ASS. REC. BY: Steve REF: CS/CT1220072333/43

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. SNM22D201566/C02

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLG1127H Yr Regn: 15/10/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: BMW 320i c.c 1998

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 27653 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBASF32010FJ63143

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/55R17

R: "

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.	4/3/22	D.O.I.	21/3/22

Survey held at Performance Motor

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
	MV-176[illegible]
	23/03/22@5.21pm revised to Irene Tay via Merimen. Finalize $4127.65, 3 days (Red $1756.55, 30%)

Date/Time, File Pass to? 1) 26/04 Typist

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : MER-TP

~~Lump Sum~~ / E.B.I: ($ 4127.65)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Photos _____

Others _____

TOTAL _____

21/03 @ 8.30am

3 & R ✓

BMW Dealer

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

E S T I M A T E

Estimate No. : **b1 61136** Page No. : **1 of 5**
Date Estimated : **09/03/2022**
Prepared By : **Inthiran A/L Thurasamy**

- ESTIMATE REPAIR FOR -
Ong Wee Liam (Wang Weilian)
312B Anchorvale Lane
#12-70

Singapore 542312

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLG1127H	WBA5F32070FJ63743	15/10/2020	320i Sedan	26425

DESCRIPTION		VALUE
To replace rear bumper	850	1,275.00
To respray rear bumper	986	1,038.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	118	177.00
To check electrical wiring system and lighting at the rear section for proper function.	168	177.00
Sundries.	2	80.00
	Total Labour 1:	**2,747.00**

DESCRIPTION	QTY	PRIC	VALUE
REAR BUMPER CARRIER	1	493.80	493.80
ADAPTER	1	48.35	48.35
REAR BUMPER LH SIDE GUIDE	1	134.30	134.30
REAR BUMPER RH SIDE GUIDE	1	134.30	134.30
REAR BUMPER PANEL PRIMED (BASIS PDC	1	1,262.20	1,262.20
SET MOUNTING PDC/PMA SENSOR REAR	1	70.60	70.60
EXPANDING RIVET D=8MM	14	1.10	15.40
REAR SILENCER HEAT INSULATION	1	77.30	77.30
REAR DIFFUSER	1	71.30	71.30
ULTRASONIC SENSOR MEDITERRANEAN BLU	2	383.15	766.30
DECOUPLING RING	2	5.15	10.30
(DG/SL) ADHESIVE SET K6	1	53.05	53.05
	Total Parts :		**3,137.20**

LKK Auto Consultants hence notify 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:

ealer

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
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Singapore 159944
Fax. 64796601 (AfterSales)
64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No.	:	**b1 61136**	Page No. : **2 of 5**
Date Estimated	:	**09/03/2022**	
Prepared By	:	**Inthiran A/L Thurasamy**	

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLG1127H	**WBA5F32070FJ63743**	**15/10/2020**	**320i Sedan**	**26425**

Steve (LKK)
21/3/22 10.00

ML NL
3 days
P/P
My BL My

Labour 1	:	**2,747.00**
Parts	:	**3,137.20**
Labour 2	:	**0.00**
Excess	:	**0.00**
Total GST @ 7%	:	**411.89**
Grand Total	:	**6,296.09**

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**
** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

SC1Q22370001 / Chew Goon Motor
ENTRY DATE & TIME: 07/03/2022 16:38 (SGT)
SUBMITTED BY: CG Pei Kee
VERSION: 1 (07/03/2022 16:38 (SGT))

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	07/03/2022 16:38 (SGT)
Date of Accident	04/03/2022 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM ANG MO KIO AVE 5 TO CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1127H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG WEE LIAM(WANG WEILIAN)
NRIC No	S7119031E
Email Address	WEELIAM.ONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97887506
Alternative Phone No	+65-97887506

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
Variant	B.M.W. / 320I LED HL
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	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SP2000524092-01
Cover Note Number	-

DRIVER

Name of Driver	ONG WEE LIAM(WANG WEILIAN)
NRIC No	S7119031E

Date Of Birth	28/05/1971
Occupation	Indoor
Date Of Driving Pass	01/06/1994
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97887506
Alt. Phone Number	+65-97887506
Email Address	WEELIAM.ONG@GMAIL.COM
Address	APT BLK 312B ANCHORVALE LANE
Address complement	#12-70
Postcode	542312
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK6075G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
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)	-

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

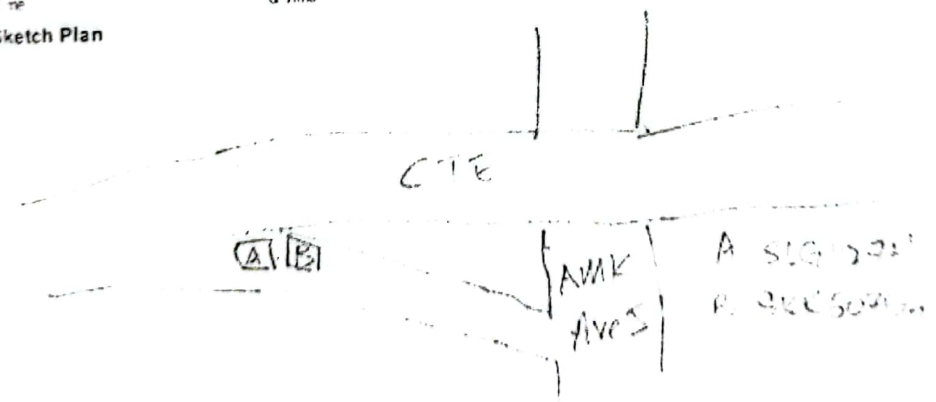
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

I am driving along Ang Mo Kio Ave 5 and going into the slip road to CTE. I slowed down entering CTE and then my car got rear-ended by a black Honda car.

Declaration

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