ASS. REC. BY: Kenneth | REF: MSG-1230002751/Key3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Bi Power

of _____

Insured: _____

Policy No. _____

Claims No. _____

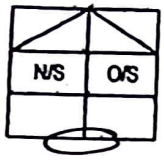
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: $58K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLV4517S Yr Regn: 06/13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: BMW 316i c.c 1598

Colour M.P.White A/C: Insured / Std / NI / NA

Sp.Reading 193160 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA3A1605ONP99443

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 225/50R17

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 10/12/22 D.O.I. 10/1/2023

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
	Finalised final fig $1635.51, 2 days. (Red $1867.15, 53%)

Date/Time, File Pass to? 1) 06/04 Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : MER-TP

~~Lump Sum~~ I.B.I: ($ 1635.51)

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 10-Dec-22

INSURANCE: MSIG

MODEL: BMW

VEHICLE NO.: SLV 4517 S

DESCRIPTION	QTY	UNIT PRICE	NETT PRICE	
REAR BUMPER	1	Br/W	$1,384.55	✓
REAR BUMPER REINFROCEMENT	1		R $577.45	✗
REAR BUMPER LOWER GARNISH	1		R $189.56	✗
REAR BUMPER SENSOR	2	$285.55	R $571.10	✗
SUB TOTAL			$2,722.66	
LESS 0%				
DISCOUNTED TOTAL				
SUB TOTAL			$0.00	
Labour Charge				
Panel Beating	1	$300.00	$300.00	200
check rear wring & replace sensor	1	$80.00	$80.00	60
Spray Painting Charge	1	$400.00	$400.000	250
TOTAL LABOUR			$780.00	
ESTIMATE TOTAL			$3,502.66	

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Not Authorised L/Sign & Re... After Paint 2 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:

SL0U22CC0001 / LIM TAN MOTOR PTE LTD
ENTRY DATE & TIME: 12/12/2022 11:47 (SGT)
SUBMITTED BY: SA1
VERSION: 1 (12/12/2022 11:47 (SGT))

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 witholding 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	12/12/2022 11:47 (SGT)
Reported by	Both
Date of Accident	10/12/2022 14:00 (SGT)
Exact Location of Accident	Near 132 Alexandra Rd, Singapore
Additional Location Information	ALONG ALEXANDRA ROAD @CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4517S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOU SWEE KING
NRIC No	SXXXX651Z
Email Address	JASMINELOU.KFCPH@GMAIL.COM
Mobile Phone No	(Phone) +65-91185918
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316I
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5097741999-04

DRIVER

Name of Driver	MOK WAI MENG
NRIC No	SXXXX447B
Date Of Birth	11/02/1961
Occupation	Indoor

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 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.

SKETCH PLAN

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

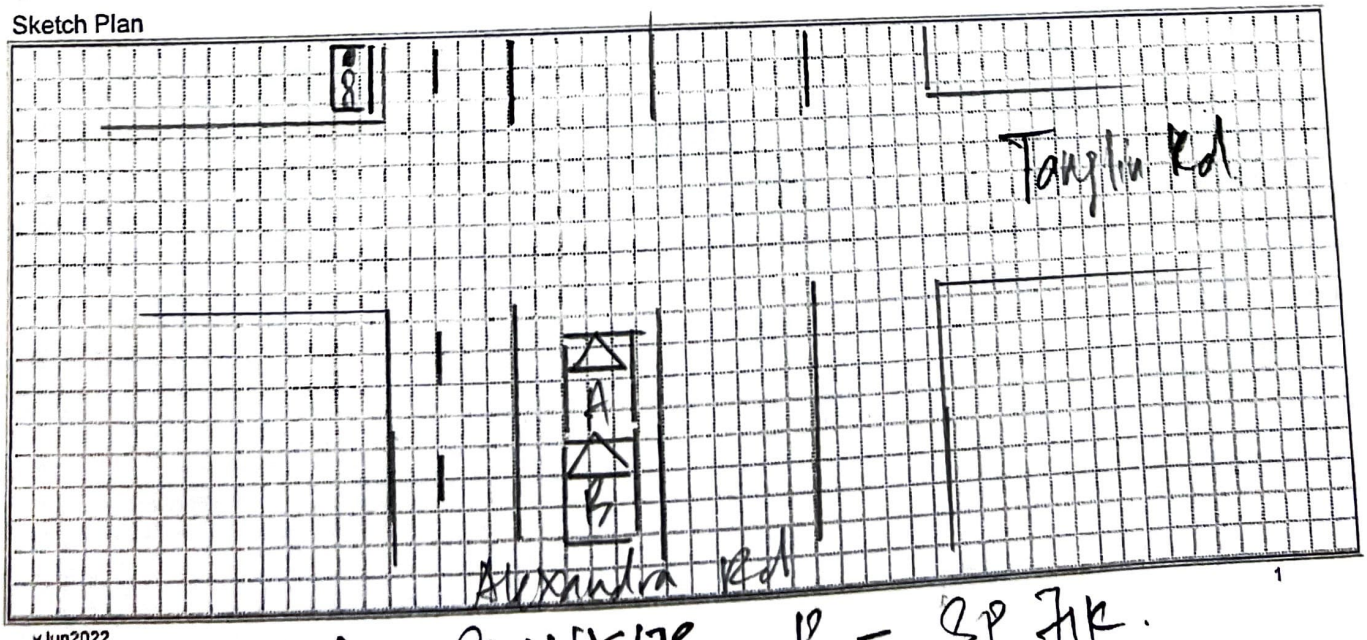
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) QUEK ZIXIANG

Sketch Plan



A - SLV 45178 B - SP 7K.