

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKB9788K Yr Regn: 15/6/22
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW X3 c.c. 198
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 1715 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WRA22DP0309K-93599
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/55R17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or .
 Front R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 31/6/22 D.O.I. 7/9/22
 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
	MY-218K

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + P.S. \$ _____

Photos

Others

TOTAL

Check Part 3/8/22

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)

*Steve (LKK)
7/9/22, 3pm*

GST REG. NO : M2 - 0020081 - X

ESTIMATE

MALY 3 days

Estimate No. : **b1 62347** Page No. : 1 of 4
Date Estimated : **30/06/2022**
Prepared By : **Yap Mee Key**

<p>- ESTIMATE REPAIR FOR - LIM WHEE KONG 10 PRINSEP LINK #11-21 SINGAPORE 187948</p>	<p>- ACCOUNT - 135 China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909</p>
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKB9788K	WBA22DP0309K93529	15/06/2022	X3 xDrive20i	15

DESCRIPTION	VALUE
To replace engine hood and make good front bumper.	<i>850</i> 1,700.00
To respray engine hood and front bumper.	<i>1298</i> 2,336.00
To carry out body cavity preservation. (Per panel).	<i>112</i> 118.00
To check electrical system.	<i>168</i> 177.00
Sundries.	80.00
Total Labour 1:	4,411.00

DESCRIPTION	QTY	PRIC	VALUE
BONNET <i>DD</i>	1	1,929.95	1,929.95
EXPANDING RIVET <i>ARC</i>	10	0.50	5.00
Grill front <i>CUT</i>	1	265.75	265.75
AIR FLAPS TOP <i>?</i>	1	291.55	291.55
AIR DUCT RADIATOR TOP <i>?</i>	1	107.50	107.50
FRT ENGINE HOOD SEALING <i>ARC</i>	1	34.55	34.55
Total Parts :			2,634.30

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
- Resurvey is on a "Without Prejudice" basis
- Modification(s) is allowed
- Replacement item(s) must be resurveyed and
- Subject to final approval from Insurance Company



Acknowledged by Repairer

Signature:

Labour 1	:	4,411.00
Parts	:	2,634.30
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	493.17
Grand Total	:	7,538.47

**** 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 Authorized 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. 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	01/07/2022 09:33 (SGT)
Reported by	Both
Date of Accident	30/06/2022 10:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bukit Batok St. 23 near BLK 2020
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB9788K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Whee Kong
NRIC No	SXXXX377D
Email Address	wheekong@gmail.com
Mobile Phone No	(Phone) +65-98242218
Alternative Phone No	-

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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C0129798

DRIVER

Name of Driver	Lim Whee Kong
NRIC No	SXXXX377D
Date Of Birth	17/01/1958
Occupation	Indoor

Date Of Driving Pass	03/02/1982
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98242218
Alt. Phone Number	-
Email Address	wheekong@gmail.com
Address	10 Prinsep Link
Address complement	#11-21
Postcode	187948
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	Collided into Parked Vehicle
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

Refer to Sketch Plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	File too big.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5020P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Koh Chye Bok

NRIC No	SXXXX995H
Contact Number	(Phone) +65-81387271
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	Front
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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: 30/6/22
3 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

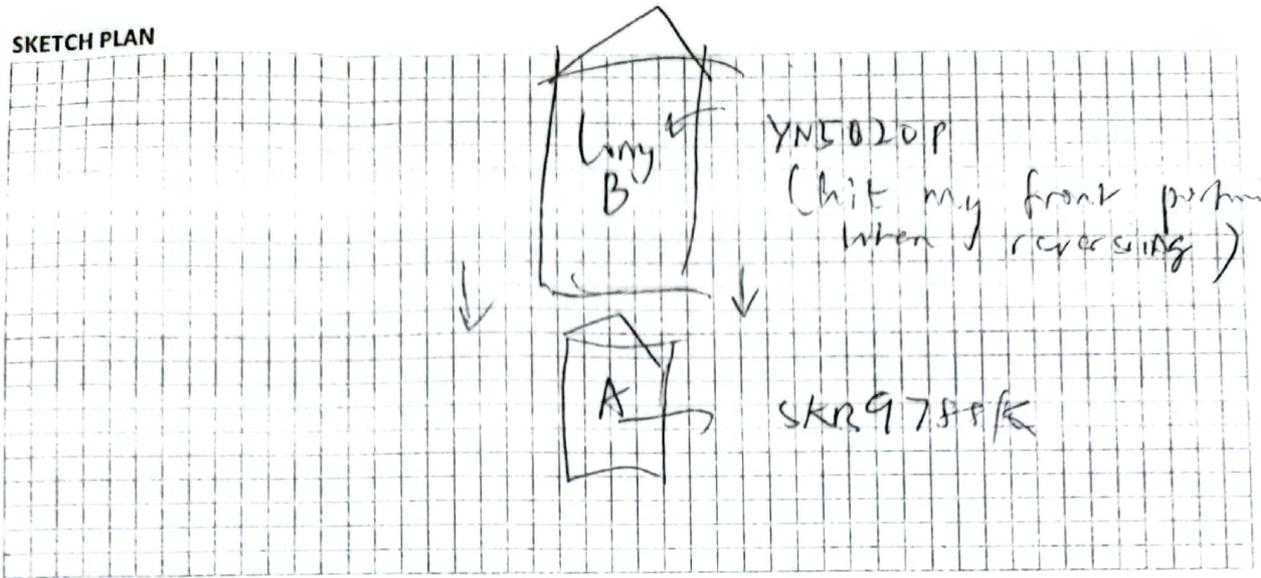
PERFORMANCE MOTORS LIMITED
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941
TEL: 63190100 (Sales)
63190111 (Aftersales)

ME

Reporting Centre Personnel's Signature

Name: Yap Mee Key
NRIC/FIN No.: G274629P

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Both YNS0~~
 The lorry was at the front of the car park exit gantry. So I was behind the lorry waiting for it to clear the gantry. Suddenly the lorry just reversed heading towards my vehicle. I horn for it to alert it to stop reversing but to no avail. So it only stopped when it hit the front of my vehicle. (I have the SD which I believe should record the incident that I just described.)

DECLARATION

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

Policyholder's Signature

Date & Time: 30/6/2022
 3 pm

CIARMC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

PERFORMANCE MOTORS LIMITED

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

MK

Reporting Centre Personnel's Signature

Name: Kap mee key
 NRIC/FIN No: G2744629P