 15:35		Video Report No.:		Station Diary No.: 38
<b>Informant's Particulars</b>				
Name of Informant: NG THIAM CHYE		Address: 52 WOODLANDS DRIVE 16 #07-06 SINGAPORE 737900		
ID Type / ID No.: NRIC NO / S1441127E		Contact No.: Home/Office:		Mobile: 91000019
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 30/05/1960	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: car dealer		Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/02/2022 20:30	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8668K	Car				Seriously Damaged	0
SM27457D	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20220210/2051

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Report No. T/20220210/2051

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG THIAM CHYE	ID No.	S1441127E
Related Vehicle	SMZ7457D (Car)	Contact No.	91000019
Hospital/Clinic	THOMSON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHAMED ISHAK JAHABAR ALI	ID No.	S6980123D
Related Vehicle	NIL	Contact No.	87694729
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.**

On the above mentioned date, time and location, I was driving my vehicle (SMZ7457D), along the SLE Exit 9 (Woodlands Ave 12) slip road.

It was a one-way straight road and there was heavy traffic along the accident location where I was travelling on. It was a one-lane road. I stopped my vehicle as the vehicle in front of me has stopped due to heavy traffic. Out of a sudden, a blue confront taxi (SHC8668K), collided into the rear of my vehicle. I did not abruptly brake.

The damages to my vehicle are on the rear bumper and boot lid area. My rear bumper has suffered cracks, dent and paint chips while my boot lid is dented.

I wish to mention that no police attended to my accident. I suffered pain to my neck area. No government property was damaged as well. I also wish to add that my vehicle does not have an in-car camera. I have taken photographs of the car damage. I have also exchanged particulars with the driver of SHC8668K.

I am lodging this report for record purposes.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 200914  
Tel No: 1800-4620090



1/20220218/2051

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Report No. T/20220218/2051

**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 / SR STAFF SGT NADARAJAH  
S/O PONMUDI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/02/2022 15:35

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 85476204

Classification Of Case:

NP108

SINGAPORE  
POLICE FORCE

S 1065

S 1065