

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. DMPCSNW00257432100  
 Claims No. SNM22D205434/C01/KHONGLH  
 Sum Insured: \_\_\_\_\_ Excess: 500  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

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: SLR999H 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: WBA12 AK 020714 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 Performance D.O.I. 17/10/22  
 Survey held at \_\_\_\_\_  
 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
	<u>MP-165K</u>
<u>21/11/22</u>	<u>Steve informed final fig \$7451 (Red 4737.30, 38%)</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 Date/Time, File Return to?  
 2) 23/11/22-typist  
 Repair/Format: Merimen  
 Lump Sum / I.B.F. (\$) \$7451

Days Of Repair: 4  
 Resurvey No. of Trip: 1  
 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><b>- ESTIMATE REPAIR FOR -</b> Daniel Seah 100 Gerald Drive #01-84  Singapore 798592</p>	<p><b>- ACCOUNT - 135</b> China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909</p>
---	---

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
<b>Total Labour 1:</b>	<b>5,783.00</b>

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
<b>Total Parts :</b>			<b>5,454.50</b>

# 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 430100  
Fax: 63449773

316, 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 62884  
Date Estimated : 12/08/2022  
Prepared By : Jack Ng Guo Ming

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 police 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 "insurer", the insurer's 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 insurer's 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/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 settling, or settling 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

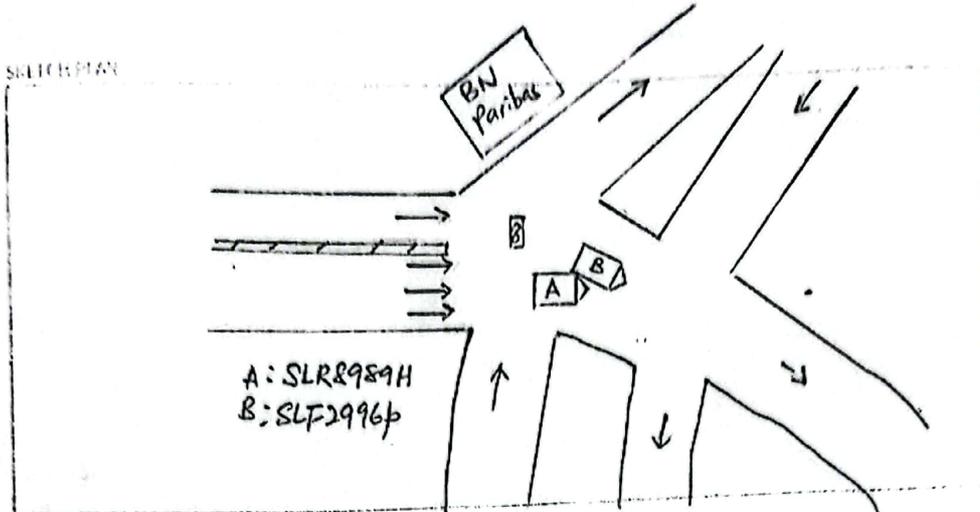


Name:   
 Address:   
 Date: / /



Kon Yin Siew

SKETCH PLAN



A: SLR8989H  
 B: SLF2996P

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 if you have to report to the police)

Date of Report

Driver Signature

(If not, you do not need to sign)

REPORTING OFFICER SIGNATURE

Name

Vehicle No.



Non Yin Siew