

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
XX	

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: SL 200X Yr Regn: 219/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW X3 c.c. 1998
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 211448 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: W.B. AT 729609 CUG 012
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R17
 R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / 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. 17/7/22 Performance D.O.I. 15/8/22
 Survey held at _____
 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>MY-205K</u>

Date/Time, File Pass to?

☐ : Prelim. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

1) _____
 Date/Time, File Return to?

☐ : Final Report

Transportation:

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

\$ + RS. \$

Report Format: _____

Lump Sum / L.S.F. (\$) _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

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

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



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 62565

Page No. : 1 of 5

Date Estimated : 18/07/2022

Prepared By : Foong Shiuh Jye

- ESTIMATE REPAIR FOR -

Lee Jiann Yow, Lionel (Li Jianyou)
9 Holland Hill
#03-01

Singapore 278738

- ACCOUNT - 135

China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SL300X	WBATS720609C46012	02/09/2020	X3 sDrive20i	12638

DESCRIPTION

VALUE

To replace bumper rear panel, tailgate. and tail end panel. 850X2

1700 4,250.00

To spray paint bumper rear panel, tailgate and tail end panel.

1977 2,819.00

To remove old PDC assembly, replace damaged parts and
reconnect to new bumper including conduct check for
proper function.

168 177.00

To replace bootlid smart opener control unit, top and
bottom sensor line including program and conduct check for
proper function.

627 661.00

To transfer lock mechanism from old to new bootlid
including conduct check on new bootlid central locking system
for proper function.

594 531.00

To replace rear exhaust silencer including alignment
system and conduct check for leak.

7 531.00

To check electrical wiring system and lighting at the
rear section for proper function.

168 177.00

To carry out body cavity preservation.
(Per panel).

112 118.00

To carry out body cavity preservation.
(For cut panel).

7 531.00

To replace rear windscreen glass.

545 574.00

To conduct water leak tests.

71 75.00

To supply and install rear windscreen solar film.

594 531.00

Sundries.

7 150.00

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GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 62565
Date Estimated : 18/07/2022
Prepared By : Foong Shiuh Jye

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SL300X	WBATS720609C46012	02/09/2020	X3 sDrive20i	12638

Total Labour 1: 11,125.00

DESCRIPTION	QTY	PRIC	VALUE
REAR SILENCER	1	1,373.70	1,373.70
TAIL PANEL	1	542.20	542.20
INTERIOR TAIL TRIM PANEL	1	473.90	473.90
✓ TRUNK LID	1	2,051.00	2,051.00
REAR BUMPER CARRIER	1	776.85	776.85
LH SIDE GUIDE FOR BUMPER	1	136.30	136.30
LH BUMPER GUIDE	1	163.55	163.55
RH BUMPER GUIDE	1	163.55	163.55
REAR BUMPER TOWING LUG COVER (M)	1	77.30	77.30
✓ REAR BUMPER PANEL PRIMED (M/PMA)	1	1,562.95	1,562.95
SET MOUNTING PDC/PMA SENSOR REAR(M)	1	128.65	128.65
REAR BUMPER BOTTOM TRIM PANEL (M)	1	372.15	372.15
LOCK TRUNK LID	1	230.30	230.30
TRUNK LID POWER LOCK PANEL	1	246.55	246.55
SPRING SUPPORT FOR VIBRATION ABSORB	1	320.40	320.40
RH SPINDLE DRIVE	1	490.55	490.55
BUMP STOP	10	3.30	33.00
✓ REAR WINDOW GREEN	1	1,075.05	1,075.05
TRUNK LID GASKET	1	152.00	152.00
SET ADHESIVE PADS FOR ACE 2.0	1	37.35	37.35
(DG) CLEANER R1 (100ML)	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR)	2	131.55	263.10
(DG/SL)ADHESIVE PRIMER VP 206 (30ML)	1	27.85	27.85

Total Parts : 10,724.40

Steve (LKK) m n
15/8/22, 12:00p P/P
M R L Y
S Lys

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	:	11,125.00
Parts	:	10,724.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,529.46
Grand Total	:	23,378.86

** 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	18/07/2022 16:18 (SGT)
Reported by	Both
Date of Accident	17/07/2022 12:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	U- Turn on Dunearn Road/ Linden Drive
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SL300X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Lee Jiann Yow Lionel
NRIC No	SXXXX161C
Email Address	lionel.lee@hotmail.com
Mobile Phone No	(Phone) +65-96604837
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	SD21V10612/VPC2/R0

DRIVER

Name of Driver	Lee Jiann Yow Lionel
NRIC No	SXXXX161C
Date Of Birth	06/02/1986
Occupation	Indoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

09/09/2004

17 YEARS AND 10 MONTHS

Male

(Phone) +65-96604837

-

lionel.lee@hotmail.com

177 Greenwood Avenue

-

287088

Yes

-

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

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)

4

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

-

PASSENGER 1

Name

Sin Xiu Ling Aimee

Gender

Female

PASSENGER 2

Name

Aubrey Lee Zhi Ling

Gender

Female

PASSENGER 3

Name

Asher Lee Zhi Jie

Gender

Male

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



Accident report SP0X22710003

Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
File too large.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP7773B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Ramaiah Konar Karupiah
Passport No/FIN	GXXXX934N
Contact Number	(Phone) +65-802630358
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 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: 18 JULY 2022
10:19 AM

Driver's Signature

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

Reported by: Foong Shiur Jive
Performance Motors Limited
303 Alexandra Road
Singapore 119941
Name: Singapore
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17 July 2022, I was making a u-turn along Durban Road (front of Nanyang Girls' High School / National Junior College), when my vehicle was rear-ended by a truck while stationary. As no one was injured by the impact, I moved ~~the~~ my vehicle on to a nearby bus stop on Durban Road before assessing the damage, and speaking with the driver of the truck.

DECLARATION

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

Policyholder's Signature

Date & Time: 18 JULY 2022
10:17 AM

G:\KWC\SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Foong Shiuh Jye

Performance Motors Limited

303 Alexandra Road

Sime Darby Performance Centre

Reporting Centre Singapore 159941

Name:

NRIC/FIN No.: