

LOS REC BY: Touffin

REF: CS / SMK 2200 7858 / T933

**ASSIGNMENT**

COE 2031 April / May

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimate lost: \_\_\_\_\_  
 OD / TP / IS / TP RES / OD RES / EVA / INV / MV  
 To Inspected/ehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Vch: \_\_\_\_\_

Veh No: SNB 9197E Yr Regn: 2011 May  
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: BMW Z5 C.C. 2497  
 Colour: Green A/C: Insured / Std / NI / NA  
 Sp. Reading: 103012 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WBA LM 3205 OE 355259  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 225/40K18  
 R: 225/40K18

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 9600K  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front R/Bal. 6 mm Rear R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 18/8/22  
 Survey held at Igite motor  
 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

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / I.B.L. (%) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_ \$ + RS. \_\_\_\_\_ \$  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

**IGNITE MOTORS PTE LTD**

1 Sin Ming Industrial Estate  
Sector C#01-117 SINGAPORE  
575636

Vehicle number: SNB9197E  
Make & Model: BMW Z4  
Chassis number:  
WBALM32050E355259 Year: 2011

Third Party Claim

No	Description of spare parts	Qty	Unit Price	Amount
1	Front bumper centre emblem	1		\$ 79.00 <i>net</i>
2	Front bumper RH side parking sensor	1		\$ 238.00 <i>X</i>
3	Front bumper RH centre parking sensor	1		\$ 238.00 <i>dis</i>
4	Front bumper LH centre parking sensor	1		\$ 239.00 <i>X</i>
5	Front bumper LH side parking sensor	1		\$ 238.00 <i>X</i>
6	Front bumper parking sensor rubber seal	4		\$ 48.00 <i>net</i>
7	Front bumper parking sensor holder	4		\$ 92.00 <i>net</i>
8	Front bumper number plate garnish	1		\$ 84.00 <i>X</i>
9	Front bumper inner sponge	1		\$ 93.00 <i>X</i>
10	Front bumper RH side retainer	1		\$ 45.00 <i>X</i>
11	Front bumper LH side retainer	1		\$ 45.00 <i>X</i>
12	Front bumper RH bracket	1		\$ 55.00 <i>X</i>
13	Front bumper LH bracket	1		\$ 55.00 <i>X</i>
14	RH headlamp assy	1		\$ 2,449.00 <i>Assy</i>
15	LH headlamp assy	1		\$ 2,449.00 <i>Assy</i>
16	Aircon condenser	1		\$ 1,132.00 <i>X</i>
17	Radiator assy	1		\$ 1,321.00 <i>X</i>
				\$ 8,900.00
	Parts less 5%			\$ 445.00
	Total			<u>\$ 8,455.00</u>

No	Special Nett Items	Qty	Unit Price	Amount
1	Front number plate	1		\$ 80.00 <i>X</i>

2	Front bumper (after market)	1	\$	2,850.00 <i>an</i>
3	Front bumper centre grille (after market)	1	\$	485.00 <i>an</i>
4	Front bumper RH grille (after market)	1	\$	280.00 X
5	Front bumper RH LED lamp (after market)	1	\$	1,350.00 X
6	Front bumper LH grille (after market)	1	\$	280.00 X
7	Front bumper LH LED lamp (after market)	1	\$	1,350.00 X
8	Front bumper RH centre grille (after market)	1	\$	650.00 X
9	Front bumper LH centre grille (after market)	1	\$	650.00 X

**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:

Total \$ 7,975.00

**No Labour and painting Amount SS**

1	Labour charges to remove, reinstall, replace and realignment parts. To panel beat, cut/weld and straighten affected panels and areas		\$	1,200.00 <i>250</i>
2	Putty and spray painting on affected areas and panels		\$	1,200.00 <i>250</i>
3	Check wiring and lighting system on affected areas		\$	100.00 <i>30</i>
4	Spray rust chemical coating on repaired and replaced panels and areas		\$	100.00 X
5	Remove and replace aircon condenser and pipes to assist repair		\$	280.00 X
6	Remove and replace radiator assy, hoses and fan assy to assist repair		\$	280.00 X
7	Refocus and adjust headlamps assy		\$	100.00 <i>30</i>

Total: \$ 3,260.00

Spare Parts: \$ 8,455.00

Special Nett: \$ 7,975.00

Labour: \$ 3,260.00

*Taufik 97495711  
'w/p' 18/8/2020  
4/5 days after repair  
taufik@lkkauto.com  
2 days  
To check consistency of accident  
To check part price*

Total Amount:

\$ 19,690.00

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 828I

### Vehicle Details

Vehicle No.: SNB9197E  
Vehicle to be Exported: No  
Intended Deregistration Date: 12 Aug 2022  
Vehicle Make: B.M.W.  
Vehicle Model: Z4 2.5 SDRIVE23I A  
Primary Colour: Blue  
Manufacturing Year: 2009  
Engine No.: 04957185N52B25AF  
Chassis No.: WBALM32050E355259  
Maximum Power Output: 150.0 kW (201 bhp)  
Open Market Value: \$48,542.00  
Original Registration Date: 04 May 2011  
First Registration Date: 04 May 2011  
Transfer Count: 7  
Actual ARF Paid: \$48,542.00

### Intended PARF Rebate Details

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 30 Apr 2031  
COE Category: B - Car (1601cc & above)  
COE Period(Years): 10  
PQP Paid: \$47,316.00  
COE Rebate Amount: \$41,243.00  
**Total Rebate Amount: \$41,243.00**

The information contained herein is correct as at 12 Aug 2022

OK

## 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	12/08/2022 15:17 (SGT)
Reported by	Driver
Date of Accident	12/08/2022 11:58 (SGT)
Exact Location of Accident	Cassia Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB9197E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG KIM HWA
NRIC No	S9236828I
Email Address	HUIISHI408@GMAIL.COM
Mobile Phone No	(Phone) +65-88990951
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	Z4
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	2500

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00001857

#### DRIVER

Name of Driver	WONG HUI SEE
NRIC No	S9619220G
Date Of Birth	05/06/1996
Occupation	Indoor

Date Of Driving Pass	24/04/2012
Driving experience	10 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88990951
Alt. Phone Number	-
Email Address	HUISHI408@GMAIL.COM
Address	BLK 52 CASSIA CRESCENT #05-171
Address complement	-
Postcode	390052
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Hit and run / Vandalism / Damaged whilst parked
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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6312U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

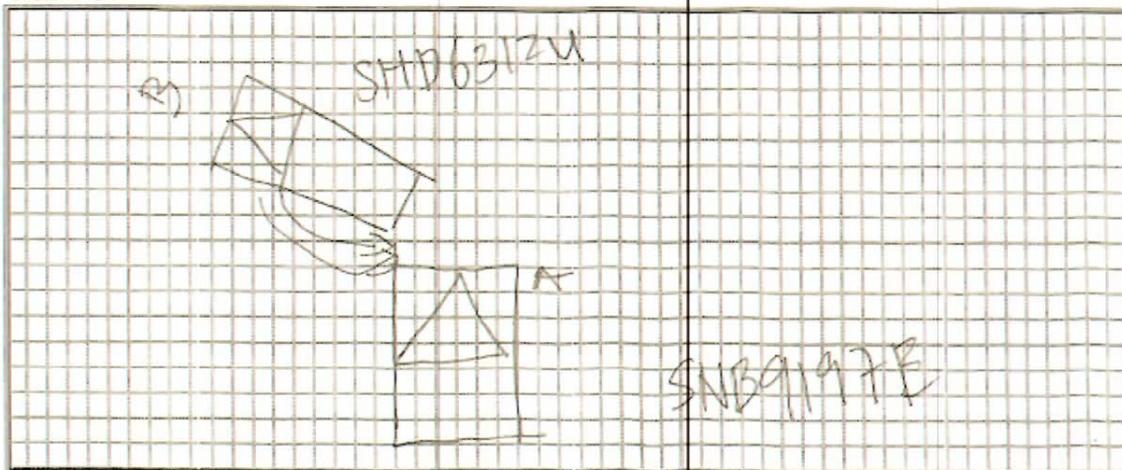
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and 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 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/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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



**Describe Circumstance of the Accident**

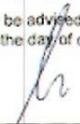
While driving out the exit c/p of Cassia Crescent, I stop behind a taxi (SHD 63124) and suddenly the taxi start to reverse and collided onto my car causing damage.

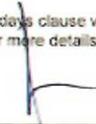
**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)