

Steve

CS/CT122011002/EAP3

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. _____

Sum Insured: _____ Excess: _____

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNE 7827M Yr Regn: 22/6/22

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

Truck / Trailer or

Make: BMW 218i c.c. 1499Colour: Black A/C: Insured / Std / NI / NASp. Reading: 3396 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA6V72000 5468411

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: 215/60R16

R: _____

BS / DUN / EXNOVA / (SY) / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 2/11/22 Performance D.O.I. 4/11/22

Survey held at _____

Des. 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-179K

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

BMW 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)

4/11/22, 10.00am

W R

P/P, R, B, L, S, M

GST REG. NO : M2 - 0020081 - X

ESTIMATE

02 NOV 2022

Estimate No. : b1 63881
Date Estimated : 02/11/2022
Prepared By : Han Kwan Yong

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -
Harpal Singh
Apt Blk 583 Woodlands Drive 16
#02-462
Singapore 730583

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNF7827M	WBA6V720005U68411	22/06/2022	218i Gran Tourer	17

DESCRIPTION	VALUE
To replace left rear door	850 1,275.00
To respray left rear door	840 885.00
To carry out body cavity preservation. (Per panel).	112 118.00
To transfer lock mechanism from old to new door including conduct check on new door power window system for proper function. (1 door).	504 531.00
To check electrical wiring system and lighting including reset and check air bag for proper function.	280 295.00
Sundries.	80.00

Total Labour 1: 3,184.00

DESCRIPTION	QTY	PRIC	VALUE
RR LH DOOR	1	1,159.75	1,159.75
LH SEALING COLUMN B BOTTOM	1	57.90	57.90
REAR DOOR JOINT SEAL	1	34.05	34.05

Total Parts : 1,251.70



LKK Auto Consultants hence notify
owner of the following:
- before/after spray painting
- damaged part(s) during resurvey
- survey is on a "Without Prejudice" basis
- no modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Labour 1	:	3,184.00
Parts	:	1,251.70
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	310.50

Total : 4,746.20

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

** PRICE FOR PARTS ARE SUBJECTED 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	02/11/2022 16:35 (SGT)
Reported by	Both
Date of Accident	02/11/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	60 Admiralty Road West Singapore 759956
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF7827M
INSURED POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HARPAL SINGH
NRIC No	SXXXXX077G
Email Address	lovelyharpal@yahoo.com.sg
Mobile Phone No	(Phone) +65-93898493
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	218i
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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C0129904

DRIVER

Name of Driver	HARPAL SINGH
NRIC No	SXXXXX077G
Date Of Birth	10/10/1976

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

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

22/05/2013

9 YEARS AND 6 MONTHS

Male

(Phone) +65-93898493

-

lovelyharpal@yahoo.com.sg

BLK 583 WOODLANDS DRIVE 16 #02-462

-

730583

Yes

-

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collided into Parked Vehicle

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

Refer to 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

GY7654C

Vehicle Manufacturer

Toyota

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Commercial vehicle

Name of Driver

MURUGAN SENTHILNATHAN

Passport No/FIN

GXXXXX713W

Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
China Taiping Insurance (Singapore) Pte. Ltd.
-
-
-

SKETCH PLAN

SKETCH PLAN



DATE - 30/11/2018
B- 697634C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving to get the car parking space, when suddenly the lady driver release his car from the parking slot and hit left side of my car. Car A left side back door was damage.

DECLARATION

I declare that the information provided is true and correct.

Police Officer Signature
Date & Time: 02/12/2018
3:45 PM

Driver's Signature
(If the driver is not a party holder)
Date & Time

Reporting Centre Officer's Signature
Name
MPC No.

SKETCH PLAN

IMPORTANT NOTICE

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2. The form must be completed by the Policyholder and/or the Authorised 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. 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 and/or meeting regulatory requirements 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 based 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 compliance with requirements under any regulations, laws or court orders.

Policyholder Signature
Date & Time: 02/11/22
34-11-22

Insurer's Signature
(Driver is not the policyholder)
Date & Time:

Reporting Centre/Insurers' Signature
Name:
NAC/IFA/IG