

Stere

CS/EG122009/55/ERY3

## 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. CDMPG22001886Sum Insured: \_\_\_\_\_ Excess: 700

(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: SMT 6430T Yr Regn: 9/7/20

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

Truck / Trailer or

Make: BMW 520i c.c. 1998Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 36800 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WBAJR12030CE 26479

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/45R18

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or HankookFront R/Bal. 4 mmL/Bal. 4 mmD.O.A. 10/9/22 performance

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front LH

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

Date/Time Action/Instruction

MVR-200K

21/20/22 Final fig \$9124.05 (Red 1196 70, 11%)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) 21/10/22-typist

Report Format: MerimenLump Sum / L.S. (\$) \$9124.05Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

|  |
|--|
|  |
|  |
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|  |
|  |
|  |
|  |
|  |

26/09 @ 10AM

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 438180  
Fax. 63449773

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



Sten (LKK)  
26/9/22, 4.37

GST REG. NO : M2 - 0020081 - X

**ESTIMATE**

00-11 AL

|                |                    |                      |                   |
|----------------|--------------------|----------------------|-------------------|
| Estimate No.   | : b1 63322         | EXTR.                | Page No. : 1 of 4 |
| Date Estimated | : 15/09/2022       |                      |                   |
| Prepared By    | : Jack Ng Guo Ming | PIP, My Bel sy, 3 dy |                   |

|                                                                                                                                        |                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>- ESTIMATE REPAIR FOR -</b><br>Trinity Construction Development Pt<br>2 Venture Drive<br>#10-08 Vision Exchange<br>Singapore 608526 | <b>- ACCOUNT - 136</b><br>Ergo Insurance Pte Ltd<br>5 Temasek Boulevard<br>#04-01 Suntec Tower Five<br>Singapore 038985 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

| REGN. NO. | CHASSIS NO.       | REGN. DATE | MODEL | MILEAGE |
|-----------|-------------------|------------|-------|---------|
| SMT6430T  | WBAJR12030CE36479 | 09/07/2020 | 520i  | 29613   |

| DESCRIPTION                                                                                                                | VALUE           |
|----------------------------------------------------------------------------------------------------------------------------|-----------------|
| To replace front bumper                                                                                                    | 850 1,700.00    |
| To respray front bumper                                                                                                    | 986 1,038.00    |
| 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                                                                                                 | 168 177.00      |
| Sundries.                                                                                                                  | 150.00          |
| <b>Total Labour 1:</b>                                                                                                     | <b>3,242.00</b> |

| DESCRIPTION                          | QTY | PRIC     | VALUE           |
|--------------------------------------|-----|----------|-----------------|
| LH FOG LAMP SUPPORT                  | 1   | 67.15    | 67.15           |
| RH FOG LAMP SUPPORT                  | 1   | 67.15    | 67.15           |
| LH GUIDE TOP                         | 1   | 36.20    | 36.20           |
| RH GUIDE TOP                         | 1   | 36.20    | 36.20           |
| FRT BUMPER PANEL PRIMED (PMA/PDC)    | 1   | 1,454.15 | 1,454.15        |
| LH HEADLIGHT LED AHL HIGH (ICON LIG) | 1   | 4,960.90 | 4,960.90        |
| <b>Total Parts :</b>                 |     |          | <b>6,621.75</b> |

|                                                                         |                         |                  |
|-------------------------------------------------------------------------|-------------------------|------------------|
| <b>LKK Auto Consultants</b> hence notify the Repairer of the following: | <b>Labour 1 :</b>       | <b>3,242.00</b>  |
| • To resurvey before/after spray painting                               | <b>Parts :</b>          | <b>6,621.75</b>  |
| • To display damaged part(s) during resurvey                            | <b>Labour 2 :</b>       | <b>0.00</b>      |
| • Part(s) must be confirmed to confirmation                             | <b>Excess :</b>         | <b>0.00</b>      |
| • The repair must be on a "Without Prejudice" basis                     | <b>Total GST @ 7% :</b> | <b>690.46</b>    |
| • No cash payment is allowed                                            | <b>Grand Total :</b>    | <b>10,554.21</b> |
| • Surveys must be resurveyed and approval from Insurance Company        |                         |                  |
| <b>Acknowledged by Repairer</b>                                         |                         |                  |

**\*\* 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              | 12/09/2022 17:40 (SGT)         |
| Reported by                     | Driver                         |
| Date of Accident                | 10/09/2022 10:00 (SGT)         |
| Exact Location of Accident      | 1C Evelyn Rd, Singapore 309299 |
| Additional Location Information | -                              |
| Country/State of Loss           | Singapore                      |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMT6430T |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                                            |
|--------------------------|--------------------------------------------|
| Is company?              | Yes                                        |
| Name Of Registered Owner | TRINITY CONSTRUCTION DEVELOPMENT PTE. LTD. |
| Company Reg No           | 2XXXXX799K                                 |
| Email Address            | caoxiaodong@trinitycon.com.sg              |
| Mobile Phone No          | (Phone) +65-97980269                       |
| Alternative Phone No     | (Office) +65-66943367                      |

#### VEHICLE PARTICULARS

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | BMW         |
| Model                                                                        | 520i        |
| 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                                                                           | 1998        |

#### INSURANCE COMPANY

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Insurance Company         | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMPG22008322             |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | CAO XIAODONG |
| NRIC No        | SXXXX396H    |
| Date Of Birth  | 28/09/1969   |
| Occupation     | Indoor       |

|                                                              |                               |
|--------------------------------------------------------------|-------------------------------|
| Date Of Driving Pass                                         | 25/04/2008                    |
| Driving experience                                           | 14 YEARS AND 5 MONTHS         |
| Gender                                                       | Male                          |
| Mobile Number                                                | (Phone) +65-97980269          |
| Alt. Phone Number                                            | -                             |
| Email Address                                                | caoxiaodong@trinitycon.com.sg |
| Address                                                      | 54 LAKESIDE DRIVE #10-18      |
| Address complement                                           | -                             |
| Postcode                                                     | 648317                        |
| Is the driver the policyholder?                              | No                            |
| If No, Relationship of the Driver with the Insured           | Hirer                         |
| 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 Property |
| Weather Conditions | Clear                  |
| Road Surface       | Dry                    |

#### OTHER INFORMATION

|                                                                                                     |     |
|-----------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident?                                                   | No  |
| Number of vehicles involved in the accident                                                         | 1   |
| 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

ON 10/09/2022 AT ABOUT 1000HRS, VEHICLE A WAS DRIVING ALONG EVELYN ROAD. AS VEHICLE WAS TRAVELLING ALONG THE SAID ROAD, VEHICLE A NOTICES A CONSTRUCTION ONGOING ON VEHICLE A's LANE. VEHICLE A THEN DROVE AGAINST TRAFFIC FLOW ENSURING THERE ISN'T ANY ONCOMING TRAFFIC. VEHICLE A MADE A RIGHT TURN INTO 1C EVELYN ROAD, BUT DUE TO THE NARROW ROAD AND CONSTRUCTION ONGOING, VEHICLE A ACCIDENTALLY GRAZED INTO THE GATE OF 1C EVELYN ROAD WHILST MAKING THE RIGHT TURN. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

#### ATTACHMENT(S)

|                                               |     |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |      |
|-----------------------------|------|
| Vehicle Registration Number | GATE |
| Vehicle Manufacturer        | -    |
| Vehicle Model               | -    |
| Vehicle Variant             | -    |

|                                         |              |
|-----------------------------------------|--------------|
| Vehicle Colour                          | -            |
| Vehicle Category                        | NA / Unknown |
| 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.
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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/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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT  
REPORTING OFFICER

FRO LATIFF

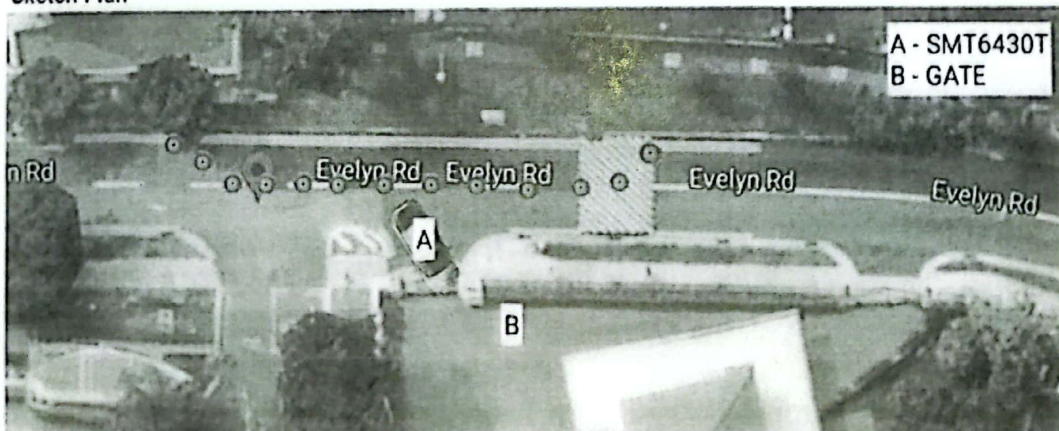


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

ON 10/09/2022 AT ABOUT 1000HRS, VEHICLE A WAS DRIVING ALONG EVELYN ROAD. AS VEHICLE WAS TRAVELLING ALONG THE SAID ROAD, VEHICLE A NOTICES A CONSTRUCTION ONGOING ON VEHICLE A's LANE. VEHICLE A THEN DROVE AGAINST TRAFFIC FLOW ENSURING THERE ISN'T ANY ONCOMING TRAFFIC. VEHICLE A MADE A RIGHT TURN INTO 1C EVELYN ROAD, BUT DUE TO THE NARROW ROAD AND CONSTRUCTION ONGOING, VEHICLE A ACCIDENTALLY GRAZED INTO THE GATE OF 1C EVELYN ROAD WHILST MAKING THE RIGHT TURN. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

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

*[Handwritten Signature]*

FLASH ACCIDENT  
REPORTING OFFICER

FRO LATIFF



Policyholder's Signature / Date & Time

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

12/09/2022 1230hrs

Witnessed by Reporting Centre Personnel