

Stew

CS/EG122004945/ERY3

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. _____

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 Rpt: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMS 9399L Yr Regn: 20/1/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 320i c.c. 1998

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

Sp. Reading: 12798 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAEF37050 FH 55452

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 205/55 R17

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / 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. 24/5/22 D.O.I. 26/5/22

Survey held at Performance

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MK-173K

Date/Time, File Pass to?

: Prel. Report

: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.E. (\$)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

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

ESTIMATE

Estimate No. : b1 61912	Page No. : 1 of 5
Date Estimated : 24/05/2022	
Prepared By : Jack Ng Guo Ming	

- ESTIMATE REPAIR FOR - Poon Yin Yin Blk 49 Hillview Avenue #04-04 Singapore 669615	- ACCOUNT - 136 Ergo Insurance Pte Ltd 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMS9399L	WBA5F32050FH55452	20/01/2020	320i Sedan	34115

DESCRIPTION	VALUE
To replace front bumper, right front fender and all damage attachment. 859x2	1799 5,100.00
To respray front bumper, right front fender.	1827 1,923.00
To tow accident vehicle to PML workshop.	150.00
To carry out body cavity preservation. (Per panel).	112 118.00
To replace electromechanical power steering including program, initialize steering column adjustment and conduct check for proper function. (cphth)	841 885.00
To check steering geometry and conduct wheel alignment in accordance with BMW specifications. (1x).	504 531.00
To remove and install front suspension to facilitate the jacking of chassis and mounting of car on celette bench. 1399 (cphth)	? 1,062.00
To remove and install brake discs, brake pads and brake calipers including brake test and conduct check for leak. 953	? 1,003.00
To replace tyre and wheel rim including balancing. (1x).	89 94.00
To remove and install front suspension for inspection and replace damaged parts. (cphth)	2522 2,655.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	168 177.00
To replace right headlight.	457 481.00
To check electrical wiring system at the front section	168 177.00

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ESTIMATE

Page No. : 2 of 5

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMS9399L	WBA5F32050FH55452	20/01/2020	320i Sedan	34115

DESCRIPTION

for proper function including adjustment of headlights.

Sundries.

VALUE

150 300.00

Total Labour 1: 14,656.00

DESCRIPTION

FRT AXLE SUPPORT RWD
RH TENSION STRUT WITH HYDR. MOUNT
RH WISHBONE BOTTOM W/RUBBER MOUNTIN
RH SWIVEL BEARING CAMBER CORRECTION
FRT RH CARRIER
FRT STABILIZER WITH RUBBER MOUNTING
FRT SUPPORT BEARING
FRT RH SWING SUPPORT
FRT RH SPRING STRUT
ADDITIONAL DAMPER FRT
SPRING PAD LOWER
FRT BRAKE DISC VENTILATED 307X24
ALLOY RIM 7.5X18 DOUBLE SPK 782
FRT RH SIDE PANEL BRACKET 1
FRT RH SIDE PANEL
LH RETAINING FRAME
RH RETAINING FRAME
FRT BUMPER PANEL PRIMED (LINE PDC/P
RH HEADLIGHT LED AHL

QTY	PRIC	VALUE
1	1,404.00	1,404.00
1	286.15	286.15
1	343.35	343.35
1	548.95	548.95
1	499.05	499.05
1	411.70	411.70
1	234.95	234.95
1	105.15	105.15
1	537.95	537.95
1	45.35	45.35
1	14.05	14.05
1	256.85	256.85
1	1,069.35	1,069.35
1	60.60	60.60
1	815.60	815.60
1	83.85	83.85
1	83.85	83.85
1	1,089.85	1,089.85
1	3,397.70	3,397.70

Total Parts : 11,288.30

Steve (LKK)

26/5/22, 11:00a

OD-M AL
EXCISE-?
P/P

8 dji (with under ramp) M BL M

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after repair/adjusting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Party survey is on a "Without Prejudice" basis
- Legal modification(s) is allowed
- Accessory item(s) must be resurveyed and
- Subject to final approval from Insurance Company



Acknowledged by Repairer
Signature:

Labour 1	:	14,656.00
Parts	:	11,288.30
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,816.10
Grand Total	:	27,760.40

** 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 25/05/2022 09:45 (SGT)
Date of Accident 24/05/2022 12:35 (SGT)
Exact Location of Accident Onan Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9399L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner POON YIN YIN
NRIC No S6813418H
Email Address kwaek06@gmail.com
Mobile Phone No (Phone) +65-97374501
Alternative Phone No +65-97374501

VEHICLE PARTICULARS

Manufacturer BMW
Model 320I LED HL
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 1998

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG22001440
Cover Note Number -

DRIVER

Name of Driver KWA ENG KIAT
NRIC No S2556907E

Date Of Birth	06/02/1963
Occupation	Indoor
Date Of Driving Pass	14/09/1993
Driving experience	28 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97374501
Alt. Phone Number	-
Email Address	kwaek06@gmail.com
Address	49 HILLVIEW AVENUE #04-04
Address complement	-
Postcode	669615
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	Side Swipe
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

ON THE 24/05/2022 AT AROUND 1235HRS, I VEHICLE A BEARING REGISTRATION NUMBER SMS9399L WAS COMING FROM ONAN ROAD CARPARK LOT 12. AS I WANTED TO MOVE OUT, I CHECKED FOR TRAFFIC AND SAW VEHICLE B BEARING REGISTRATION NUMBER SHB3011T AT A SAFE DISTANCE AWAY MOVING SLOWLY, SO I MADE MY EXIT FROM THE LOT. AS I WAS TURNING OUT, I NOTICED VEHICLE B SUDDENLY ACCELERATED AND COLLIDED ON TO MY FRONT RIGHT WHEEL & BUMPER SECTION, CAUSING DAMAGE TO BOTH AREAS. I BRAKED IMMEDIATELY & STOPPED. HOWEVER, VEHICLE B DIDN'T EVEN HORN, BRAKE, AVOID OR STOP DURING THE INCIDENT, VEHICLE B CONTINUED TO MOVE FORWARD UNTIL ABOUT 50 METRES AWAY AND STOPPED. THIS IS EVIDENCED BY THE CONTINUOUS SCRATCH MARK ON THE LEFT SIDE OF VEHICLE B FROM FRONT TO BACK. THE COLLISION DAMAGED MY CAR RIGHT WHEEL AND AXLE WHICH IS A RESULT OF HIGH-SPEED IMPACT. I HAD TO ACTIVATE TOWING SERVICE TO PERFORMANCE MOTOR WORKSHOP THEREAFTER.

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	SHB3011T
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN KIM TAH
NRIC No	S1350438E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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

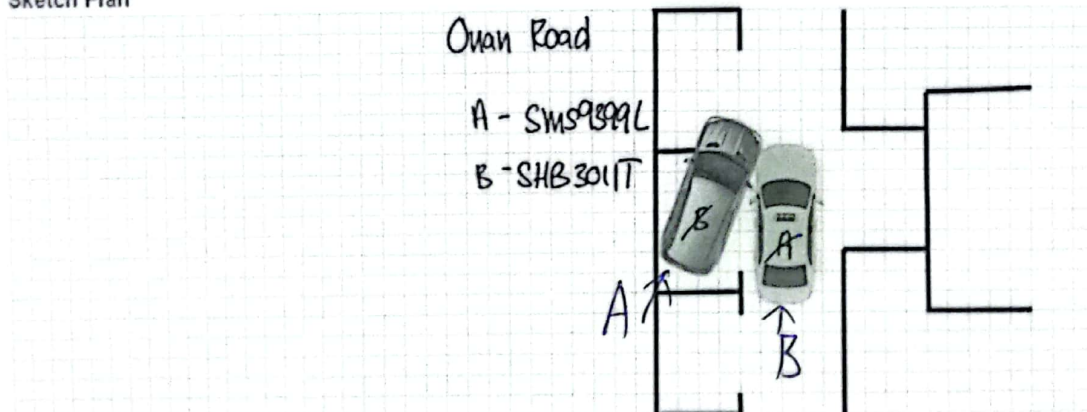
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 24/05/2022 1615

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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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
24/05/2022 1615

Witnessed by Reporting Centre Personnel