

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

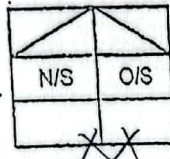
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SMR 25363 Yr Regn: 11/12/19Type: M.Cy / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 216 c.c. 1499Colour: Orange A/C: Insured / Std / HI / NASp. Reading: 30/15 T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: WB A2X990X07 F16224Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NII / Rim / STD A/Rim orTyre Size: F: 215/60R16R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 28/9/19 D.O.I. 18/10/19Survey held at PerformanceDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>11/11/22</u>
	Steve confirmed final fig :\$3392.85 and 3 days
	(red. 1364 10, 29%)

Order/Time, File Pass to?

1) 07/11/22.

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.S. (\$) 3392.85Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$1

Protes

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559N 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 438160
Fax: 63449773

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



Stole CLKK)
18/10/22, 12.11

m 12
P/P
by Br y
3 djs

GST REG. NO : M2 - 0020081 - X

ESTIMATE

27 SEP 2022

Estimate No. : b1 63449
Date Estimated : 27/09/2022
Prepared By : Jack Ng Guo Ming

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

CHEN YONGLIN
161 POH HUAT ROAD WEST
#02-05

SINGAPORE 546692

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMR2536J	WBA2X920X07F16234	27/12/2019	216i Active Tourer	28369

DESCRIPTION

VALUE

To replace rear bumper.

850 1,700.00

To respray rear 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

Total Labour 1: 3,242.00

DESCRIPTION

QTY

PRIC

VALUE

RR BUMPER LH SIDE GUIDE

1

163.55

163.55

RR BUMPER RH SIDE GUIDE

1

163.55

163.55

SUPPORT

1

47.00

47.00

REAR BUMPER TRIM STRIP (BLACK) / CUT

1

90.30

90.30

REAR BUMPER PANEL PRIMED (LINES PDC) / BR

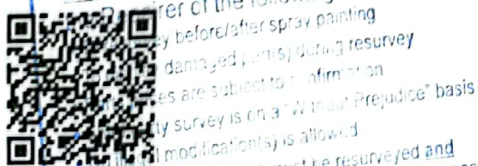
1

1,050.55

1,050.55

Total Parts : 1,514.95

LKK Auto Consultants hence notify
owner of the following:



• Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Labour 1	:	3,242.00
Parts	:	1,514.95
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	332.99
Grand Total	:	5,089.94

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY **
** PRICE FOR PARTS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE **

Signature:

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 26/09/2022 13:52 (SGT)
Reported by Both
Date of Accident 24/09/2022 14:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2536J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN YONG LIN
NRIC No SXXXX608G
Email Address ccteo@ace-control.com.sg
Mobile Phone No (Phone) +65-96668003
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
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 China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00252132101

DRIVER

Name of Driver TEO CHUN CHOON
NRIC No SXXXX544E
Date Of Birth 29/01/1964
Occupation Indoor

Date Of Driving Pass	15/01/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97812846
Alt. Phone Number	-
Email Address	ccte@ace-control.com.sg
Address	161 POH HUAT ROAD WEST #02-05
Address complement	-
Postcode	546692
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SKL868U
Insurance Company of Other Vehicle Owned by Driver	AIG Asia Pacific Insurance Pte. Ltd.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	4
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	JASON LEE KENG LI
Gender	Male

PASSENGER 2

Name	YAP ENG GUAN
Gender	Male

PASSENGER 3

Name	YEO CHO HUAT
Gender	Male

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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
---	-----

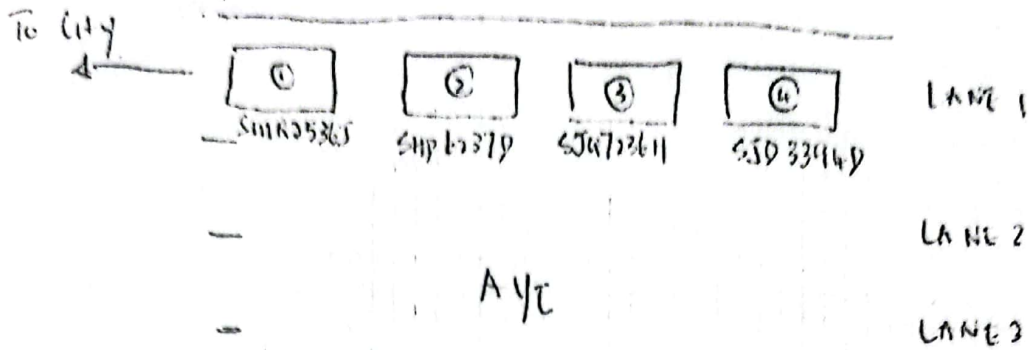
Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6237D (8trides)
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	- MS FCI
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On a sunny day dated 24 Sept 2022, travelling along AYE towards the city direction, The car in front of mine came to a halt on the expressway. I followed suit and came to a halt too. Then the car behind mine vehicle no. SHP 6379 hit my car from behind. When I went out of my car to check, there were 3 cars behind my car.

DECLARATION

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


Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time: 24/9/2022

Reporting Centre Personnel's Signature
Name
ID No./IN 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 Authorised 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 lodging 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/ten 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: 26/01/2022

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