

ASS. REC BY: Taufik

REF: 03/CT/22008530 TUGS

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IS / TP RES / OD RES / EVA / INV / MV

To Inspect/Vehicle No: _____

at Workshop m/s _____

of _____

Insured: YN 2108R

Policy No DMCVSNA00047422207

Claims No SNM22D206167/C02

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: \$130K

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: SMH5698H Yr Regn: 2019/Jan

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

Truck / Trailer or _____

Make: BMW X2 C.C. 1499

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

Sp. Reading: 48064 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MS AGH/2060EM42757

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/45 R19 R: ^ ^

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front R/Bal. 0 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 31/7/202 D.O.I. 1/9/22

Survey held at BM-1 WA

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or Rnt o/s, y/c

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
30/11/22	Taufikh informed LS \$7500 (red 4397, 36%)

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

1) : Final Report

Date/Time, File Return to?

2) 30/11/22-typist

Report Format: Merimen

Lump Sum / L.S. (\$) \$7500

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 _____

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : **SMH 5698H**
 Vehicle Model : **BMW X2**
 Accident Date : **31.07.2022**
 Original Reg Date : **28.01.2019**

Date : **31.08.2022**
 Chassis : **WBAYH12060EM92757**
 TP Ins. **CHINA TAIPING**

ESTIMATE

1	1 pc	Front Bumper	de		
2	2 pcs	Front Bumper Side Retainers	LYx RH ne		-
3	1 set	Front Bumper Clips	ne		
4	1 pc	Front Bumper Sensor (Original) RH	X		-
5	1 pc	Front Bumper Sensor Holder RH	X		-
6	1 pc	Headlamps 'LED' RH	wt		
7	1 pc	Headlamps Bottom Retainers	?		
8	1 pc	Front Fender RH (Aluminium)	wt		
9	1 pc	Front Fender Emblem /// M RH	ne		
10	1 pc	Front Fender Inner Shield RH	?		
11	1 set	Front Fender Inner Shield Clips	?		
12	1 pc	Front Fender Arch Protector RH	wt		
13	1 set	Front Fender Arch Protector Clips	ne		
14	1 pc	Front Sport Rim RH	dd		
15	1 pc	Front Wheel Bearing RH	?		
16	1 pc	Front Knuckle Arm RH	?		
17	1 pc	Front Shock Absorber RH	X		

LKK Auto Consultants hereby 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 "No 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: _____

Taufik 97445749
 wpt 1/9/27/24
 2/3 Resurvey after repair

Special Nett

1	1 pc	Front Tyre RH	4 days		X 400.00
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Labour charge

Panel Beating	500	800.00
Spray painting	600	800.00
Check Wiring	30	40.00
Anti rust	30	60.00
Remove and install front sensor.	30	90.00
Remove and install front undercarriage RH	150? note	280.00
To check four wheels alignment	80.	90.00
To reset fault code system.	150	220.00

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	553F
Vehicle Details	
Vehicle No.:	SMH5698H
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Aug 2022
Vehicle Make:	B.M.W.
Vehicle Model:	X2 SDRIVE18I MSPT LED FOG LIGHTS
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	40605442B38A15A
Chassis No.:	WBAYH12060EM92757
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$37,835.00
Original Registration Date:	28 Jan 2019
First Registration Date:	28 Jan 2019
Transfer Count:	1
Actual ARF Paid:	\$44,969.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jan 2029
PARF Rebate Amount:	\$33,726.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jan 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,989.00
COE Rebate Amount:	\$22,019.00
Total Rebate Amount:	\$55,745.00

The information contained herein is correct as at 04 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	01/08/2022 15:55 (SGT)
Reported by	Both
Date of Accident	31/07/2022 16:00 (SGT)
Exact Location of Accident	10 Admiralty St, Singapore 757695
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5698H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WILLIAM HO CHONG CHAN
NRIC No	SXXXX553F
Email Address	WILLIAM@METROBUILDERS.COM.SG
Mobile Phone No	(Phone) +65-96160209
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
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	1499

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0017086

DRIVER

Name of Driver	WILLIAM HO CHONG CHAN
NRIC No	SXXXX553F
Date Of Birth	27/04/1969
Occupation	Indoor

Date Of Driving Pass	21/12/1994
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96160209
Alt. Phone Number	-
Email Address	WILLIAM@METROBUILDERS.COM.SG
Address	250C COMPASSVALE STREET, #02-57
Address complement	-
Postcode	543250
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Parked Vehicle
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)	0
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?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT : T/20220731/2065

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	YN2108R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-96504778
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:



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



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



**SINGAPORE
POLICE FORCE**



T/20220731/2065

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20220731/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2022 19:31	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars

Name of Informant: WILLIAM HO CHONG CHAN			Address: APT BLK 250C COMPASSVALE STREET #02-57 SINGAPORE 543250		
ID Type / ID No.: NRIC NO / S6913553F			Contact No.: Home/Office: Mobile: 96160209		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 27/04/1969	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/07/2022 15:40	Type of Location: Car Park
Location: ADMIRALTY STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH5698H	Car	BMW	X2 SDRIVE18I MSPT LED FOG LIGHTS	Black		0
YN2108R	Lorry	ISUZU	NNR85UH4 A	White		0



**SINGAPORE
POLICE FORCE**



T/20220731/2065

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20220731/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH5698H	ETIQA INSURANCE BERHAD	M0017086	28/07/2022	27/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WILLIAM HO CHONG CHAN	ID No.	S6913553F
Related Vehicle	NIL	Contact No.	96160209
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31.07.2022 at about 1000hrs. I parked my vehicle, a Black in color BMW X2 bearing vehicle license plate SMH5698H at No.10 Admiralty Street (Northlink Building), outside of unit #03-22 and went to do my work.

On the same day at about 1500hrs. I went to my vehicle to retrieve something and all was intact.

On same day at around 1730hrs, I wanted to leave and went to my vehicle and observed front left bonnet light area has cracked and above front left tyre has scratches on it. I then reviewed the incar footage and discovered that on 31.07.2022 at around 1540hrs, there was a White Lorry bearing vehicle license plate YN2108R from DYMax company had side swiped my vehicle and stopped for awhile before driving away. This is the first time such incident occurred.

I wish to state that the incident happened in a private industrial building however it is accessible by public and anyone could enter the building.



**SINGAPORE
POLICE FORCE**



T/20220731/2065

3 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20220731/2065

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: L / SGT 2 LIM JING KAI, DARYL JEROME 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2022 19:31
Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

NP168