

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

ON / 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Bel. 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: SMA 713H Yr Regn: 29/10/19

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

Truck / Trailer or \_\_\_\_\_

Make: BMW 4161 c.c. 1899

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

Sp. Reading: 76938 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WBAGV 120305NA 121

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 /  Rrim or

Tyre Size: F: 205/55R17

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or: Pirelli

Front R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 29/10/19

Survey held at Performance Motor

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

Rear LH

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

Date / Time Action / Instruction

MV-130K

Date/Time, File Pass to?

: Prell. Report  
 : Final Report

Date/Time, File Return to?

1) \_\_\_\_\_  
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: \_\_\_\_\_  
\$ + RS. \$ \_\_\_\_\_  
Photos \_\_\_\_\_  
Others \_\_\_\_\_  
TOTAL \_\_\_\_\_

# Performance Motors Limited

A Fine Darby Motors Company  
Co. Reg. No. 187401888H GST Reg. No M2 0020081 X  
Toll-Free Number (1800-2252286)



301, Alexandra Road  
Fine Darby Performance Centre  
Singapore 119941  
Fax: 64747770

280, Tampong Arang Road  
East Coast Centre  
Singapore 438180  
Fax: 63449773

115, Alexandra Road  
Fine Darby Business Centre  
Singapore 110044  
Fax: 64756601 (AfterSales)  
64756624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

## ESTIMATE

Estimate No. : b1 62406	Page No. : 1 of 5
Date Estimated : 05/07/2022	
Prepared By : Yap Mee Key	

- ESTIMATE REPAIR FOR - Yew Heng Tham (Yang HengTan) 847 Woodlands Street 82 #10-281 Singapore 730847	- ACCOUNT - 40000 Cash Sales - Service Singapore
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMQ713H	WBA6V120305N97921	29/10/2019	216i Gran Tourer	73446

DESCRIPTION	VALUE
To replace rear bumper, rear left door, rear fender and left side sill	<del>3400</del> 5,100.00 850 x 48 4250
To respray rear bumper, rear left door, rear left fender and left side sill.	2667 3,634.00
To carry out body cavity preservation. (Per panel).	112 118.00
To transfer lock mechanism from old to new door including conduct check on new door power window system for proper function. (1 door).	574 531.00
To check electrical system.	168 177.00
To replace wheel rim including balancing (1x).	89 94.00
To check steering geometry and conduct wheel alignment in accordance with BMW specifications. (1x).	504 531.00
To remove and install rear side window glass to facilitate repair.	321 338.00
To supply and install rear left window glass solar film.	475 500.00
To conduct water leak tests.	71 75.00
Sundries.	? 150.00
<b>Total Labour 1:</b>	<b>11,248.00</b>

DESCRIPTION	QTY	PRIC	VALUE
C CLIP FOR PLASTIC NUT / APC	2	1.10	2.20
C-clip / APC	2	1.70	3.40

# 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, Esplanade Road  
 East Coast Centre  
 Singapore 438160  
 Fax: 63449773

315, Alexandra Road  
 Sime Darby Business Centre  
 Singapore 159944  
 Fax: 64794401 (AfterSales)  
 64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

## ESTIMATE

Estimate No. : **b1 62406** Page No. : 2 of 5  
 Date Estimated : **05/07/2022**  
 Prepared By : **Yap Mee Key**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMQ713H	WBA6V120305N97921	29/10/2019	216i Gran Tourer	73446

DESCRIPTION	QTY	PRIC	VALUE
ALLOY RIM 7.5X17 DOUBLE SPK 549 <i>cut</i>	1	977.35	977.35
REAR LH SIDE PANEL <i>DD</i>	1	1,496.05	1,496.05
RR LH DOOR <i>x R</i>	1	1,159.75	1,159.75
RR BUMPER LH SIDE GUIDE <i>?</i>	1	163.55	163.55
RR BUMPER LH INNER SIDE GUIDE <i>?</i>	1	163.55	163.55
LEFT PROTECT <i>?</i>	1	11.45	11.45
REAR BUMPER PANEL PRIMED (LINES PDC <i>x R</i> )	1	1,050.55	1,050.55
CLIP COVER FOR COLUMN B <i>APC</i>	8	0.95	7.60
REAR LH SIDE WINDOW FIXED (ALU HOCH <i>APC</i> )	1	305.60	305.60
REAR DOOR JOINT SEAL <i>x</i>	1	34.05	34.05
REAR DOOR EDGE PROTECTION <i>x</i>	1	167.45	167.45
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) <i>APC</i>	1	131.55	131.55
Total Parts :			<b>5,674.10</b>

*Steve (LKK)*  
*22/7/22, 10.30c*

*DD-L1 ML*  
*EXCESS - ?*  
*PIP*  
*by Bel gy*  
*10 hrs*



Labour 1	:	11,248.00
Parts	:	5,674.10
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,184.55
<b>Grand Total</b>	:	<b>18,106.65</b>

**\*\* 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 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 ..... 30/06/2022 12:02 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/06/2022 18:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS AVENUE 2 GOING TOWARDS AVENUE 7  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ713H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YEW HENG THAM  
NRIC No ..... S7239035J  
Email Address ..... DEREK\_YEW@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-97398509  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 216i  
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 ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2000584427-01

### DRIVER

Name of Driver ..... FOO FUNG PING  
NRIC No ..... S7405604J  
Date Of Birth ..... 15/02/1974  
Occupation ..... Indoor

Date Of Driving Pass ..... 18/05/2004  
 Driving experience ..... 18 YEARS AND 1 MONTH  
 Gender ..... Female  
 Mobile Number .....  
 Alt. Phone Number ..... (Phone) +65 81636780  
 Email Address .....  
 Address ..... SEREDET PFOO@YAHOO.COM.SG  
 Address complement ..... BLK 847 WOODLANDS STREET 82  
 Postcode ..... #10-281  
 Is the driver the policyholder? ..... 730847  
 If No, Relationship of the Driver with the Insured ..... No  
 Does Driver Own Other Vehicles? ..... Spouse  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... No  
 Insurance Company of Other Vehicle Owned by Driver .....

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Change/cross lane  
 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 THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SGW3767Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... MOHAMMED NURALIFFIN BIN KORSROM  
 Contact Number ..... (Phone) +65-87507716

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

**IMPORTANT NOTICE**

1. Please report accurately 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 rescind 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 judgment 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)**

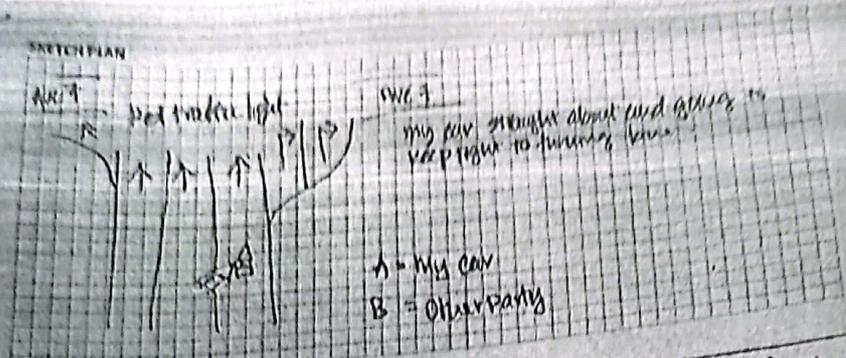
I understand, acknowledge, agree and consent that:

- (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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

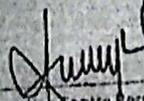
I was driving along Woodlands Ave → towards city direction. I was driving on the right lane going straight. The other vehicle was in the middle lane and was stationary because the traffic light was red. As I drove passed him in my lane trying to keep to the right turning lane. As he changed lane across way point, he hit my car as he changed lane suddenly. His right front hit my left side of my car, damaging the passenger door and left rear wheels.

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:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

