

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/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 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: SLR899H Yr Regn: 29/9/21
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BMW 2181 c.c. 1499
 Colour: Red A/C: Insured / Std / Nil / NA
 Sp. Reading: 14059 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WBAL AK0207H 3686
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / SRM / STD A/RM or _____
 Tyre Size: F: 225/45R17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 U/Bal. 5 mm U/Bal. 5 mm
 D.O.A. 2/8/22 D.O.I. 17/10/22
 Survey held at Perfennate
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frat LH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MP-165K

Date/Time, File Pass to? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Repair Format: _____
 Lump Sum / L.B.H. (%) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech, Invs (\$) _____
 : Weekend (\$) _____
 Survey Fee: _____
 Transportation: _____
 S + 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 Arang Road
East Coast Centre
Singapore 438100
Fax. 63449773

315, 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

12/6 19/09

Estimate No. : b1 62884 Page No. : 1 of 5
Date Estimated : 12/08/2022
Prepared By : Jack Ng Guo Ming

<p>- ESTIMATE REPAIR FOR - Daniel Seah 100 Gerald Drive #01-84 Singapore 798592</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
SLR8989H	WBA12AK0207H36866	29/09/2021	218i Gran Coupe	15

DESCRIPTION	VALUE
To replace front bumper and front left fender.	1275 2,250.00
To respray front bumper and left front fender.	1826 1,923.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	168 177.00
To check electrical wiring system and lighting	168 177.00
To replace left headlight.	456 481.00
To check steering geometry and conduct wheel alignment in accordance with BMW specifications. (1x).	X 531.00
To replace tyre and wheel rim including balancing. (1x).	X 94.00
Sundries.	150.00
Total Labour 1:	5,783.00

DESCRIPTION	QTY	PRIC	VALUE
ALLOY RIM 7.5JX17 DOUBLE SPK 548 X	1	996.90	996.90
FRT LH SIDE PANEL X R	1	639.70	639.70
LH FOG LAMP COVER CVT (Black)	1	47.30	47.30
FRT BUMPER BOTTOM TRIM PANEL	1	177.00	177.00
LH AIR INLET FINISHER	1	68.95	68.95
LH GRID LATERAL	1	80.80	80.80
FRT FLAP TOWING EYE PRIMED X	1	43.95	43.95
FRT BUMPER PANEL PRIMED (PDC/PMA) DD	1	929.20	929.20
SET MOUNTING PDC/PMA SENSOR FRT	1	71.60	71.60
LH HEADLIGHT LED TECHNOLOGY CVT	1	2,399.10	2,399.10
Total Parts :			5,454.50

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Estimate No. : b1 62884
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Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLR8989H	WBA12AK0207H36866	29/09/2021	218i Gran Coupe	15

Steve (LKK)
17/10/22, 11.39L
M R
PIP
by BL by
4 days

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 surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:



Labour 1	:	5,783.00
Parts	:	5,454.50
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	786.63
Grand Total	:	<u>12,024.13</u>

** 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 Actual 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 03/08/2022 10:05 (SGT)
Reported by Both
Date of Accident 02/08/2022 10:50 (SGT)
Exact Location of Accident Collyer Quay, Singapore
Additional Location Information TOWARDS FINLAYSON GREEN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8989H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEAH KHER CHUAN
NRIC No S1572758F
Email Address DANIELSEAH71@GMAIL.COM
Mobile Phone No (Phone) +65-91072839
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 218i
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 China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00257432100

DRIVER

Name of Driver SEAH KHER CHUAN
NRIC No S1572758F
Date Of Birth 23/06/1963
Occupation Indoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode

10/09/1981
 40 YEARS AND 11 MONTHS
 Male
 (Phone) +65-91072839
 -
 DANIELSEAH71@GMAIL.COM
 100 GERALD DRIVE
 #01-84
 798592
 Yes
 -
 No
 -
 -

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
 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) 3
 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 SEAH YAOXUAN
 Gender Male

PASSENGER 2

Name SEAH JIAYIN
 Gender Female

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 VIDEO WITH OWNER

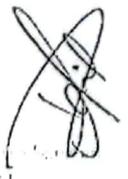
DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SLF2996P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

- 6. I understand, acknowledge, agree and consent that:
- 7. By the inclusion of this report in the case file, you hereby consent to the inclusion of this report in the *confidential records* of the reporting police or other officer.
- 8. Consent under the Personal Data Protection Act (PDPA)

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may be 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 transmit to:
 - (i) Personal Information to claimants (whichever is stated below) involved in this accident (all persons) who have a motor vehicle involved in this accident shall be conclusively deemed to be the "insurers", the insurers' lawyers, workshop, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 making 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 also be 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 also be collected by any of the insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firms), which may be situated 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 claimants and/or any other third parties for a suit or evaluation, or for settling, conducting or negotiating a claim;
 - (ii) to relevant law enforcement and government agencies, including the police, for the purposes of:
 - (i) for complying with applicable law relating to reporting, investigating, or conducting an accident;

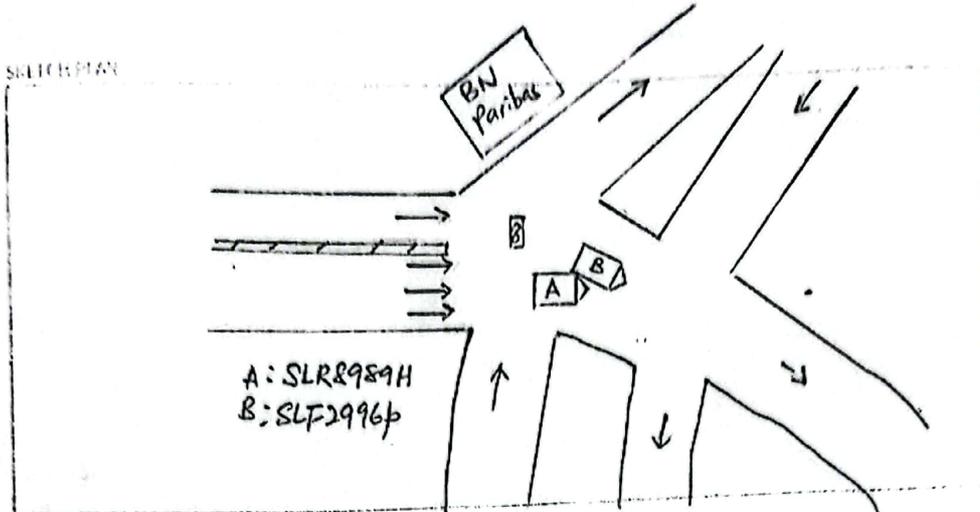


Name:
 Address:
 Date: / /



Kon Yin Siew

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02 Aug 2022 at 10:50 hrs, I was driving along Collyer Quay moving towards Finlayson Green. I was at centre lane when suddenly the car SLF2996P overtook by cutting into my lane from LH side and her car rear RH side hit onto my car front LH side. My car camera captured the accident video.

Claim OD/TP at Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : Tropical Success Auto Care.

Email address : tsac303@singnet.com.sg

& myself : danie/seah71@gmail.com

Email address : danie/seah71@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DRIVER SIGNATURE

(We do not require reporting, only submit our true to reality report)

Date of Report

Driver Signature

(Must be true to reality report)

Date of Report



Non Yin Siew

Date of Report