

ASS. REC. BY: Steve

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 () TP / WS / 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.

Est. 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: SKT 8610B Yr Regn: 29/5/15
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 520T c.c. 1997
 Colour: Brown A/C: Insured / Std / Nil / NA
 Sp. Reading: 165213 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WBA 5A51010D873856
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/45R18
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 13/10/22 D.O.I. 17/10/22
 Survey held at Performance
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

Date / Time	Action / Instruction
	<u>MV-86K</u>

Osle/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____
 Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

_____ S + RS. _____ SI

Proke

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Repay/Format: _____

Lump Sum / L.B.A (\$ _____)

car in since 13110
key press room level 6
survey repair



Performance Motors Limited

Dealer

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 418180
Fax. 63449773

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

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Page No. : 1 of 5

Estimate No. : b1 63693
Date Estimated : 14/10/2022
Prepared By : Yap Mee Key

- ESTIMATE REPAIR FOR -

Lim Kim Mooi
33 Ingu Road

Singapore 757195

- ACCOUNT - 136
Ergo Insurance Pte Ltd
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKT8610B	WBA5A52070D823656	29/05/2015	528ia	153850

DESCRIPTION	VALUE
To replace bonnet, front support, front bumper, make good front rhs fender and attachments. 3 x 850	2550 3,825.00
To respray bonnet, front bumper, front rhs fender and affected areas.	3059 3,221.00
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.	168 177.00
To supply front emboss number plate.	83.00
To replace right headlamp.	456 481.00
To replace radiator assembly, fan housing with fan including pressure test, bleed cooling system and conduct check for leak. (All models except 7 series).	7 826.00
To replace air con condenser and air con hose including vacuum system, top up freon gas and conduct check for leak. (For all models except for 7 series).	7 1,003.00
Sundries.	80.00

Total Labour 1: 9,873.00

DESCRIPTION	QTY	PRIC	VALUE
RADIATOR UPPER SEALING	1	34.80	34.80
Radiator	1	836.85	836.85
BONNET	1	1,312.90	1,312.90
FRT BUMPER TOP CARRIER	1	419.45	419.45
Open grid, r	1	76.95	76.95
LH FINISHER ROD (BASIS)	1	33.55	33.55



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Page No. : 2 of 5

Estimate No. : b1 63693
 Date Estimated : 14/10/2022
 Prepared By : Yap Mee Key

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKT8610B	WBA5A52070D823656	29/05/2015	528iA	153850

DESCRIPTION	QTY	PRIC	VALUE
RH FINISHER ROD (BASIS)	1	33.55	33.55
BRACKET HEADLIGHT RH	1	15.00	15.00
SUPPORT CENTRAL	1	14.15	14.15
MOUNTING SUPPORT	1	15.75	15.75
Panel (Bump fender) - DR	1	1,106.35	1,106.35
FLAP TOWING EYE PRIMED	1	44.35	44.35
Grille, fron (RH) - BR	1	131.20	131.20
Grille, fron (LH) - ?	1	131.20	131.20
FRONT PANEL V STRUT	1	120.75	120.75
SUPPORT RH	1	129.25	129.25
C CLIP NUT - DR	10	1.35	13.50
AIR DUCT RADIATOR - BR	1	189.40	189.40
PLAQUE 82MM	1	72.85	72.85
Headlight (RH) - BR	1	1,109.95	1,109.95
Condenser ai	1	1,034.65	1,034.65
Total Parts :			6,876.40

Steve CLKK)
 17/10/22, 5.00pm
 DR - M AL
 Excess - ?
 P/P
 by BL by
 S dy

LKK Auto Consultants hence notify
 the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey subject to confirmation
- Repair is on a "Without Prejudice" basis
- Confirmation(s) is allowed
- Item(s) must be resurveyed and
- Approval from Insurance Company

Acknowledged by Repairer

Labour 1	:	9,873.00
Parts	:	6,876.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,172.46
Grand Total	:	17,921.86

** 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 13/10/2022 14:22 (SGT)
Reported by Driver
Date of Accident 13/10/2022 08:25 (SGT)
Exact Location of Accident Canberra Way, Singapore 752106
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT8610B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KIM MOOI
NRIC No SXXXX497G
Email Address KIMMOOI59@HOTMAIL.COM
Mobile Phone No (Phone) +65-83893998
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 528i
Variant AT DSC HID NAV
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 1997

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG22007098

DRIVER

Name of Driver AW CHAI LIN RACHEL
NRIC No SXXXX884B
Date Of Birth 28/06/1991
Occupation Indoor

Driving Pass
 Driving experience
 Vehicle Number
 Phone Number
 Email Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

20/11/2009
 12 YEARS AND 11 MONTHS
 Female
 (Phone) +65-90287006
 -
 ACLAW23@HOTMAIL.COM
 33 INGGU ROAD
 -

757195
 No
 Child
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 Clear
 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) 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 13/10/22 AT ABOUT 08:25HRS, I WAS DRIVING VEHICLE A (SKT8610B) ALONG YISHUN AVE 8 TOWARDS CANBERRA WAY. AFTER TURN TO CANBERRA WAY ENTERING FIRST LANE, I ACCELERATED MY CAR AS THE CARS IN FRONT OF ME WERE MOVING. I SNEEZED AS I WAS ACCELERATING AND HIT INTO FRONT VEHICLE B (SLJ2879Z). I ATTEMPTED TO EMERGENCY BREAK MY CAR, BUT WAS UNFORTUNATELY TOO LATE. I CALLED MY DAD IMMEDIATELY TO INFORM HIM THAT I HAD GOTTEN INTO AN ACCIDENT. WAS ADVISED TO CALL THE POLICE. I DID NOT CALL THE POLICE IMMEDIATELY, AS I WAS WAITING FOR MY DAD TO ARRIVE. SCDF ARRIVED WHILE WE WAITED FOR MY DAD TO ARRIVE (NOT SURE WHO CALLED THEM, BUT OTHER DRIVER CONFIRMED SHE DID NOT CALL THEM. THEY ASKED IF SHE WAS INJURED, AND SHE SHARED THAT THE TOP LEFT SIDE OF HER HEAD HURT. THEY ASSESSED HER AND SAID SHE WAS OK. THEY ASKED IF SHE WOULD LIKE TO SEE A DOCTOR, AND SHE DECINED. AFTER MY DAD ARRIVED, WE WENT TO THE SEMBAWANG NEIGHBOURHOOD POLICE STATION. THE FEMALE POLICE OFFICER SAID THAT A POLICE REPORT WAS NOT NECESSARY, UNLESS THERE WAS AN INJURY OR DEATH. AS SUCH NO POLICE REPORT WAS MADE. SCDF HAD ALSO ASKED ME IF I WAS INJURED, AND I SAID AT THAT POINT I TIME NO. AT THE POINT OF TIME IN MAKING THIS REPORT, I A STARTING TO FEEL SOME ONSET OF PAIN.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number	SLJ2879Z
Manufacturer	Honda
Model	Hr-v
Variant	-
Colour	White
Category	Private car
Name of Driver	CHIN SOK LING
NRIC No	SXXXX626E
Contact Number	(Phone) +65-98515908
Address	-
Address complement	950 HOUGANG STREET 91 #06-314
Postcode	530950
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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

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

13/10/2022. 12:45HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel

Sketch Plan



A - SKT8610B

B - SLJ2879Z

Describe Circumstances of the Accident

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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

13/10/2022. 12:45HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel