

Tropical Tech Automobile Services

BLK 5032 ANG MO KIO AVENUE 3 #01-303 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484 4978

E-mail : tsac303@singnet.com.sg

M / s : **MSIG Insurance (Singapore) Pte. Ltd**
4, Shenton Way, #21-01, SGX Centre 2,
S'pore 068807

Attn : Motor Claims Department
Tel : 68272888
Fax : 68277800

Estimate bill : TT 02 / 23 / TP / WT

Registration No : SKT9655R

Make / model : BMW 630ci (E63)
Coupe

*Not Authorized
B565.00
Missing After Paint
Delay*

Mileage :

Date : 06 / 01 / 2023

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO: FBT6099Y AND SKT9655R ALONG COMPASSVALE STREET ON 09 DECEMBER 2022 AT ABOUT 1200RS.

1pc	Rear bumper	\$	1,998.00	X
1pc	Rear exhaust silencer box (RH)	\$	1,554.00	X
	Sub total :	\$	3,552.00	
	Less 10% discount :	\$	355.20	
	A total :	\$	3,196.80	

Remove & transfer rear bumper necessary attachment spare parts item.

Remove and refit rear bumper, rear exhaust silencer box (RH).

Panel beating rear end panel, heat / weld / panel beating / pull / straighten / align rear chassis frame by Chassis Alignment Jack.

To check and refit rear tail lamp wire harness.

Under coating on vehicle.

Putty / primer application, spray painting rear end panel, rear bumper.

	\$	250	
	\$	500.00	
	\$	80.00	150
	\$	200.00	X
	\$	700.00	300
Grand final amount :	\$	4,676.80	

Tropical Tech Automobile Services


(Authorised Signature)
William Tan

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	16/12/2022 16:05 (SGT)
Reported by	Both
Date of Accident	09/12/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMPASSVALE STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9655R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM MENG HENG
NRIC No	S1618699F
Email Address	pete8330@gmail.com
Mobile Phone No	(Phone) +65-94790355
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	630ci
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	2996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00179162202

DRIVER

Name of Driver	LIM MENG HENG
NRIC No	S1618699F
Date Of Birth	04/02/1963
Occupation	Indoor

Date Of Driving Pass	07/11/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94790355
Alt. Phone Number	-
Email Address	pete8330@gmail.com
Address	BLK 157C RIVERVALE CRESCENT #15-631
Address complement	-
Postcode	543157
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)	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	LIM MING EN
Gender	Male

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 STATEMENT

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	FBT6099Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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

SKETCH PLAN

VEH NO: SKT 9655R
INSURER: China
DATE OF ACC: 09/12/22 @ 12:00

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 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.

John 16/12/2022

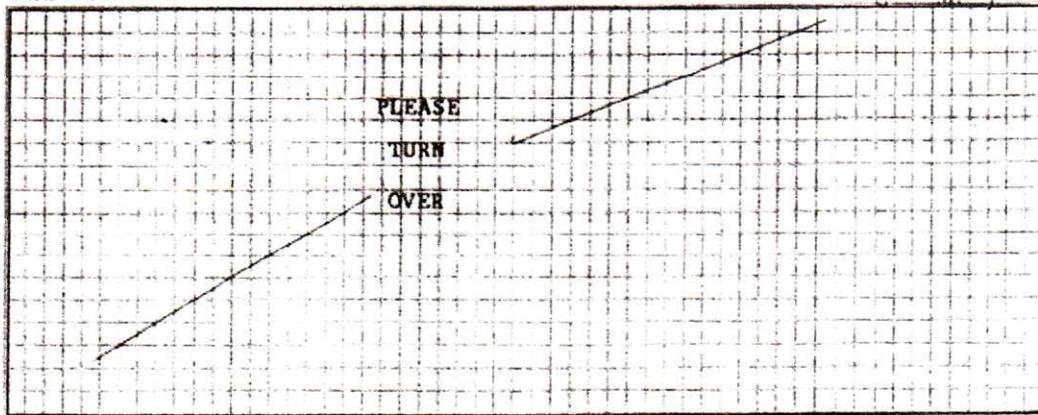
[Signature]
16/12/22
Jody n/A (AK)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in MRICID card)

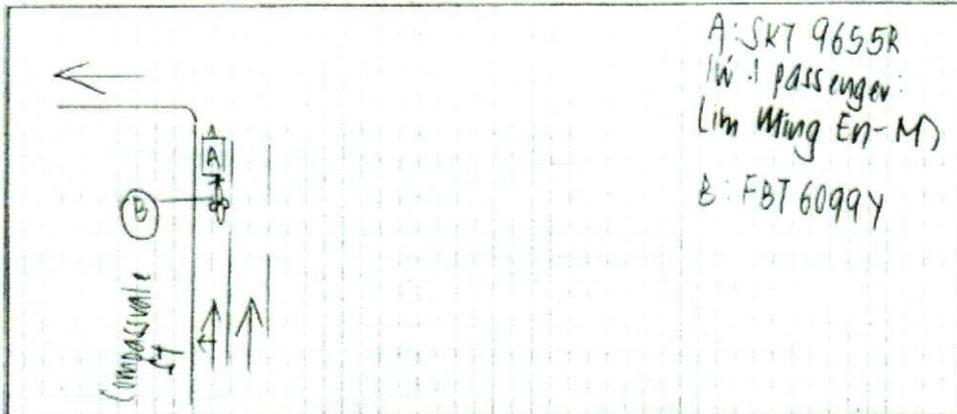
Sketch Plan



Describe Circumstance of the Accident
 ** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only
 () Claim OD/TP at other workshop (_____)

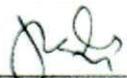
Sketch Plan



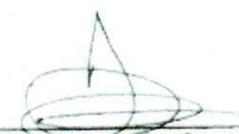
Vehicle No: SK7 9655R (China)
 Date & Time: 09/12/2022 @ 1200 (clearway)

I was driving along Compassvale st and before turning to the left to HPB area, I signal about 5 second before. Before turning, suddenly there was a bang from a motorcycle food delivery on my vehicle back. NO body was injured.

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


 Witnessed by Reporting Centre Personnel (Name as in NRICID card) (AMK)

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 699F

Vehicle Details

Vehicle No.: SKT9655R
Vehicle to be Exported: No
Intended Deregistration Date: 09 Jan 2023
Vehicle Make: B.M.W.
Vehicle Model: 630 CI
Primary Colour: Grey
Manufacturing Year: 2005
Engine No.: 01465985N52B30AF
Chassis No.: WBAEH32050B720893
Maximum Power Output: 190.0 kW (254 bhp)
Open Market Value: \$76,164.00
Original Registration Date: 06 Sep 2005
First Registration Date: 06 Sep 2005
Transfer Count: 1
Actual ARF Paid: \$83,781.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 05 Sep 2025
COE Category: B - Car (1601cc & above)
COE Period(Years): 10
PQP Paid: \$65,508.00
COE Rebate Amount: \$17,401.00
Total Rebate Amount: \$17,401.00

The information contained herein is correct as at 09 Jan 2023

OK

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1618699F



Name
LIM MENG HENG

Race
CHINESE

Date of birth
04-02-1963

Sex
M

Country of birth
SINGAPORE




4812354



NRIC No. S1618699F



Date of issue
27-12-2011

Address
**APT BLK 157C, RIVERVALE CRESCENT
 #15-631
 SINGAPORE 543157**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1618699F

Name
LIM MENG HENG

Birth Date: 04 Feb 1963

Issue Date: 07 Nov 2013

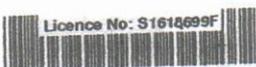



002242898F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	EFFECTIVE DATE
SS 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	07 Nov 2013

Licence No: S1618699F



NP 428A