

Steve

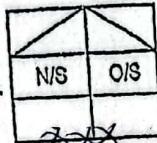
CS/AIS 2200S346/Evg3

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.



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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNF 308R Yr Regn: 12/5/22
 Type: N/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 1X3 c.c. N/A
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 3147 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBYW2040308391522
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / SRM / STD A/R/m or
 Tyre Size: F: 275/40R20
 R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUM /
 TOYO / YOKO or .

Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 27/5/22 D.O.I. 21/6/22
 Survey held at Perfarmore Motors
 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-330K

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL _____

2/6 survey ego

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 Ayang Road
East Coast Centre
Singapore 438180
Fax: 63449773

115, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64796601 (AfterSales)
64796624 (Motorrad)



Steve (LKK)
21/6/22, 11.00am

W M
J dy
PIP
My RM

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 62014	Page No. : 1 of 5
Date Estimated : 01/06/2022	
Prepared By : Yap Mee Key	

- ESTIMATE REPAIR FOR - Lee Lui Shiong (Li Ruixiong) 28 UPPER BUKIT TIMAH VIEW SINGAPORE 588151	- ACCOUNT - 224093 Allianz Insurance Singapore Pte Ltd 79 Robinson Road #09-01 Singapore 068897
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNF308R	WBY42DU030S391502	12/05/2022	1X3	18

DESCRIPTION	VALUE
To replace rear bumper.	850 1,275.00
To respray rear bumper.	986 1,038.00
To check electrical wiring system.	168 177.00
To remove old PDC assembly, re place damaged parts and reconnect to new bumper including re connet to new bumper and conduct check for proper function.	168 177.00
Sundries	80.00
Total Labour 1:	2,747.00

DESCRIPTION	QTY	PRIC	VALUE
PLASTIC NUT FOR COARSE THREADED PIN	10	0.85	8.50
EXPANDING NUT L=19.9MM	10	1.40	14.00
C CLIP FOR PLASTIC NUT	10	1.10	11.00
PLASTIC NUT	7	2.75	19.25
EXPANDING RIVET	15	0.50	7.50
REAR BUMPER PANEL PRIMED (PDC+PMA)	1	1,593.30	1,593.30
REAR BUMPER BOTTOM TRIM PANEL (GLOS	1	297.75	297.75
REAR BUMPER COVER PAINTED (FROZEN G	1	274.35	274.35
ADAPTER FOR SUPPORT REAR	1	166.90	166.90
Undershield,	1	102.20	102.20
Torsion stru	1	43.05	43.05
Torsion stru	1	48.25	48.25
PLUG BLACK D=5MM	6	0.95	5.70
Control unit	1	514.25	514.25
SENSOR LEAD SMART OPENER TOP	1	51.95	51.95
SENSOR LEAD SMART OPENER BOTTOM	1	51.95	51.95
Total Parts :			3,209.90

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 28/05/2022 10:23 (SGT)
Date of Accident 27/05/2022 17:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE AFTER BRADELL TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF308R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE LUI SHIONG
NRIC No SXXXX021J
Email Address LUISHIONG@GMAIL.COM
Mobile Phone No (Phone) +65-97556126
Alternative Phone No (Home) +--

VEHICLE PARTICULARS

Manufacturer BMW
Model IX3
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 0

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD22V06402/VPC/R00
Cover Note Number -

DRIVER

Name of Driver LEE LUI SHIONG
NRIC No SXXXX021J

 Accident report SP01225S0002

Date Of Birth	03/12/1976
Occupation	Indoor
Date Of Driving Pass	02/05/1996
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-97556126
Alt. Phone Number	(Home) +--
Email Address	LUISHIONG@GMAIL.COM
Address	28 UPPER BUKIT TIMAH ROAD VIEW
Address complement	-
Postcode	588151
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	CELESTE ANN CHIA SHU MAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
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	SME8690A
Vehicle Manufacturer	Honda

 Accident report SP01225S0002

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	STEPHANIE NEO HUI BEIN
NRIC No	SXXXX563F
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
Details of property damaged in accident	
No. Of Passenger (Including Driver)	3

WITNESS DETAILS

WITNESS 1

Name	CELESTE CHIA
Phone	(Phone) +65-97966130
Email	

SKETCH PLAN

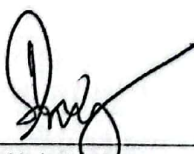
IMPORTANT NOTICE


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:

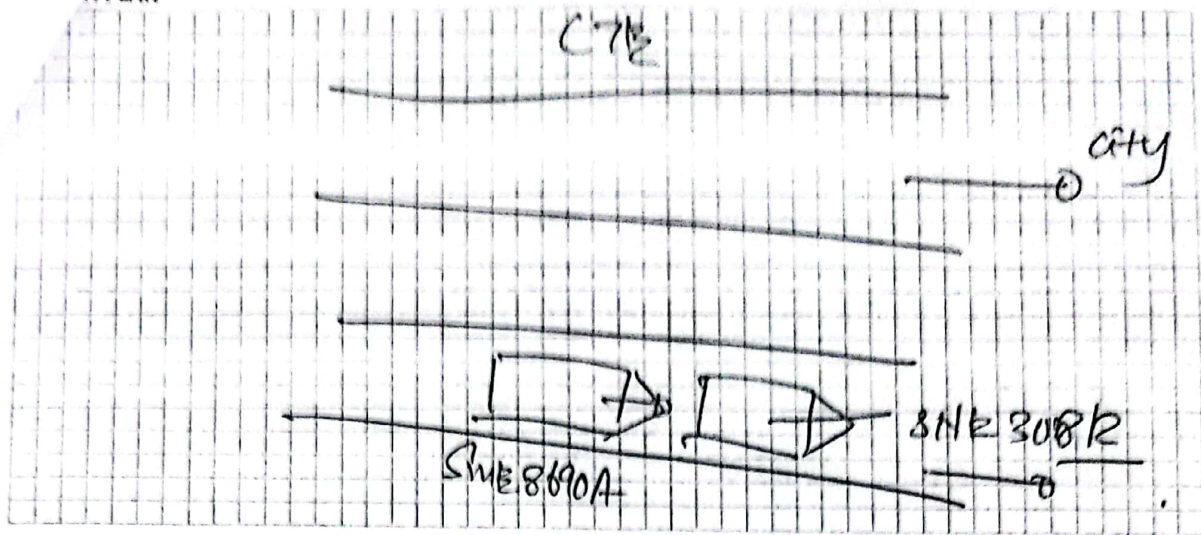
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 27/5/22
530pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/5/22
530pm

PERFORMANCE MOTORS LIMITED
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941
TEL: 63190100 (Sales)
63190111 (AfterSales)

uk
Reporting Centre Personnel's Signature
Name: Kap Moe Key
NRIC/FIN No. 62744629P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 5pm, travelling on CTE after Bodell Road towards city. When I was stopping my vehicle on the right most lane, the car contacted my rear.

The rear bumper and rear panel sensors were damaged, no human injuries.

There were 2 people who exited the vehicle SME 8690A. At the accident site, when I had asked who the driver was. The person named Stephanie Neo Hui Shen admitted she was the driver and produced her license which I took a photo of.

DECLARATION

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

Policyholder's Signature

Date & Time:

27/5/22

GRANAC Sketch Plan Form v3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/5/22
1750

PERFORMANCE MOTORS LIMITED

303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941
TEL 63190100 (Sales)
63190111 (Aftersales)

uk

Reporting Centre Personnel's Signature

Name: Yap mee key

NRIC/FIN No.: 62744629P



POLICE REPORT (NP299)

Report No. E/20220527/7042

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 27/05/2022 22:01	Vide Report No.	Station Diary No.		
Name Of Informant LEE LUI SHIONG	Address 28 UPPER BUKIT TIMAH VIEW SINGAPORE 588151			
ID Type / ID No. NRIC NO / S7640021J	Contact No. Home/Office:	Mobile: 97556126		
Nationality SINGAPORE CITIZEN	Email Address LUISHIONG@GMAIL.COM			
Occupation Urologist	Sex Male	Age 45	Date of Birth 03/12/1976	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/05/2022 17:00 - 27/05/2022 17:10	Location Of Incident CENTRAL EXPRESSWAY			

Brief details.

I was travelling in my car numbered SNF 308R on the CTE just beyond the braddell flyover towards the city. I was in the right most lane. The car behind me collided into my rear bumper when I braked, The time of incident was about 5pm. When I got out of the car, photos were taken of the accident site and of both vehicles. Video recordings are available from the car camera.

The car that collided into the rear of my car was numbered SME 8690A. A lady named Stephanie Neo Hui Sien S9243563F claimed to be the driver of the car and we exchanged driving licenses. I reported this incident to my insurance company and submitted photos and videos.

The damage sustained by my car included scratches to the rear bumper, some damage to the left rear

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2022 22:01
Officer In-Charge Of Case:	Classification Of Case:



sensor and a cracked bottom panel.
There were no human injuries

Subjects Involved			
Victim			
Person Name	LEE LUI SHIONG		
ID Type	NRIC NO	ID No	S7640021J
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Urologist	Address	28 UPPER BUKIT TIMAH VIEW SINGAPORE 588151
Mobile No	97556126	Is Informant A Victim?	Yes
Person Name	LEE LUI SHIONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2022 22:01
Officer In-Charge Of Case:	Classification Of Case: