

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / W/S / 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: SMM372D Yr Regn: 14/6/19Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 570i c.c. 1998Colour: Black A/C: Insured / Std / Nil / NASp. Reading 100.158 T/Radio: Insured / Std / Nil / NA

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

C/No: WBAJA1207015T.82116

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size: F: W5/40RAR: "

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

TOYO / YOKO or Pirelli

Front Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 9/9/22 D.O.I. 27/9/22Survey held at PerformanceDes. 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

MV-177K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.S.A. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL


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)

Steve (LKK)  
27/9/22, 3:00pm

OD-M HL

GST REG. NO : M2 - 0020081 - X

EXP-  
P/P  
ESTIMATE

Estimate No. : b1 63354 *My BOL Sy* Page No. : 1 of 6  
Date Estimated : 19/09/2022  
Prepared By : Yap Mee Key *5 dgr*

**- ESTIMATE REPAIR FOR -**

Zheng Jianfan  
758 Yishun Street 72  
#10-456

Singapore 760758

**- ACCOUNT - 224093**

Allianz Insurance Singapore Pte Ltd  
79 Robinson Road  
#09-01  
Singapore 068897

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMM372D	WBAJA12020BT82716	14/06/2019	520i	97284

DESCRIPTION, <i>1.5</i>	VALUE
To replace bonnet, front bumper, support panel, rear left fender, side mirror assy make good front left fender and rear left door.	<i>2125</i> 6,375.00
To respray bonnet, front bumper, front left fender, side mirror cap left, left rear door, left rear fender, roof frame and affected areas.	<i>2220</i> 5,891.00
To carry out body cavity preservation. (Per panel).1x	<i>112</i> 118.00
To carry out body cavity preservation. (For cut panel).1x	<i>504</i> 531.00
To replace left headlight.	<i>456</i> 481.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	<i>168</i> 177.00
To check electrical.	<i>168</i> 177.00
To replace wheel rim including balancing 1x	X 94.00
To supply front emboss number plate.	X 83.00
Sundries.	150.00

Total Labour 1: **14,077.00**

DESCRIPTION	QTY	PRIC	VALUE
C CLIP FOR PLASTIC NUT <i>nt</i>	30	1.10	33.00
ALLOY RIM 8JX19 DOUBLE SPK 664M <i>X</i>	1	1,827.95	1,827.95
LH ENGINE HOOD HINGE	1	101.95	101.95
REAR LH SIDE PANEL <i>X</i>	1	2,024.10	2,024.10
ALUMINIUM ENGINE HOOD <i>on</i>	1	2,497.90	2,497.90

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Singapore 438180  
Fax. 63449773

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



GST REG. NO : M2 - 0020081 - X

## ESTIMATE

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Date Estimated : 19/09/2022  
Prepared By : Yap Mee Key

Page No. : 2 of 6

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMM372D	WBAJA12020BT82716	14/06/2019	520i	97284

DESCRIPTION	QTY	PRIC	VALUE
FRT BUMPER CARRIER	1	758.85	758.85
LH GUIDE TOP	1	36.20	36.20
FRT BUMPER TOP IMPACT ABSORBER (M)	1	76.15	76.15
GRILLE AIR INLET MIDDLE	1	98.95	98.95
LH GRILLE AIR INLET OPEN	1	84.80	84.80
LH GRILLE COVER	1	77.75	77.75
LH FOG LAMP SUPPORT (M)	1	67.15	67.15
LH FOG LAMP SUPPORT (M)	1	67.15	67.15
LH FINISHER	1	77.75	77.75
FRT BUMPER TOWING COVER PRIMED	1	53.70	53.70
FRT BUMPER PANEL PRIMED (M)	1	1,745.00	1,745.00
SET MOUNTING PDC/PMA SENSOR FRT	1	71.60	71.60
TRIM GRILLE FRT (I CAM)	1	25.90	25.90
FRT LH GRILLE (M/SPORT)	1	148.70	148.70
FRT RH GRILLE (M/SPORT)	1	148.70	148.70
LH TURN INDICATOR EXTERIOR MIRROR	1	86.55	86.55
LH COVER CAP PRIMED	1	169.05	169.05
LH HEATED OUTSIDE MIRROR MEMORY BUS	1	1,080.40	1,080.40
HOLDER BONNET ACTUATOR	1	34.35	34.35
GAS FILLED STRUT ENGINE COMPARTMENT	2	133.50	267.00
LOCK LH	1	128.40	128.40
LOCK TOP PART	2	77.05	154.10
LEVER F ENGINE HOOD MECHANISM (SCHW)	1	40.75	40.75
CLIP (SCHWARZ)	1	6.70	6.70
EXPANDING RIVET D=8MM	20	1.10	22.00
CONNECTION FRT TOP	1	216.30	216.30
FRT PANEL SUPPORT	1	67.80	67.80
RH HEADLIGHT MOUNTING	1	211.95	211.95
COVERING CROSS MEMBER (ECE)	1	29.70	29.70
AIR DUCT RADIATOR TOP	1	79.30	79.30
LH AIR DUCT BRAKE WHEEL ARCH	1	52.85	52.85
AIR FLAPS TOP	1	291.55	291.55
AIR FLAP CONTROL ACTIVE TOP	1	99.15	99.15
FRT ENGINE BONNET SEAL	1	34.55	34.55
BONNET LH SIDE GASKET	1	34.55	34.55
LH HEADLIGHT LED AHL HIGH (ICON LIG)	1	4,960.90	4,960.90
EXPANDING NUT 7X7 MM	3	1.05	3.15

Total Parts : 18,094.30

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Page No. : 3 of 6

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMM372D	WBAJA12020BT82716	14/06/2019	520i	97284

**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:



Labour 1	:	14,077.00
Parts	:	18,094.30
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	2,251.99
Grand Total	:	34,423.29

\*\* THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY\*\*

\*\* PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE \*\*

check part  
2019/22

## 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 ..... 09/09/2022 18:07 (SGT)  
Reported by ..... Both  
Date of Accident ..... 09/09/2022 03:45 (SGT)  
Exact Location of Accident ..... Aliwal St, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM372D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ZHENG JIANFAN  
NRIC No ..... S7464270E  
Email Address ..... STEVENZHENG1265@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94767757  
Alternative Phone No ..... -

#### 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 ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2000325952

#### DRIVER

Name of Driver ..... ZHENG JIANFAN  
NRIC No ..... S7464270E  
Date Of Birth ..... 14/04/1974  
Occupation ..... Indoor

Of Driving Pass	18/02/2009
ing experience	13 YEARS AND 7 MONTHS
nder	Male
obile Number	(Phone) +65-94767757
lt. Phone Number	-
Email Address	STEVENZHENG1265@GMAIL.COM
Address	APT BLK 758 YISHUN STREET 72
Address complement	#10-456
Postcode	760758
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	Collision - Head to Rear
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?	No
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

#### PLEASE REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

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

## 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 Authorized 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 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 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' 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.

Policyholder's Signature / Date &

Time 09/09/22 @ 17:25

Sketch Plan

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

& Time

Witnessed by Reporting Centre  
Personnel



R: SM1329000D



## Describe Circumstances of the Accident

LICENSE PLATE: <u>SM1372D</u>	ACCIDENT DATE & TIME: <u>09/09/22 @ 3:45AM</u>
CONTACT NUMBER: <u>94367357</u>	E-MAIL ADDRESS: <u>chen zhenq1265@gmail.com</u>
LOCATION: <u>2 Alimal street</u>	
<p>On 9/9/22 about 3:45 am, I was travelling along Alimal Street. I did a left turn to the minor road. I think I was overturn. My car SM1372D hit onto the wall of the building.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
Please state: <input checked="" type="checkbox"/> ( ) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only	

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

09/09/22

17:25

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

Witnessed by Repulsion Centre Personnel