ASS. REC. BY: ASSI	GNMENT 2760
	Veh No: SUK 3540S Yr Regn: 2017 JAN  Type: M.Gdr / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /  Truck / Trailer or  Make: B.M. N X SDRIVE (STAT c.c 1469)  Colour BUGUK A/C: Insured / Std / NI / NA  Sp.Reading 85590 T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: WBAHSI 2050 SF03445  Gen. Cond: Good / Fair / Poor / Burnt  Steering: Morder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  St. Repairs:  days Res.: Yes or No  st. Repairs:  days Res.: Yes or No  A / REV / REP. / 24 HRS  Vehicle: IN / OUT  ate:  Person Contacted:	Modi: Nil ASIRim / STD A/Rim or  Tyre Size: F: D25 SoR18  R: 1  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  Front R/Bal. mm R/Bal. mm  L/Bal. mm  L/Bal. D.O.A. 20 or 23  Survey held at 3A MAN MORABLE  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
3/2/23 Rasul confirmed LS \$1050 (Red 905	5, 46%)
: Preli. Report : Final Report : ate/Time, File Return to? : 23/2/23-typist  Add Fe  Report Format : TP  Lung Sum / I.B.I: (\$ 1050	Days Of Repair: 2  Resurvey No. of Trip: 1 Survey Fee:  Transportation:  Set Interview (\$ )  Interview (\$ )  Transportation:  Transportation:



# 3A Automobile Pte Ltd

Office Address: No 120 Lower Delta Road #02-15 Singapore 169208 Tel: 6223 1122 Fax: 6738 6666

### **Estimate Report**

To:

Tel:

Fax:

Claims Department

Vehicles Number:

**SLK 3940 S** 

Make and Model:

BMW X1

Date Of Accident:

20/Jan/2023

64307900 63381500/1504

Time Accident:

1750HRS

Attn: Motor Claims Department

<u>Unit</u>	List Items
CO-PORT	

Unit Price

Prices

1	рс	Rear Bumper Assy 546-/	\$900.00	\$900.00
			9	900.00

Less: 5%

(\$45.00)

<u>Unit</u>		Nett Items	Unit Price	Prices	
20	pcs	Bumper Clips	\$5.00	\$100.00	
	>-		S/Total	\$ 955.00	

#### **Labour Charges**

To Remove & Replace the Damaged Parts as Listed Above, including Reinstatements of necessay Attachments & Fittings to Facilitate Repairs; Jack, Panel Beat & Reshape the Affected Parts & Components, Correct & Realign the Necessary Parts	200 \$500.00	
To Provide Skill Labour & Material to do Surface Treatment / Epoxy Treatment and to Respray with 2K Paint on Rear Bumper with Oven Spray Booth Facilities	\$400.00	250
To Transfer Tailgate Lock Mechanism	\$100.00	

Total \$

1,955.00

Yours faithfully,

3A Automobile Pte Ltd

Person to contact: Angie Yong

Phone No.: 9001 6128

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:

Ros after

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 25/01/2023 14:17 (SGT) Reported by Date of Accident 20/01/2023 17:50 (SGT) Exact Location of Accident Pioneer Rd North, Singapore 627606 Additional Location Information PIONEER ROAD NORTH BEFORE CROSS JUNCTION TURNING RIGHT TOWARDS BOON LAY WAY Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

**SLK3940S** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BKW RENT A CAR PTE LTD** Company Reg No 2XXXXX276D Email Address KENNETH.TAN@BKW.SG Mobile Phone No ..... (Phone) +65-97898888 Alternative Phone No

#### VEHICLE PARTICULARS

Vehicle Registration Number

**BMW** Model ..... X1 Variant ..... Exact purpose for which vehicle was being used at time of accident ..... **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category ..... Private car Transmission Auto CC ..... 1499

#### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1220005942

#### DRIVER

Name of Driver LIM POH LEONG of constitutions are a constitution and a constitution and a constitution are a constitution and a constitution and a constitution are a constitution and a constitution and a constitution are a constitution and a constitution and a constitution are a constitution and a constitution and a constitution are a constitution and a constitution and a constitution are a constitution are a constitution and a constitution are a constitution are a constitution and a constitution are a constitution are a constitution are a constitution and a constitution are a constitut SXXXX612B 10/02/1963

Occupation Outdoor Date Of Driving Pass 17/03/1990 Driving experience 32 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97898888 Alt. Phone Number Email Address KENNETH.TAN@BKW.SG Address ..... 652C JURONG WEST STREET 61 #10-408 Address complement ..... Postcode 643652 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** 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 ..... Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 MOTORCYCLE CUT INTO LANE AND HIT VEHICLE FRONT LHS. PLEASE REFER TO SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident FILE FORMAT DIFFERENT. **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBK5381K Vehicle Manufacturer Vehicle Model

Vehicle Variant
Vehicle Colour

January ( January ) Januar

MANAGE BERNELLE SERVICE SERVIC

#### SKETCH PLAN

### IMPORTANT NOTICE

- t. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder analor the Actual Criver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withfolding of material facts they allow insurance companies to repudiate policy liability
- 4. The issue and acceptance of this Form by insurabce companies is not an admission of policy trability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the CIA 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the certare and to copies of the report being made available aforesaid

#### 5. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that,

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylere 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 mis of cossessed by my insurer (cosectively the "Personal Information") and discluse 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 poice), 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 mains

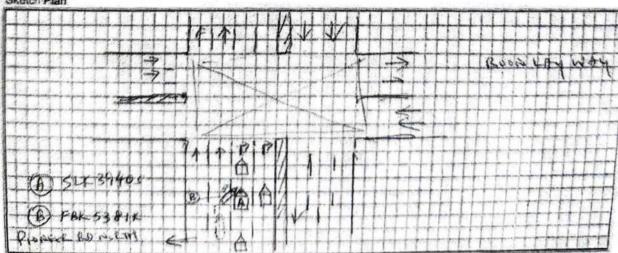
- (ii) investigating the accident and/or my daims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by mic;
- (w) administering my claims (including the mailing of correspondence, studements, involves, reports or notices to me, which would involve disclosure of certain personal data about me to bring about delivery of the some as well as on the external cover of envelopes/med perkages), 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 the accident and the insurers' lawyers/law firms, neg/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 marricen be disclosed by any of the insurers and/or GIA to their third-party service providers or agents. (including their lay ns), which may be sited outside of Singapore, for one or more of the above Perposes.

s Signature / Date & Time

Onverts Agnature (if dilver is not the policyholder) / Oate

Un chia there Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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A) PARTICULARS OF		ADDEND	UM	
	erson makin	G THE AMENDMENT	'S:	
			Vehicle Registration No	: SLK3940S
			d NRIC/FIN/Passport No	
		Please delete as app	and the second s	2001044 102
			15 (5) 169 208	Singapore ( )
Contact (Tel):			_ Mobile No.: 9 78	
Email Address:		22.003d @m	4.4.1 NO. 1	
Committee transcribers of the transcribers				1200
			Time of Accident:	
Place of Accident:	Pioneer R	d North Befo	re Cross Juncei	on Turning Regulat
Insurance Company	n AG A	sia Pacific	Tururance per	r Ltd
) ADDITIONAL INFO	PMATTON /AMP	NUMENTS:		
I have made a repo make the following		mentioned accident	and would like to includ	e additional information or
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Policyholder / Actua	ould res	nd as 175	Reporting Centre F	Personnel's Signature To card): Young Yorke

Vehicle Owner Particulars	国情况 (特别的) (特别·特别的) (中国)
Owner ID Type:	Company
Owner ID:	276D
Vehicle Details	
Vehicle No.:	SLK39405
Vehicle to be Exported:	No.
Intended Deregistration Date:	31 Jan 2023
Vehicle Make:	B,M.W.
Vehicle Model:	X1.SDRIVE18I AT LED NAV
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	F038H367B38A15A
Chassis No.:	WBAHS120505F03445
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,895.00
Original Registration Date:	16 Jan 2017
First Registration Date:	16 Jan 2017
Transfer Count:	1
Actual ARF Paid:	\$30,253.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Jan 2027
PARF Rebate Amount:	\$19,664.00
Intended COE Rebate Details	
COE Expiry Date:	15 Jan 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$50,389.00
COE Rebate Amount:	\$19,938.00
Total Rebate Amount:	\$39,602.00
information contained herein is correct as at 31 Jan 2023	
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# BMW X1 sDrive18i

Overview Fina	ncial Accessories Sin	nilar Research	Photos Map
Price	<b>.\$86,800</b>		
Depreciation ②	\$18,230 /yr View models with similar depre	Reg Date	06-Jan-2017 (3yrs 11mths 5days COE left)
Mileage	92,000 km (15.2k /yr)	Manufactured ②	2016
Road Tax ②	\$684 /yr	Transmission	Auto
Dereg Value ②	\$40,543 as of today (change)	OMV ②	<b>\$30,895</b>
COE ①	\$53,106	ARF	\$30,253
Engine Cap	1,499 cc	Power	100.0 kW (134 bhp)
Curb Weight ①	1,430 kg	No. of Owners 🕥	2
Type of Vehicle	SUV		