

SS. RE=CD. *Taufan*

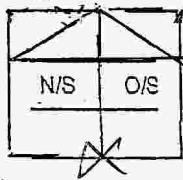
REF: *US/SNR 22010024/Tay3*

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD *TP/WS* / TP RES / OD RES / EVA / INV / MV
To Insp-est Vehicle No: _____
at Work-shop 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: *9110K*
IDAC Accident Rpt: _____ 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 *Wf*
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: *SN99222X* Yr Regn: *2030 Aug 2010, out*
Type: *M/Car* / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: *BMW X5* c.c. *2979*
Colour: *Black* A/C: Insured / Std / NI / NA
Sp. Reading: *86377* T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: *WBAZLV42030LL57536*
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: *255/45R20*
R: *255/45R20*
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Falken*
Front Rear
R/Bal. *6* mm R/Bal. *6* mm
L/Bal. *6* mm L/Bal. *6* mm
D.O.A. D.O.I. *12/10/22*
Survey held at *Dickson, Ant*
Des. of Damages *Fit* / 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
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech Insp (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS. \$ _____
Photos _____

Rep-est Formel:



DICKSON GROUP
Your Trusted Automotive Solutionist

DICKSON AUTO CARE CENTRE PTE LTD
29 UBI ROAD 4, DICKSON AUTO CENTRE
SINGAPORE 408619
TEL: 6668 1122 | FAX: 6668 1123

QUOTATION

QUOTATION FOR

NAME: MSIG Insurance (Singapore) Pte. Ltd
COMPANY NAME: MSIG Insurance (Singapore) Pte. Ltd
STREET ADDRESS: 4 Shenton Way, #21-01 SGX Centre Two
POSTAL CODE: Singapore 068807
PHONE: 6827 2888

DATE: 7/10/2022

REF: SNA9222X
VEHICLE NO.: SNA9222X
MAKE: BMW
MODEL: X5
PREPARED BY: POON

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT
	<u>LABOUR</u>						
1	TO REMOVE & REFIT ALL LIGHTING & WIRING	1		\$100.00	\$ 100.00	40	\$ 100.00
2	TO REMOVE & REFIT REVERSE SENSORS	1		\$200.00	\$ 200.00	40	\$ 200.00
3	TO REMOVE & REFIT REAR WINDSCREEN	1		\$200.00	\$ 200.00	X un	\$ 200.00
4	TO REMOVE & REFIT EXHAUST PIPE & REALIGN	1		\$280.00	\$ 280.00	X un	\$ 280.00
5	TO PROVIDE SKILL LABOUR TO REMOVE ALL DAMAGED PARTS & PANELS, CUT & WELD IF NECESSARY AND REALIGN	1		\$1,000.00	\$ 1,000.00	600	\$ 1,000.00
6	TO PROVIDE SKILL LABOUR TO PAINT ALL NEW PARTS & PANELS	1		\$1,000.00	\$ 1,000.00	600	\$ 1,000.00
	<u>PARTS</u>					1280	
1	TAIL GATE	1		\$6,160.55	\$ 6,160.55	X un	\$ 6,160.55
2	TAIL GATE UPPER PROTECTOR	1		\$330.50	\$ 330.50	X un	\$ 330.50
3	TAIL GATE LOWER PROTECTOR <i>for gate</i>	1		\$253.30	\$ 253.30	bt-	\$ 253.30
4	TAIL GATE REFLECTOR LH & RH	1		\$65.60	\$ 65.60	X un	\$ 65.60
5	TAIL GATE LOGO	1		\$95.85	\$ 95.85	rel-	\$ 95.85
6	TAIL GATE X5 LOGO	1		\$65.60	\$ 65.60	rel-	\$ 65.60
7	REAR BUMPER	1		\$1,980.90	\$ 1,980.90	de-	\$ 1472 1,980.90
8	REAR BUMPER CLIPS	10		\$3.00	\$ 30.00	rel-	\$ 30.00
9	REAR BUMPER SIDE RETAINER LH & RH	2		\$152.80	\$ 305.60	X un	\$ 305.60
10	REAR BUMPER TOWING COVER	1		\$63.95	\$ 63.95	7 un	\$ 63.95
11	REAR BUMPER CENTRE PROTECTOR	1		\$347.50	\$ 347.50	de-	\$ 347.50
12	REAR BUMPER SIDE PROTECTOR LH & RH	2		\$167.40	\$ 334.80	X un	\$ 334.80

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT
13	REVERSE SENSORS	2	236	\$463.90	\$ 1,855.60	nm —	\$ 472 1,855.60
14	REAR BUMPER REINFORCEMENT	1		\$948.20	\$ 948.20	21 —	\$ 707 948.20
15	REAR BUMPER REFLECTOR LH & RH	2		\$65.60	\$ 131.20	x nm	\$ 131.20
16	REAR END PANEL	1		\$1,194.90	\$ 1,194.90	Rp	\$ 1,194.90
17	REAR END PANEL TOP GARNISH	1		\$329.20	\$ 329.20	x nm	\$ 329.20
18	TAIL GATE INNER LOCK	1		\$288.35	\$ 288.35	x nm	\$ 288.35
19	TAIL GATE WEATHERSTRIP	1		\$226.10	\$ 226.10	7 nm	\$ 226.10
20	REAR EXHAUST PIPE	1		\$2,698.60	\$ 2,698.60	x nm	\$ 2,698.60
21	SEALANT	1		\$60.00	\$ 60.00	8 nm	\$ 60.00
SUBTOTAL					\$ 20,546.30	SUBTOTAL	\$ 20,546.30
GST 7%					\$ 1,438.24	GST 7%	\$ 1,438.24
TOTAL					\$ 21,984.54	TOTAL	\$ 21,984.54

3443.25

REMARKS:

I AGREE TO THE REMARKS AND PRICE AS LISTED ABOVE.

FOR DICKSON AUTO CARE CENTRE PTE LTD

(CUSTOMER'S SIGNATURE AND COMPANY STAMP)

(AUTHORISED SIGNATURE)



Tamplin 97495747/6256356 1
 12/40/22 @ 415pm
 P/p Resny before paint
 tamplin@lkhauto.com
 5 days

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:



DICKSON GROUP

Your Trusted Automotive Solutionist

DICKSON AUTO CARE CENTRE PTE LTD
29 UBI ROAD 4, DICKSON AUTO CENTRE
SINGAPORE 408619
TEL: 6668 1122 | FAX: 6668 1123

SUPPLEMENTARY QUOTATION

QUOTATION FOR

NAME: MSIG Insurance (Singapore) Pte. Ltd
COMPANY NAME: MSIG Insurance (Singapore) Pte. Ltd
STREET ADDRESS: 4 Shenton Way, #21-01 SGX Centre Two
POSTAL CODE: Singapore 068807
PHONE: 6827 2888

DATE: 14/10/2022

REF: SNA9222X
VEHICLE NO.: SNA9222X
MAKE: BMW
MODEL: X5
PREPARED BY: POON

S/N	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT BEFORE DISCOUNT	DISC	AMOUNT
	<u>PARTS</u>						
1	REAR BUMPER BRACKET	1		\$253.70	\$ 253.70	bt✓	\$ 253.70
2	REVERSE SENSOR WIRING	1		\$132.30	\$ 132.30	cut✓	\$ 132.30
3	TAILGATE CONTROL UNIT F005V00833	1		\$605.20	\$ 605.20	nw✓	\$ 605.20
4	TAILGATE LOWER PANEL	1		\$2,420.30	\$ 2,420.30	bt✓	\$ 2,420.30
	<u>LABOUR</u>						3411.50
1	TO DO DIAGNOSTIC & REPROGRAM TAILGATE SYSTEM	1		\$280.00	\$280.00		\$ 150 280.00
SUBTOTAL					\$ 3,691.50	SUBTOTAL	\$ 3,691.50
GST 7%					\$ 258.41	GST 7%	\$ 258.41
TOTAL					\$ 3,949.91	TOTAL	\$ 3,949.91

REMARKS:

I AGREE TO THE REMARKS AND PRICE AS LISTED ABOVE.

FOR DICKSON AUTO CARE CENTRE PTE LTD

(CUSTOMER'S SIGNATURE AND
COMPANY STAMP)

(AUTHORISED SIGNATURE)



3443.25
3411.50
6854.75
10% - 6169.27
6169.27
1280
150
7599.27
4186050, 105 days



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	05/10/2022 13:14 (SGT)
Reported by	Driver
Date of Accident	05/10/2022 10:20 (SGT)
Exact Location of Accident	Near 5A Toh Guan Rd E, Singapore 608830
Additional Location Information	ALONG PIE NEAR EXIT 30
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9222X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG SIEW YAH
NRIC No	SXXXX712E
Email Address	ADMIN@DACC.COM.SG
Mobile Phone No	(Phone) +65-97200066
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X5
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	2979

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121603133-01

DRIVER

Name of Driver	CHUA CHOON HOWE
NRIC No	SXXXX027G
Date Of Birth	23/01/1973
Occupation	Indoor



Date Of Driving Pass	11/02/2014
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96758949
Alt. Phone Number	-
Email Address	LESLIECH@AIA.COM.SG
Address	11 ST. HELIER'S AVENUE
Address complement	-
Postcode	555808
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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)	2
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	CHUA WEITING CHARLOTTE
Gender	Female

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1100H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
NRIC No	LEE KOK YEW
Contact Number	SXXXX254J
Address	(Phone) +65-98432203
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Slide

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 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 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/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.

[Signature]

05/10/2022

Policyholder's Signature / Date & Time

[Signature]

5/10/22

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

[Signature]

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

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

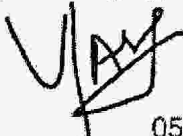
- VEHICLE A: SNA9222X
- VEHICLE B: SHB1100H
- EXIT 3D
- PIE
- Diagram showing vehicle positions and movement arrows on a grid.

Describe Circumstance of the Accident

This morning around 10.20 am, I was driving along PIE towards ~~exit~~ Tuas and near exit 30 (Jubang, Tams Hall Rd) and coming to a stop in the middle lane. While in complete stop, suddenly this Toyota Prius (Taxi) banged into the back of my car.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

05/10/2022


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

5/10/22


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