ASS. REC. BY: Steve | CS/CM22004520/EVC

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: SLK 4366T

Policy No. DMHCSN00006492101

Claims No. SNM22D203172/C02/CSC

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: _____ 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: SKS 6269Y Yr Regn: 28/4/15

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

Make: BMW X3 c.c 1991

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

Sp.Reading 131880 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAWY92090030004R

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S.Rim / STD A/Rim or _____

Tyre Size: F: 215/60R17

R: "

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.	6/5/22	D.O.I.	25/7/22

Survey held at Performance

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-75K
22/8/22	Steve informed final fig $9201.75 (Red 1982.75, 21%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 23/8/22-typist

☐ : Prell. Report

☐ : Final Report

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ $9201.75)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

TOTAL

* well callback
~~3/06~~
25/07
LOR - Clear

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. : bl 61781
Date Estimated : 12/05/2022
Prepared By : Inthiran A/L Thurasamy

- ESTIMATE REPAIR FOR -
Wong Sheow Yit
10 Holland Avenue
#03-09
Singapore 271010

- ACCOUNT - 135
China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKS6269Y	WBAWY920900J00048	28/04/2015	X3 sDrive20	94738

DESCRIPTION		VALUE
To replace rear bumper,tailgate and attachements.	850 X 2 / 1700	2,550.00
To painting rear bumper and tailgate.	1972	2,076.00
To remove and install rear windscreen glass to facilitate repair.	545	574.00
To conduct water leak tests.	71	75.00
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).	112	118.00
Sundries.	?	150.00
	Total Labour 1:	5,897.00

DESCRIPTION	QTY	PRIC	VALUE
BOOTLID	1	1,870.95	1,870.95
RR BUMPER CARRIER ECE	1	801.80	801.80
COVER MIDDLE BOTTOM	1	99.95	99.95
REAR BUMPER CLADDING (PDC/SCHWARZ) (Black)	1	209.30	209.30
REAR BUMPER PANEL PRIMED (PDC)	1	1,495.00	1,495.00
MODEL LETTERING X3	1	65.60	65.60
(DG) CLEANER R1 (100ML)	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR)	1	131.55	131.55
(DG/SL)ADHESIVE PRIMER VP 206 (30ML	1	27.85	27.85
Total Parts :			4,728.15

BMW Dealer

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Singapore 159944
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GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No.	: **b1 61781**	Page No. : **2 of 5**
Date Estimated	: **12/05/2022**	
Prepared By	: **Inthiran A/L Thurasamy**	

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKS6269Y	**WBAWY920900J00048**	**28/04/2015**	**X3 sDrive20**	**94738**

Steve (LKK)
25/7/22, 3pm

Mr AL
PIP
My BL by
S by

Labour 1	:	5,897.00
Parts	:	4,728.15
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	743.76
Grand Total	:	11,368.91

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

SP0122590006 / Performance Motors Limited
ENTRY DATE & TIME: 09/05/2022 15:27 (SGT)
SUBMITTED BY: Chan Sook Ling
VERSION: 1 (09/05/2022 15:27 (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	09/05/2022 15:27 (SGT)
Date of Accident	06/05/2022 16:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC LIGHT INFRONT OF SPC (JUNCTION OF JALAN LEBAN AND UPPER THOMSON)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6269Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG SHEOW YIT
NRIC No	SXXXX429A
Email Address	SHEOWYIT@GMAIL.COM
Mobile Phone No	(Phone) +65-94746937
Alternative Phone No	(Home) +--

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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	1998

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10355926R02
Cover Note Number	-

DRIVER

Name of Driver	WONG HUI JUIN

NRIC No	SXXXX586B
Date Of Birth	15/04/1982
Occupation	Indoor
Date Of Driving Pass	06/05/2004
Driving experience	18 YEARS
Gender	Female
Mobile Number	(Phone) +65-82018367
Alt. Phone Number	-
Email Address	SHEOWYIT@GMAIL.COM
Address	10 HOLLAND AVENUE
Address complement	#03-09
Postcode	271010
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	WONG FUN YEE
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

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	SLK4366T
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black

Vehicle Category	Private hire
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 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.

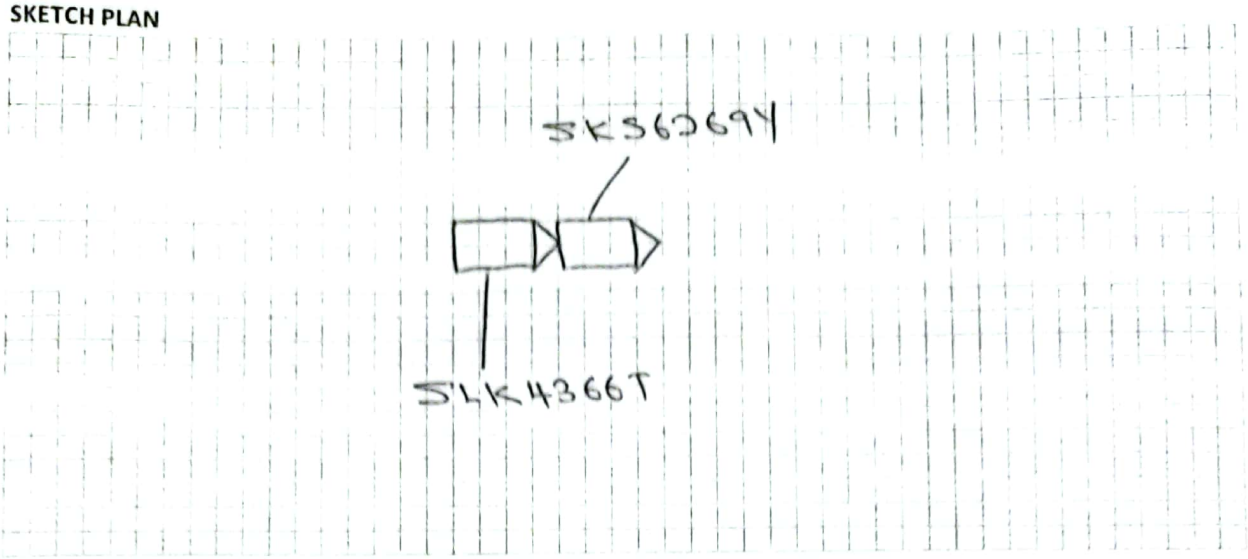
Policyholder's Signature
Date & Time: 7 NOV 2022

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

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

Selvan A/L Thuraisamy
Performance Motors Limited
503 Alexandra Road
Delta Performance Centre
Singapore 159931

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident took place at 4.21pm at the traffic light in front of SPC (Junction of Dalam Lebar and upper Thanson).
I was at the red light when I heard a bang and felt a bump. I got out from my car to check and noticed that the car, SLK4366T, had bumped on the rear of my car. I
On closer inspection, the bumper (black plastic) was slightly dent to the touch. There was also a squarish, rounded dent below the car plate. This was likely caused by the squarish frame of the Honda sign.
The damages above were acknowledged by the driver of SLK4366T.

The driver gave me his contact number & personal details.
IC: S1829957G
Name: Chua Kay Meng

DECLARATION

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

Policyholder's Signature
Date & Time: 7 Jan 2022

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

Reporting Centre Personnel's Signature
Name: Muthiah A/L Thurasamy
NRIC/FIN No.:
Sime Darby Performance Centre
303 Alexandra Road
Singapore 159941