

ASS. REC. BY:

REF:

CS/ICS 22002607/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. DMPC2200111H/02

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SNB 8316KYr Regn: 16/9/21Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: BMW XTc.c. 1499Colour: WhiteA/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 6556T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: WBA 37AA 0005403813Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 225/50R18R: 11☒ 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. 18/3/22D.O.I. 28/3/22Survey held at Performance MotorDes. 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-178K

29/03/22 @ 3.37pm revised to ECICS via Merimen.

Steve finalised final fig \$6113.70, 4 days. (Red \$4791.80, 46%)

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

1) 12/05 Typist

Date/Time, File Return to?

2)

Report Format: MER-TPLump Sum (I.E.): 6113.70

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559M 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 61222
Date Estimated : 21/03/2022
Prepared By : Jack Ng Guo Ming

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Tan Lye Pheng
Blk 114, Marsiling Rise
#01-406

Singapore 730114

- ACCOUNT - 144674

ECICS Limited
10 Eunos Road 8
Singapore Post Centre #09-04A
Singapore 408600

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNB8316K	WBA32AA0005U03813	16/09/2021	X1 sDrive18i	13

DESCRIPTION /	VALUE
To replace rear bumper and tailgate	1275 850 2,550.00
To respray rear bumper and tailgate	2211 2,328.00
To check electrical wiring system and lighting at the rear section for proper function.	168 177.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	168 177.00
To carry out body cavity preservation. (Per panel).	106 118.00
To replace rear windscreen glass.	X 574.00
To supply and install rear windscreen solar film.	X 531.00
To conduct water leak tests.	X 75.00
Sundries.	150.00
To supply rear emboss number plate.	X 83.00

Total Labour 1: 6,763.00

DESCRIPTION	QTY	PRIC	VALUE
BOOTLID X R	1	1,279.75	1,279.75
REAR BUMPER TRIM PANEL (X LINE) - CR4	1	223.60	223.60
RR BUMPER CARRIER ?	1	516.00	516.00
MOUNTING SMART OPENER ?	1	46.35	46.35
REAR TRIM UNDERRIDE PROTECTION (XL) - CR4	1	148.90	148.90
RR BUMPER LH CORNER MOUNTING ?	1	145.20	145.20
RR BUMPER RH CORNER MOUNTING ?	1	145.20	145.20
REAR BUMPER PANEL PRIMED - CR4	1	894.35	894.35

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303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax. 64747770280, Kampong Arang Road
East Coast Centre
Singapore 438180
Fax. 63449773315, 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 61222**
Date Estimated : **21/03/2022**
Prepared By : **Jack Ng Guo Ming**Page No. : **2 of 5**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNB8316K	WBA32AA0005U03813	16/09/2021	X1 sDrive18i	13

DESCRIPTION	QTY	PRIC	VALUE
REAR BUMPER MIDDLE TRIM PANEL (PDC) <i>CRV</i>	1	262.95	262.95
SET MOUNTS PDC SENSOR REAR <i>PC</i>	1	61.80	61.80
BOOTLID SEALING <i>X</i>	1	167.30	167.30
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) <i>X PC</i>	1	131.55	131.55
Total Parts :			4,022.95

Steve (LKK)
*28/3/22, 10:39am**wn PL*
P/P
4 BL 17
*4 dgs*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:



Labour 1	:	6,763.00
Parts	:	4,022.95
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	755.02
Grand Total	:	11,540.97

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

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	19/03/2022 09:43 (SGT)
Date of Accident	18/03/2022 14:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG MOULMEIN RISE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB8316K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN LYE PHENG
NRIC No	SXXXX584B
Email Address	FREDDYNG@YMAIL.COM
Mobile Phone No	(Phone) +65-91828488
Alternative Phone No	(Home) +65-98448118

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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	1499

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	TAN LYE PHENG
NRIC No	SXXXX584B

Date Of Birth	18/08/1963
Occupation	Indoor
Date Of Driving Pass	02/06/1990
Driving experience	31 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91828488
Alt. Phone Number	(Home) +65-98448118
Email Address	FREDDYNG@YMAIL.COM
Address	APT BLK 114 MARSLING RISE
Address complement	#01-406
Postcode	730114
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

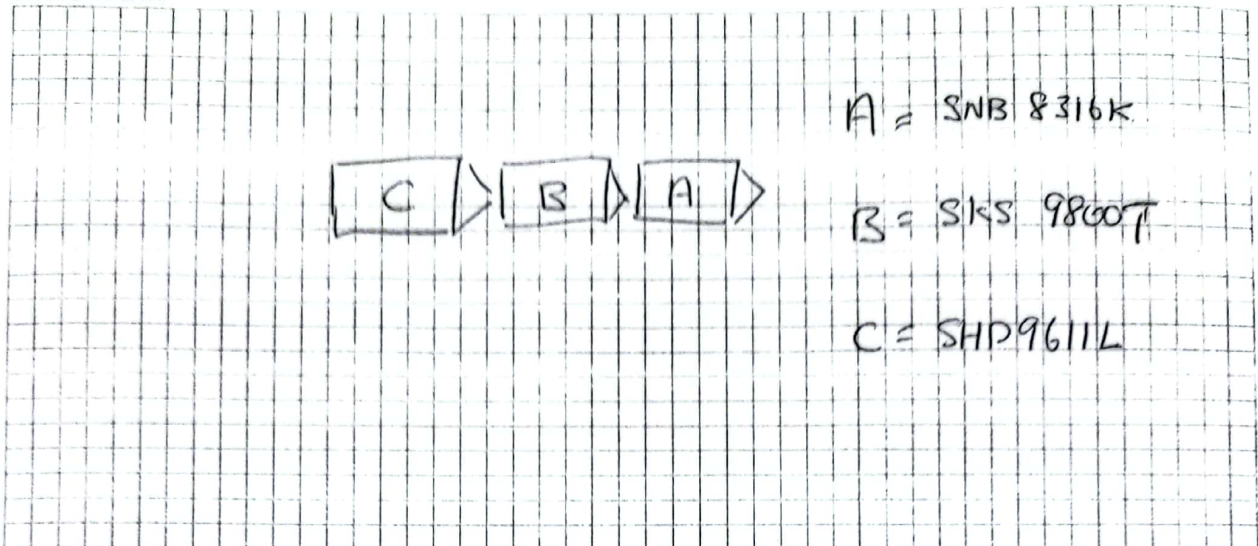
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS9800T
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	YEO CHUN YONG
NRIC No	SXXXX085Z
Contact Number	(Phone) +65-92280708
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD9611L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Stopping at traffic light (along mou/mern rise - outside ministry of Health - Tuberculosis Control Unit)
Lexus car (SKS9800T) stopped behind me,
Taxi car (SHD9611L) behind the Lexus did not stop and hit the back of the Lexus.
The Lexus pushed forward and hit onto my rear (video of accident attached.)
The weather is clear and dry.

This is all I have to say.

DECLARATION

I/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:

Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

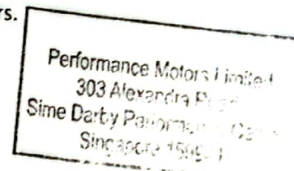
IMPORTANT NOTICE

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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: