

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 m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SKE 3281D Yr Regn: 24/2/12  
 Type:  M. Car /  M. Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or  
 Make: BMW 14 c.c. 2497  
 Colour: White A/C:  Insured /  Std /  NI /  NA  
 Sp. Reading: 64519 T/Radio:  Insured /  Std /  NI /  NA  
 Eng/No: \_\_\_\_\_  
 C/No: WBSALL390205080122  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or  
 Brake:  In order /  Jammed /  Leaked /  Burnt or  
 Modi:  Nil /  SRim /  STD A/Rim or  
 Tyre Size: F: 225/45R17  
 R: 11

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Pirelli

Bal. or Market Value: \_\_\_\_\_  
 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  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 3/11/22 D.O.I. 9/11/22  
 Survey held at Shu Fatt  
 Des. of Damages: Frt / Rear /  N/S /  UIC /  Rooftop or

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

Date / Time	Action / Instruction
	<u>MV-110K</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / I.B.F. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_

Survey Fee:	
Transportation:	
\$ + RS. \$1	
Photos	
Others	
TOTAL	



# 樹發汽車修理廠 SHU FATT AUTO WORKS

BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065

Email: shufatt@pacific.net.sg

Co. Reg. No. 09062400M GST Reg. No. 09-062400-M

Our Ref: WSK/jw/SF-quo  
4<sup>th</sup> November 2022  
China Taiping- TP

Store (LKK)

9/11/22, 4.30 pm

m n

L/S, My AC sy, 5 dys

SKE 3281 D BMW Z4

		SS	
Spare Parts	1 Rt door. / <i>OD</i>	2176.60	Nett
	1 Rt door glass. - <i>BR</i>	482.95	Nett
	1 Rt door glass regulator. ?	489.05	Nett
	1 Rt door glass regulator motor. ?	338.55	Nett
	1 Rt door glass outer moulding. - <i>CRV</i>	142.25	Nett
	1 Rt door glass inner moulding. - <i>CRV</i>	289.15	Nett
	1 Rt door outer handle. ?	898.55	Nett
	1 Rt wing mirror. - <i>BR</i>	871.75	Nett
	1 Rt wing mirror cover. - <i>MIS</i>	185.05	Nett
	1 Rt wing mirror glass. - <i>BR</i>	241.45	Nett
	1 Rt door rubber. - <i>MK</i>	95.50	Nett
	2 Rt door hinges. @ \$78.05 ?	156.10	Nett
	1 Rt door inner board. ?	2572.50	Nett
	1 Rt frt windscreen pillar moulding. - <i>CUT</i>	425.10	Nett
	1 Rt wing mirror inner cover ?	121.55	Nett
	1 Rt wing mirror inner cover speaker. ?	86.10	Nett
	1 Rt body rubber. X	155.50	Nett
	1 Set rear bumper clips. X	60.00	Nett
	2 Rear bumper side retainers. @ \$190.80 X	381.60	Nett
	1 Rt frt fender emblem. - <i>MK</i>	110.95	Nett
	1 Rt frt fender 'S Drive 2.0i' emblem. - <i>MK</i>	155.35	Nett
	1 Rt rear rim. X	1337.50	Nett
		-----	
		11773.10	
Labour	To knock, straighten rt frt fender, rt rear fender, rt door frt pillar, rt door rear pillar, renew rt door and assembly.	1050.00	400
	To respray damaged parts.	1050.00	1000
	To remove, replace rt door glass, regulator, motor, board, inner lock, outer lock, mouldings, rubbers and assembly.	250.00	100
	To remove carpets, upholstery, seats to facilitate repairs and assembly.	120.00	50
	To reseal joints, reinsulate, anti rust panels and assembly.	60.00	30
	To remove, replace rt rear rim, tyre and assembly.	80.00	X
	To check and adjust wheel alignment.	150.00	X
	To check an reset ECU.	150.00	/
		-----	
		14683.10	
		=====	

Cinturato 225/45R17  
WBALL32020J080122  
64519

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:

## 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 ..... 03/11/2022 13:10 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 03/11/2022 07:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BINJAI PARK ROAD TURNING INTO DUNEARN ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE3281D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WENDY CHAN WAI LENG  
NRIC No ..... SXXXX148B  
Email Address ..... ASHLEYLOH.1996@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97720528  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... Z4  
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 ..... 1998

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... B300258213SMP

#### DRIVER

Name of Driver ..... LOH SHOU NAN ASHLEY  
NRIC No ..... SXXXX768J  
Date Of Birth ..... 22/01/1996  
Occupation ..... Indoor

Date Of Driving Pass ..... 17/02/2016  
 Driving experience ..... 6 YEARS AND 9 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97720528  
 Alt. Phone Number ..... -  
 Email Address ..... ASHLEYLOH.1996@GMAIL.COM  
 Address ..... 59 BINJAI PARK  
 Address complement ..... -  
 Postcode ..... 589859  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Child  
 Does Driver Own Other Vehicles? ..... No  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... -  
 Insurance Company of Other Vehicle Owned by Driver ..... -

Address:  
Address:  
Post:  
Inf:

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head on collision  
 Weather Conditions ..... DRIZZLE  
 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) ..... 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

PLEASE REFER TO ATTACHMENT.

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 ..... GBH6955P  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... SELVARAYAR ANTONY COLIATH  
 Contact Number ..... (Phone) +65-97661842

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
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 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:

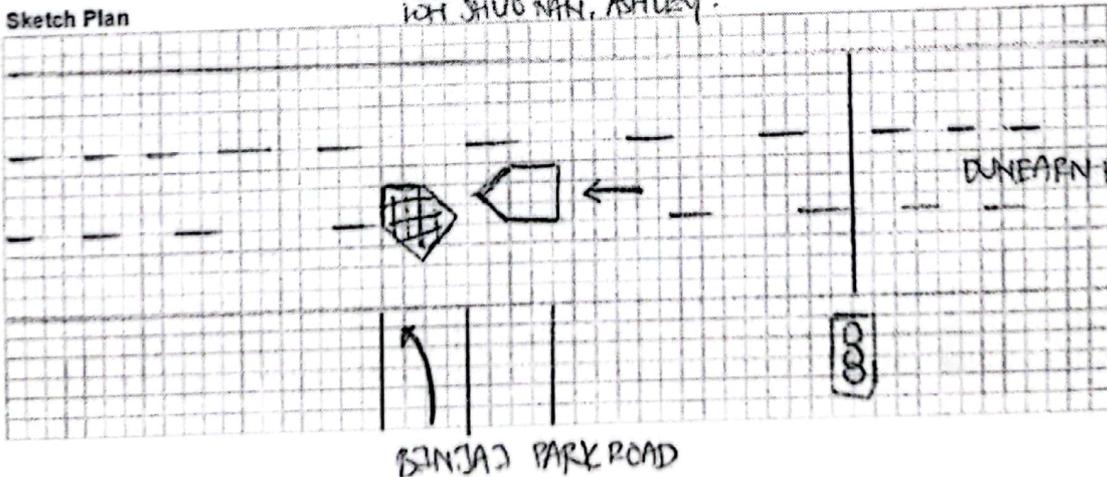
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

FROM PERSPECTIVE of BMW 24 SKE3281D.

I was turning out from BINJAI PARK ROAD into DUNBARN ROAD.  
 I observed oncoming vehicles slowing down.  
 I observed the red Volvo SLV281Y in lane 1 coming to a complete stop.  
 SLV281Y in lane 1 came to a stand still at RED traffic light.

I began to move off from ~~Binjai~~ BINJAI PARK ROAD  
 turning onto DUNBARN ROAD. when traffic light was red for  
 the on-coming vehicles.

TOYOTA white lorry ABH695SP in lane 2 sped past the RED  
 traffic light. The vehicle crossed after it turned RED, accelerated even more.

Accident occurred as TOYOTA white lorry ABH695SP crushed / hit  
 the Right / Driver's side of the BMW 24 SKE3281D.

Declaration

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

03/11/2022 10:20AM,  
LOI SHU HAN, ASHLEY.

Witnessed by Reporting Centre Personnel