

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. DMPCSNW00210832100  
Claims No. SNM22D201661/C01/TAYHP  
Sum Insured: \_\_\_\_\_ Excess: 700  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SMZ 82444 Yr Regn: 29/11/19  
Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: BMW 216i c.c. 1499  
Colour Brown A/C: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA  
Sp. Reading 26 27677 T/Radio: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA  
Eng/No: \_\_\_\_\_  
C/No: WZAGV120505P.4415  
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt  
Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
Mod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or  
Tyre Size: F: 205/55R17  
R: 1)  
BS: ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /  
TOYO / YOKO or \_\_\_\_\_

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
DAC Accident Report \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Front Rear  
R/Bal. 4 mm R/Bal. 4 mm  
L/Bal. 4 mm L/Bal. 4 mm  
D.O.A. 7/3/22 D.O.I. 9/5/22  
Survey held at Performance  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear RH  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-190K</u>
	<u>PART BY PART \$2044, 3DAYS</u>
	<u>RED: 2686;56%</u>

Date/Time, File Pass to? ☐ : Prell. Report  
1) ☐ : Final Report  
Date/Time, File Return to?

Days Of Repair: 3  
Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_  
Report Format: \_\_\_\_\_  
Lump Sum / L.B.F. (\$) \_\_\_\_\_

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

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

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, Alexandria 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)



9/05 @ 9am  
LKK - survey @

GST REG. NO : M2 - 0020081 - X

**E S T I M A T E**

Estimate No. : **b1 61161** *1647192*  
Date Estimated : **11/03/2022**  
Prepared By : **Inthiran A/L Thurasamy**

Page No. : 1 of 4

**- ESTIMATE REPAIR FOR -**

Leo Chin  
461 Choa Chu Kang Ave 4  
1/4/1977 12:00:00am

Singapore 680461

**- ACCOUNT - 40000**

Cash Sales - Service  
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMZ8244U	WBA6V120505P14415	29/11/2019	216i Gran Tourer	23645

**DESCRIPTION**

To make good rear bumper and right rear fender

**VALUE**

850 2,550.00

To respray rear bumper and right rear fender

986 1,923.00

To check electrical wiring system and lighting at the rear section for proper function.

168 177.00

Sundries.

80.00

Total Labour 1: **4,730.00****DESCRIPTION**

REAR RH REFLECTOR

**QTY****PRIC****VALUE**

1

39.05

39.05

REAR RH LIGHT IN THE SIDE PANEL

1

376.30

376.30

Total Parts : **415.35**

ster (LKK)  
9/5/22, 10.00

00-M AL  
EX(PII)-?  
P/P  
3 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
- Insurance claim(s) is allowed
- Insurance claim(s) must be resurveyed and approval from Insurance Company

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Labour 1	:	<b>4,730.00</b>
Parts	:	<b>415.35</b>
Labour 2	:	<b>0.00</b>
Excess	:	<b>0.00</b>
Total GST @ 7%	:	<b>360.17</b>
Grand Total	:	<b>5,505.52</b>

**\*\* 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	09/03/2022 15:38 (SGT)
Date of Accident	07/03/2022 20:52 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ8244U
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEO CHIN YU ZE
NRIC No	SXXXX933H
Email Address	LEOCHINYUZE@GMAIL.COM
Mobile Phone No	(Phone) +65-82234133
Alternative Phone No	(Home) +--

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1499

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00210832100
Cover Note Number	-

#### DRIVER

Name of Driver	LEO CHIN YU ZE
NRIC No	SXXXX933H

Date Of Birth	29/08/1988
Occupation	Indoor
Date Of Driving Pass	10/05/2010
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82234133
Alt. Phone Number	(Home) +--
Email Address	LEOCHINYUZE@GMAIL.COM
Address	APT BLK 481 CHOA CHU KANG AVENUE 4
Address complement	#04-77
Postcode	680461
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	AMANDA WONG
Gender	Female

#### 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	FBS8821X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	-
Contact Number	(Phone) +65-97284195
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
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 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:

8 MAR 1139

Driver's Signature

(If driver is not the policyholder)

Date & Time:

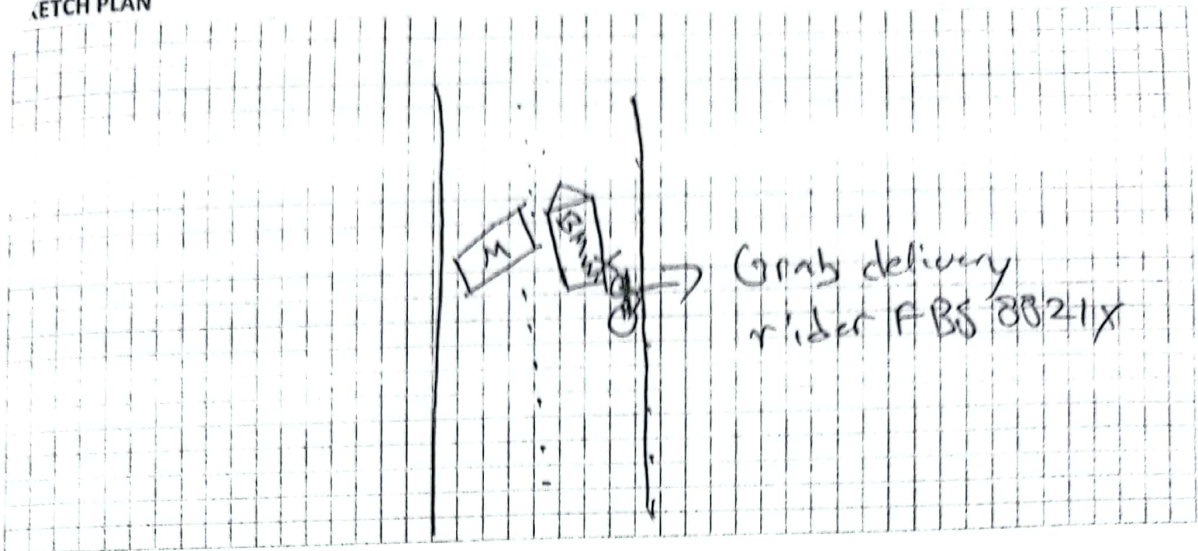
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A Grab delivery motorbike tailgated and hit the back right side of my car, while I was returning cautiously back to my lane to ~~avoid~~ avoid a Mercedes swerving abruptly out of his lane.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

8 MAR 22 1139

GPAPMC Sketch Plan Form\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Performance Motors Limited  
303 Alexandra Road  
Darby Performance Centre  
Singapore 159941