

A.S.S. REC. BY: TGum

REF:

CC4/ASM2200718/Bea3

Asher

ASSIGNMENT

From: _____ Date: 22/2/2022

Estimated Cost: _____

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

To Inspect Vehicle No: SMG 72215at Workshop m/s Dean Autoproof 160 Sin Hung Dr #01-14

Insured: _____

Policy No. _____

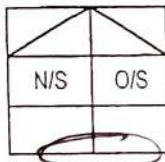
Claims No. _____

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: 125,000/-

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS UP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMG 72215 Yr Regn: 28/12/2018Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: BMW X1 Drive 181 C.C. 1499Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 53201 T/Radio: Insured / Std / NI / NAEng/No: 36755448B38A15AC/No: WBAJG12000EN48941Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 225/55/17R: 225/55/17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 12/2/2022 D.O.I. 22/2/2022Survey held at Dean AutoproDes. 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

Range: 2,000/- - 3,000/-Recommended COR: LS\$ 2,150.00TGum MinMV 125,000/-PV 51,552/-NV 73,448/-TGum Min27/2/2022

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Rep. Form: _____

Lump Sum / L.B. / C: _____

SJE :

Date of Survey :

Date of ReSurvey:

Contacts :

After-Paint:

Vehicle Nos : **SMG 7221 S**

Model : **BMW X1**

Year : **2018**

Chassis No : **WBAJG12000EN48941**

*** AGREED Cost Of Repair and Repair Day/s with SJE ***

Amount:

Working Day:

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$	
1	Rear bumper	1	\$ 1,608.40	\$ 1,191.60 1,608.40	DDV
2	Rear bumper lower	1	\$ 768.85	\$ 368.85 768.85	WTV
3	Rear bumper diffuser	1	\$ 618.00	\$ 318.00 618.00	WTV
4	Rear bumper reflector	2	\$ 184.00	\$ 368.00	
5	Rear bumper inner sponge	1	\$ 385.55	\$ 385.55	
6	Rear bumper reinforcement	1	\$ 683.40	\$ 683.40	NDX
7	Rear bumper centre beam	1	\$ 205.80	\$ 205.80	
8	Rear bumper side retainer	2	\$ 61.35 181.40	\$ 122.70 362.80	NECV
9	Rear bumper bracket	2	\$ 162.65	\$ 325.30	NSX
10	Rear bumper reverse sensor	4	\$ 238.20	\$ 200.00 952.80	SCV
11	Rear bumper antenna sensor	1	\$ 418.60	\$ 418.60	
12	Rear end panel	1	\$ 1,051.00	\$ 1,051.00	NDX
13	Rear end panel top garnish	1	\$ 484.30	\$ 484.30	
Parts Sub Total :				\$ 2,201.15	8,232.80
5% Discount :				\$ 110.06	411.64
PARTS TOTAL :				\$ 7,821.16	

2091.09

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$	
1	Sundries	1	\$ 80.00	\$ 80.00	NNX
2	Rear bumper clips	1	\$ 60.00	\$ 30.00 60.00	NECV
3	Rear bumper lower clips	1	\$ 60.00	\$ 60.00	
4	Rear bumper diffuser clips	1	\$ 60.00	\$ 60.00	NNX
5	Rear bumper reverse sensor seal	4	\$ 25.75 60.00	\$ 103.00 240.00	NECV
6	Rear end panel sealant	1	\$ 100.00	\$ 100.00	
7	Rear end panel top garnish clips	1	\$ 50.00	\$ 50.00	NNX
8	Rear number plate w/casing	1	\$ 80.00	\$ 80.00	
SPECIAL NETT TOTAL :				\$ 730.00	

133.00

Nos.	LABOUR	S\$	
1	R&R rear bumper reverse sensor	\$ 60.00	150.00
2	Check wiring	\$	120.00
3	Diagnostic reset fault code	\$	300.00
4	Upholstery	\$	300.00
5	Panel beating	\$ 200.00	1,000.00
6	Rust proofing	\$	200.00
7	Spray painting	\$ 200.00	1,000.00
LABOUR TOTAL :		\$	3,070.00

Survey
22/2/2022
1640 hrs
Tatim
Mr

Resurvey
23/2/2022
1305 hrs
Tatim
Mr

LABOUR TOTAL : \$ 3,070.00
460.00
PARTS TOTAL : \$ 7,821.16
SPECIAL NETT TOTAL : \$ 730.00
LABOUR TOTAL : \$ 3,070.00
GRAND TOTAL : \$ 11,621.16

Lump sum repair
Repair days 3

Parts 2091.09
SN 133.00
Labour 460.00
2684.09
@ 20% 536.82
2147.27

LS 2150/2

Tatim Mr
27/2/2022

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	986Z
Vehicle Details	
Vehicle No.:	SMG72215
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Feb 2022
Vehicle Make:	B.M.W.
Vehicle Model:	X1 SDRIVE18I LED NAV
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	36755448B38A15A
Chassis No.:	WBAJG12000EN48941
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$34,636.00
Original Registration Date:	28 Dec 2018
First Registration Date:	28 Dec 2018
Transfer Count:	1
Actual ARF Paid:	\$40,491.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Dec 2028
PARF Rebate Amount:	\$30,368.00
Intended COE Rebate Details	
COE Expiry Date:	27 Dec 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,001.00
COE Rebate Amount:	\$21,184.00
Total Rebate Amount:	\$51,552.00

The information contained herein is correct as at 27 Feb 2022

OK

MV 125,000 ✓
PV 51,552/2
NV 73,448/2

27/2/2022

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 12/02/2022 Time (24 HRS) 12:40 Location of Accident Slip Road From CTE to PIE Bef Upper Serangoon Exit

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number SMG7221S
Name of Policyholder BOK JIA-YUN
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S8226986Z
Address APT BLK 450A SENGKANG WEST WAY #06-335, S
Address
Contact Number Tel: Hp: 8118 7958
Email Address JOANN.BOK@GMAIL.COM

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model BMW X1
Type of Vehicle SUV
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks:
Vehicle category ☐ Private Hire ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy ☐ Yes ☒ No
Policy Number

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver BOK JIA-YUN
NRIC/ FIN/ Passport S8226986Z
Date of Birth 07-09-1982
Occupation Marketing Manager
Driving Pass Date 28-09-2017
Gender ☐ Male ☒ Female
Contact Number Tel: Hp: 8118 7958
Address APT BLK 450A SENGKANG WEST WAY #06-335, S
Address
Email Address JOANN.BOK@GMAIL.COM
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured
Owner
No. of Passenger in vehicle (including Driver) 1 (including Driver)
Please state Passenger Names: Name: Gender: Female
Name: Gender: Female
Name: Gender: Female

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

SMG7221S
ERGO

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions ☒ Clear ☐ Raining ☐ Others:
Road Surface ☐ Wet ☒ Dry ☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes Ambulance (No)
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any video captured? (in-car camera in YOUR CAR) ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station.
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

SMG7221S

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number SNA9991J
Make/ Model/ Others BMW 216l
Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle
Name of Driver TANG QIU QWN TRIVIEN
NRIC/ FIN/ Passport S9820947F
Contact Number 97127290

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number SMD9069T
Make/ Model/ Others HONDA HRV 1.5 DX CVT
Vehicle category ☐ Private ☐ Commercial ☐ Motorcycle
Name of Driver
NRIC/ FIN/ Passport
Contact Number

DETAILS OF WITNESS

Name
Phone / Email Address

DETAILS OF INJURED PERSON 1

Name
Contact Number
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☐ No
Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

DETAILS OF INJURED PERSON 2

Name
Contact Number
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☐ No
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

14/02/22

Date & Time

09:37



Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

14/02/22

Date & Time

09:37

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.
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/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

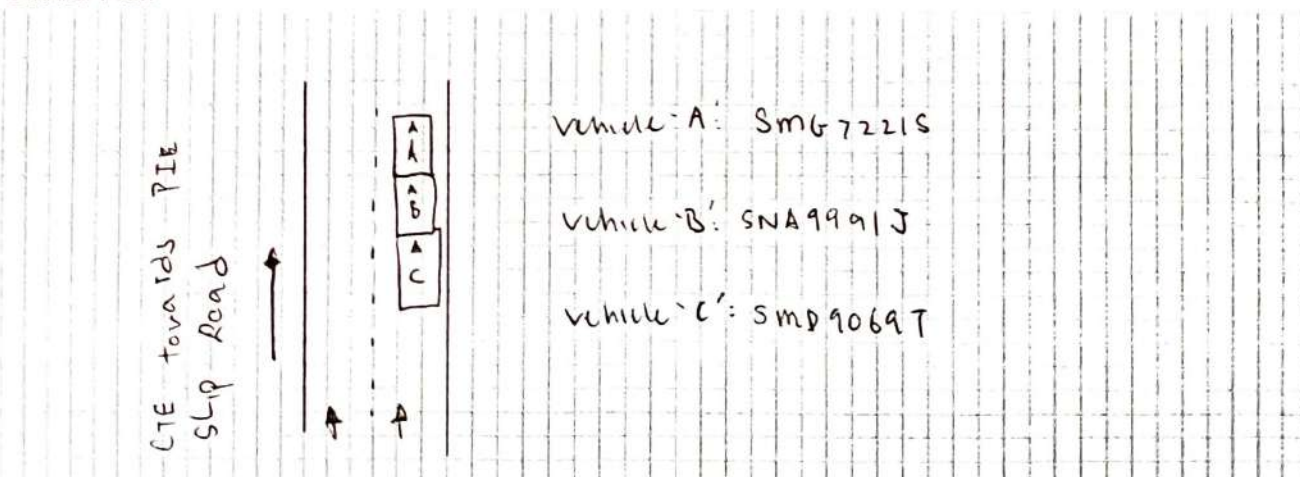
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre
Personnel

Sketch Plan



On the ~~stated~~ stated date and time, i vehicle 'A' was traveling along my designated lane along the Slip road from CTE to PIE before upper Serangoon Exit. The vehicle in front of me came to a stop, as such i followed suit. As i came to a stop and was stationary for about 3 seconds, i suddenly felt a huge impact hitting my vehicle from ~~the~~ the rear. I then got down to realised that i was involved in a 3 car chain collision. That is all.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel