ASS. REC. BY: Kenneth | REF: SMd/22004984/kqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Massive

of _____

Insured: 9312

Policy No. _____

Claims No. CMTD2201814/MYE

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: $120k

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: 11/31 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNE 977P Yr Regn: 01, 12

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

Make: BMW Z4 c.c 1997

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

Sp.Reading 98987 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBALL32080 E749874

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: 235/35ZRR

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Nexen

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	24/5/22	D.O.I.	30/5/2022

Survey held at _____

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	31/05/22@3.04pm revised to Melvin Ye by email.

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	$ + RS. SI
Parking	
Others	
TOTAL	

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
Hp 91082728
Fax : 64816131

Not Authorised
Liftup &
Painting after Parts
2days

Tng Kok Leng
Blk 36 Ah Hood Road
#12-02
Singapore 329980

Vehicle No : SNE 977 P
Make/Model : BMW Z4
Year : 2011

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Rear bumper	CM	$1,355.00
1 pc	Rear bumper reinforcement		$585.00
1 pc	Rear bumper sponge		$105.00
1 pc	Rear n/s bumper side retainer		$135.00
~~2~~ 1 pcs	Rear n/s bumper sensor	SCM $305.00	$610.00
1 pc	Rear n/s bumper reflector		$195.00
1 pc	Rear n/s exhaust silencer		$955.00
			$3,940.00
		Less 10 %	$394.00
			$3,546.00
S Nett Item			
10 pcs	Rear bumper clip	$4.00	$40.00
Labour Charges			
Remove/renew the above accident parts including knocking, welding & cutting.			25% $600.00
To putty and spray paint			$600.00 28%
Check & reconnect wiring.			$30.00 5%
Remove/renew rear bumper sensor including reset same.			$248.00 60%
Remove/renew rear exhaust silencer			$400.00 ?
		Total	$5,464.00

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

SL03225P0007 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: 25/05/2022 15:01 (SGT)
SUBMITTED BY: LHMK -3
VERSION: 1 (25/05/2022 15:01 (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 witholding 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 15:01 (SGT)
Date of Accident	24/05/2022 19:30 (SGT)
Exact Location of Accident	Jln Datoh, Singapore
Additional Location Information	Towards Balestier Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE977P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tng Kok Leng
NRIC No	S7228931E
Email Address	eric.90052202@gmail.com
Mobile Phone No	(Phone) +65-90052202
Alternative Phone No	+65-90052202

VEHICLE PARTICULARS

Manufacturer	BMW
Model	Z4
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	1997

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210145948
Cover Note Number	-

DRIVER

Name of Driver	Tng Kok Leng
NRIC No	S7228931E

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 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.

25/05/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Angie Soh

Sketch Plan