

Steve

CS/EG1 22005352/ET43

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value: _____
 IDAC 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

Veh No: SLB 363A Yr Regn: 8/11/16
 Type: ☒ M. Car ☐ M. Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover ☐
 Truck / Trailer or _____
 Make: BMW X1 c.c. 1499
 Colour: White A/C: ☐ Insured ☐ Std ☐ NI ☐ NA
 Sp. Reading: 108360 T/Radio: ☐ Insured ☐ Std ☐ NI ☐ NA
 Eng/No: _____
 C/No: WBAHS170905F02296
 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: 255/50R18
 R: 11
☒ 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. 11/6/22 D.O.I. 20/6/22
 Survey held at Performance 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
	<u>MV-101</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.A. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

_____ \$ + RS. _____ \$

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, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax. 64747770

280, Kampong Ayang Road
East Coast Centre
Singapore 438160
Fax. 63449773

315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax. 64796601 (AfterSales)
64796624 (Motors)

20.06.2022
Survey and repair



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 62059
Date Estimated : 04/06/2022
Prepared By : Foong Shiuh Jye

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -
Roselle Mont-Clair Furnishing Pte Ltd
NO. 1 COMMONWEALTH LANE
#04-22/23
Singapore 149544

- ACCOUNT - 136
Ergo Insurance Pte Ltd
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLB363A	WBAHS120905F02296	08/11/2016	X1 sDrive18i	97823

DESCRIPTION	VALUE
To replace bumper front panel, bonnet, and front attachments	850 3,400.00
To spray paint bumper front panel and bonnet	2219 2,336.00
To replace right headlight. 456	? 481.00
To replace left headlight. 456	? 481.00
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
To check electrical wiring system at the front section for proper function including adjustment of headlights.	168 177.00
Sundries.	? 150.00

Total Labour 1: 7,320.00

DESCRIPTION	QTY	PRIC	VALUE
BONNET / 00	1	1,753.50	1,753.50
FRT BUMPER TOP CARRIER	1	396.35	396.35
FRT LH GRILLE SPORT LINE (M)	1	124.35	124.35
FRT RH GRILLE SPORT LINE (M)	1	124.35	124.35
IMPACT ABSORBER TOP (M/ECE)	1	69.55	69.55
GRID CENTRE (M)	1	161.55	161.55
FRT BUMPER PANEL PRIMED (M/PDC/PMA)	1	1,327.45	1,327.45
LICENCE PLATE HOLDER (M/ECE)	1	89.40	89.40
EMBLEM GROMMET	2	0.95	1.90
BMW PLAQUE WITH ADHESIVE FILM	1	72.85	72.85
FRONT PANEL V STRUT	1	126.80	126.80
AIR DUCT (M)	1	276.05	276.05

Performance Motors Limited

A Sime Darby Motors Company

Co. Reg. No. 197401559W GST Reg No M2-0020081-X

Toll-Free Number (1800-2265268)

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax: 64747770280, Raffles Avenue Road
East Coast Centre
Singapore 438186
Fax: 63448773116, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64756551 (Approved)
64756554 (Not Approved)

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Page No. : 2 of 5

Estimate No. : b1 62059
 Date Estimated : 04/06/2022
 Prepared By : Foong Shiuh Jye

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLB363A	WBAHS120905F02296	08/11/2016	X1 sDrive18i	97823

DESCRIPTION	QTY	PRIC	VALUE
Nozzle array (bonnet)	1	196.25	196.25
LH HEADLIGHT LED TECHNOLOGY	1	2,728.95	2,728.95
RH HEADLIGHT LED TECHNOLOGY	1	2,728.95	2,728.95
Total Parts :			10,178.25

Steve (LKK)
 20/6/22, 12.00p

ON- M M
 EXAM-?
 P/P
 by BL
 5 Lyr

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:



Labour 1	:	7,320.00
Parts	:	10,178.25
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,224.88
Grand Total	:	18,723.13

** 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	01/06/2022 18:39 (SGT)
Date of Accident	01/06/2022 09:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB363A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSELLE MONT-CLAIR FURNISHING PTE LTD
Company Reg No	198802676C
Email Address	DAYNA@MOSELLEMONTCLAIR.COM
Mobile Phone No	(Phone) +65-64724431
Alternative Phone No	+65-64724431

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	X1 SDRIVE18I M SPORT AT LED NAV
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	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SMPG21012586
Cover Note Number	-

DRIVER

Name of Driver	SAYNA ONG YEE MUN
NRIC No	S9415409Z

Date Of Birth	04/05/1994
Occupation	Indoor
Date Of Driving Pass	26/06/2013
Driving experience	9 YEARS
Gender	Female
Mobile Number	(Phone) +65-91718728
Alt. Phone Number	-
Email Address	DAYNA@ROSELLEMONTCLAIR.COM
Address	3 ST.HELIER'S AVENUE
Address complement	-
Postcode	555797
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE 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	SMQ9915H
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car

Name of Driver	MOHAMED ALI BIN ABIDIN
Contact Number	(Phone) +65-98378165
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ9915H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 willful 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.

5. 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

1 JUNE 2022 18:00

Witnessed by Reporting Centre Personnel

Sketch Plan

A: MY VEHICLE
B: OTHER DRIVER'S VEHICLE
HEAD TO REAR COLLISION



SINGAPORE
POLICE FORCE



T/20220601/2034

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No. 1800-1519999

Page 1
Report No. T/20220601/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2022 11:59
Vide Report No.: F/20220601/0064
Station Diary No.: 67

Informant's Particulars

Name of Informant: DAYNA ONG YEE MUN			Address: 3 ST. HELIER'S AVENUE SINGAPORE 555797	
ID Type / ID No.: NRIC NO / S9415409Z			Contact No.: Home/Office: Mobile: 91718728	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 28	Date of Birth: 04/05/1994	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Business development manager			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/06/2022 10:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB363A	Car				Slightly Damaged	0
SMQ9915H	Car				Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20220601/2034

Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220601/2034

CONTINUATION OF REPORT

Driver		ID No.	
Name	DAYNA ONG YEE MUN	ID No.	S9415409Z
Related Vehicle		Contact No.	
Related Vehicle	SI B363A (Car)	Contact No.	91718728
Hospital/Clinic		Class of Driving Licence & Expiry Date	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment		Date Discharge	
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave		Degree of Injury	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	
Name	Mohamed Ali Bin Abidin	ID No.	S1796260D
Related Vehicle		Contact No.	
Related Vehicle	SMQ9915H (Car)	Contact No.	98378165
Hospital/Clinic		Class of Driving Licence & Expiry Date	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment		Date Discharge	
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave		Degree of Injury	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mention date, time and place, I was travelling along CTE towards Braddell proceeding to work. During that point of time, the road traffic was heavy. I just sneeze slightly and when I realised, I had hit the vehicle (SMQ 9915 H) which is in front of me because I am not able to stop in time. I got down the vehicle to check on the driver and his passengers. The passengers informed they felt pain at the back and was convey to hospital via ambulance.

During that point of time, Traffic Police is at scene and advised me to proceed to the nearest police station to lodge a police report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Ang Mo Kio South N.P.C.
31 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-1516999



1/2022060512051

100-1151-120-2001-001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
F /
Other TAN THIAM HUAT

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
01/06/2022 11:59

Officer In Charge Of Case:
TP / GIT /
Other MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

NP168

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG21012586

Vehicle Registration Number : SLB363A

Cover Type : Enhanced Comprehensive

Policy Type : Private Car

Name of Policyholder/Insured : ROSELLE MONT-CLAIR FURNISHING PTE LTD

Commencement Date of Insurance : 08/11/2021

Expiry Date of Insurance : 07/11/2022

Excess : EXCESS: (SECTION I)..... S\$ 500.00
YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**
Approved Insurer

Karl-Heinz Jung

Authorized Signature

A000025	ADVENT INSURANCE AGENCY PTE LTD	Contact Number: 68420838
Vehicle Chassis Number : WBAHS120905F02296, Vehicle Engine Number : F850H288B38A15A		PC1, 11/10/2021 11:51