

ASS. REC. BY:

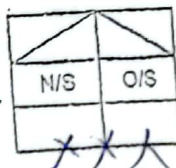
Steve

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / 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
 G/A / 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: SNF 7240E Yr Regn: 17/6/22
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 116i c.c. 1499
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 4349 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/N: WBA7K120801K7161
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / SRM / STD A/Rim or
 Tyre Size: F: 215/50R17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / NI / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ mm Rear: _____ mm
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 4/11/22 Performance
 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

MY-154X

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.S. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

\$ + R.S. \$ _____

Prokes

Others

TOTAL

SNF7240E

BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401859N GST Reg. No M2-0020081-X
Toll Free Number (1800-2258289)

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax: 64747770

280, Tampong Arang Road
East Coast Centre
Singapore 416180
Fax: 63445773

116, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64796501 (AfterSales)
64796524 (Motorrad)



GST REG. NO : M2 - 0020081 - X

ESTIMATE# Car in #
07 NOV 2022

Estimate No. :	b1 63915	Page No. :	1 of 5
Date Estimated :	05/11/2022		
Prepared By :	Han Kwan Yong		

- ESTIMATE REPAIR FOR - Jong-Bin Wern Hwei 23 Canberra Drive #05-48 Singapore 768077	- ACCOUNT - 40000 Cash Sales - Service Singapore
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNF7240E	WBA7K120807K77611	17/06/2022	116i Hatch	3309

DESCRIPTION	VALUE
To tow accident vehicle to PML workshop.	150.00
To replace rear bumper, boot lid and to knock out dented area	1700 2,550.00
To respray rear bumper and boot lid	1862 1,923.00
To carry out body cavity preservation. (Per panel).	112 118.00
To replace rear windscreen glass.	545 574.00
To conduct water leak tests.	71 75.00
To supply and install rear windscreen solar film.	504 531.00
To vacuum interior of broken glass debris	168 177.00
To transfer lock mechanism from old to new bootlid including conduct check on new bootlid central locking system for proper function.	574 531.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for function.	168 177.00
To replace in car camera including to program and check for function	427 450.00
To check electrical wiring system and lighting at the rear section for proper function.	168 177.00
Sundries.	150.00
Total Labour 1:	7,583.00

DESCRIPTION	QTY	PRIC	VALUE
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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)



GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 63915
Date Estimated : 05/11/2022
Prepared By : Han Kwan Yong

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNF7240E	WBA7K120807K77611	17/06/2022	116i Hatch	3309

DESCRIPTION	QTY	PRIC	VALUE
TRUNK LID / DO	1	1,257.95	1,257.95
REAR BUMPER CARRIER ?	1	446.10	446.10
# REAR BUMPER BOTTOM TRIM PANE / CR4	1	259.15	259.15
# Mount for co ?	1	67.15	67.15
# REAR BUMPER CENTRE GUIDE ?	1	163.55	163.55
# REAR BUMPER REAR TOP (MSP/MP) / DO	1	1,088.30	1,088.30
# LETTERING 116i / MK	1	65.60	65.60
GROMMET / MK	2	0.80	1.60
PLAQUE 74MM / MK	1	72.85	72.85
BOOT LID/TAILOATE PUSH BOTTON (REK) / MK	1	38.75	38.75
REAR WINDOW GREEN (ESG) / BR	1	567.15	567.15
HOOK AND LOOP FASTENER / MK	8	2.50	20.00
# REAR BUMPER HEAT INSULATION ?	1	62.75	62.75
# Left trunk lid panel trim / CUT	1	40.10	40.10
# Right panel trim / CUT	1	40.10	40.10
# Lower trunk lid trim panel / CUT	1	417.30	417.30
# TRUNK LID SEALING ?	1	131.25	131.25
# BMW ADVANCED CAR EYE 2.0 / MIS	1	892.25	892.25
(DG) CLEANER R1 (100ML) / MK	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) / MK	2	131.55	263.10
(DG/SL)ADHESIVE PRIMER VP 206 (30ML) / MK	1	27.85	27.85

Total Parts : 5,949.00

Steve CLKK)

8/11/22, 4.00pm

MK MK

P/P

by BIL Y
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:



Labour 1	:	7,583.00
Parts	:	5,949.00
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	947.24
Grand Total	:	14,479.24

** 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 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. 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	07/11/2022 10:12 (SGT)
Reported by	Both
Date of Accident	04/11/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD BETWEEN CANBERRA ROAD TO CANBERRA LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF7240E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JONG-BIN WERN HWEI
NRIC No	SXXXX577D
Email Address	silver_bellzz@yahoo.com.sg
Mobile Phone No	(Phone) +65-81610366
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116i
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	-

DRIVER

Name of Driver	JONG-BIN WERN HWEI
NRIC No	SXXXX577D
Date Of Birth	30/12/1980

Date Of Driving Pass	16/12/2005
Driving experience	16 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81610366
Alt. Phone Number	-
Email Address	silver_bellzz@yahoo.com.sg
Address	23 CANBERRA DRIVE #05-48
Address complement	-
Postcode	763077
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?	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH282L
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	LAU TIAN CHWEE
NRIC No	SXXXX764H

Contact Number

(Phone) +65-82847261

Address

-

Address complement

-

Postcode

-

Insurance Company Name

China Taiping Insurance (Singapore) Pte. Ltd.

Nature Of Damage

-

Details of property damaged in accident

-

No. Of Passenger (Including Driver)

-

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 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 lodgment 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
- (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

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