ASS. REC. BY: C. M. ASS	SIGNMENT COEXPINY: 2013
(<u>Abb</u>	1 1 2 2
From: Date:	Veh No: SLW 462L Yr Regn: 2013 / Juny
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SLW 462 L	Make: B.M.WSXI 20L c.c 1997
at Workshop m/s BIS puro mobiles	Colour WHITE A/C: Insured / Std / NI / NA
or 30, Torono amangon caescent	Sp.Reading 114827 T/Radio: Insured / Std / NI / NA
Insured: SML	Eng/No:
Policy No.	C/No: WBAX91201002914.34
Claims No.	Gen. Cond: Good / Fait / Poor / Burnt
Surn insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STRim / STD A/Rim or
100	Tyre Size: F: 245 4021 15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or FALKEN
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est Repairs: days Res.: Yes or No	D.O.A. 03 64 22 D.O.I. 110\$ 22
Lum Sum: % 3 Val.: Yes or No	Survey held at BIS
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	JT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
REPAIR LIMIT- 12K	
cost of repair of P/P \$4,869.53	/- with 03 days
<u> </u>	
red: 6340.57;56%	
0.1	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
Date/Time, File Return to?	
	Transportation: Site Insp (\$) s+Rs_si
2) Add F	
. 2) Add F	
2) Add F	: Interview (\$) Photos : Tech. Invs (\$) Others

TOTAL

ESTIMATES

Estimate No.

: 21998896

Date Estimated

: 06/04/2022

Prepared By

: Gary Poh Chai Hoon

- ESTIMATE REPAIR FOR -

Mr. LAU WAI KEE

- ACCOUNT

AXA Insurance Pte Ltd

8 Shenton Way

#24-01 AXA Tower

Singapore 068811

Motor Claims Department

REGN. NO. SLW462L

CHASSIS NO.

Mount right 🗡

Mount left ⊀

PDC sensor-alpine white?

Decoupling ring PDC torque converter M

D291434

REGN.DATE

MODEL

31/7/2013

520i

	DESCRIPTION	ORIGINAL	PRICE	NETT
	To replace rear bumper and attachments, rear M diffuser include making good the boot lid and knocking out dents caused by the accident		2	2,526.00 720
	To spray paint rear bumper, rear M diffuser and boot lid		200 1	2,250.00
	To replace PDC sensors and connectors include resetting and conducting checks for proper function		280	350.00
	To carry out Diagnosis Tests		400	590.00
	Sundries		80	190.00
	DESCRIPTION	UNIT PRICE	QTY	NETT
51 12 7184769	Carrier, bumper rear ?	775.95	1.00	775.95
51 12 7299970	Adapter ?	111.35	1.00	111.35
51 12 8053584	Adaptor trim panel rear ·	196.70	1.00	196.70
51 12 7240133	Cover, towing eye, rear, primed 🗸	48.10	1.00	48.10
51 12 7184765	Guide, bottom centre	140.70	1.00	140.70
51 12 8048594	Bumper trim - M A	1,750.85	1.00	1,750.85
51 12 2452063	Set of mount, bumper :	69.90	1.00	69.90
51 12 7904994	Cover & Con	185.30	1.00	185.30
51 12 7906845	Guide / /	168.85	1.00	168.85
51 12 7906292	Guide center rear	236.35	1.00	236.35

Page 1 of 2

51 12 7184768

51 12 7184767

66 20 9233031

66 20 9142107

Prepared by: Gary Poh DID: 63088555 Fax: 65659098

5.15

371.20 (RC 4.00

159.60

141.05

1.00

1.00

4.00

159.60

141.05

20.60

1,484.80

S AUTOMOBILES

Teban Gardens Crescent Singapore 608927
Automobiles Pte Ltd
Reg. No. 201908617D. GST Reg. No. 201908617D



ESTIMATES

 Total Labour :
 5,720.00

 Total Parts :
 5,490.10

 Total Labour & Parts :
 11,210.10

Deduction for Excess:

Total Repair Costs less I 11,210.10
GST @7%: 784.71
Grand Total: 11,994.81

Rasul
4p 90010068
3 days
11/04/22@1130
Resy before point

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:



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 witholding of material facts may allow insurance companies to repudiate

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

Additional Location Information Country/State of Loss	JUNCTION OF VICTORIA STREET & JALAN SULTAN ROAD Singapore	
DETAILS O	F OWN VEHICLE	
Vehicle Registration Number	SLW462L	
INSURED/POLICYHOLDER		
Is company?	No	
Name Of Registered Owner	LAU WAI KEE	
NRIC No	SXXXX824J	
Email Address	ERIC-LAUWK@YAHOO.COM.SG	
Mobile Phone No	(Phone) +65-94501149	
Alternative Phone No	+65-84983051	
VEHICLE PARTICULARS		
Vanufacturer	BMW	
Model	520i	
/ariant	-	
Exact purpose for which vehicle was being used at time of accident		
Are you claiming under your own insurance policy for repair to	Private use	
our vehicle?	No - Claiming third party	
/ehicle Category	Private car	
ransmission	Auto	
CC	1997	
INSURANCE COMPANY		
ame of Insurance Company	Direct Asia Incurrence (O'	
ype of Coverage	Direct Asia Insurance (Singapore) Pte Ltd	
eet Policy	Comprehensive No	
olicy Number	INU	
over Note Number		
DRIVER		

Name of Driver LAU WAI KEE SXXXX824J

Date Of Birth	40/40//0
Occupation	10/10/10//
Date Of Driving Pass	massi
Driving experience	1 110 11 1000
Gender	
Mobile Number	ais
Alt. Phone Number	(* 110.10)
Email Address	30 0 1000001
Address	··· · · · · · · · · · · · · · ·
Address complement	139 Cavenagh Rd # 09-12
Postcode	
Is the driver the policyholder?	229627
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
The resident variable of Other Verlicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	
•	
GENERAL INFORMATION OF THE ACCIDENT	
The Acolder	
Type of Accident	
Type of Accident Weather Conditions	Complete Field to Fical
Road Surface	, taning
Toda Gallaco	Wet
OTHER INFORMATION	
OTHER INFORMATION	
Wasanifest	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	3
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	KAORI LAU
Gender	Female
PASSENGER 2	
Nome	
Name Gender	JUNSEI LAU
Gender	Male
The bound of the second of	
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 ATTACH.	
ATTACHMENT(S)	
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
	No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SHB959D Toyota

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	RANANI S/O GOVINDASAMY
NRIC No	SXXXX066I
Contact Number	•
Address	BLK624 SENJA ROAD #07-96
Address complement	•
Postcode	670624
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	MAROON TAXI - FRONT LEFT BUMPER
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer a 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 law yers/law time, 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' law yers/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 law yersitaw firms), which may be sited outside of Singapore, for one or more of the above Purposes,

4/4/22 1100 am		1/4
	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centi Personnel
Sketch Plan	. \	
	1 / 2	
	(00)	
w.lZ	1 3 1	
NY VEHICLE	13	
The second secon	January III	
	VICTORIA 87	
THIRD PARTY	7	
THIRD PARTY VEHICLE	Name of the last o	

Describe Circumstances of the Accident
I WAS MAKING A LEFT TURN FROM VICTORIA STREET ONTO JALAN SULTAN ROAD. IT WAS GREEN LIGHT FOR THE PERDESTRIAN CROSSING, I STOPPED MY VEHICLE AS THERE WAS A CYCHST TRAVELING FROM RIGHT TO LEFT. MY VEHICLE CSLW 462 L) WAS STATIONARY WHEN THE THIRD PARTY VEHICLE (SHB 959 BANGED INTO MY VEHICLE AND DAMAGED) THE REAR OF MY VEHICLE.

Declaration

) We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Wiressed by Reporting Centra Personnet

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	8241
V eh icle Na.:	SLW462L
Vehicle to be Exported:	
Intended Deregistration Date:	12 Apr 2022
Vehicle Make:	BMW
Vehicle Model:	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	A7490479N20B20B
Chassis No.:	WBAXG12010D291434
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$41,582.00
Original Registration Date:	31 Jul 2013
First Registration Date:	31 Jul 2013
Transfer Count:	
Actual ARF Paid:	\$45,215.00
PARF Eligibility:	
PARF Eligibility Expiry Date:	30 Jul 2023
PARF Rebate Amount:	\$24,868.00
COE Expiry Date:	30 Jul 2023
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$76,802.00
COE Rebate Amount:	\$9,91B.00
Total Rebate Amount:	\$34,786.00

The information contained herein is correct as at 12 Apr 2022

BMW 5 Series 520i

<u>Overview</u> Fina	incial Accessories Sir	milar Research	Photos Map
Price	\$44,000		
Depreciation (\$18,790 /yr View models with similar depre	Reg Date	30-May-2013 (1yr 1mth 17days COE left)
Mileage	150,000 km (16.9k/yr)	Manufactured (3)	2013
Road Tax (\$1,210 /yr.	Transmission	Auto
Dereg Value 🕢	\$32,667 as of today (change)	OMV (2)	\$41,843
COE	\$67,304	ARF	\$45,581
Engine Cap	1,997 cc	Power	135,0 kW (181 bhp)
Curb Weight	1,610 kg	No. of Owners	4
Type of Vehicle	Luxury Sedan 1		