

(08/11/13) wef

ASS. REC. BY: 7/11/13

REF:

CS/INC 23600935/Rvp3

2760

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLK 3940Sat Workshop m/s 3A AUTOMOBILEof (U02) BUKIT MERAH LN 3 # 01-73Insured: NTKE

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.

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: 86k

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

Veh No: SLK 3940S Yr Regn: 2017 JANType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: B.M.W X1 DRIVE 18I AT c.c. 1499Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 85590 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAHS120505F03445Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/50R18R: 2

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mmD.O.A. 20/01/23 D.O.I. 31/01/23Survey held at 3A AUTOMOBILE

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 86K

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

\$ + RS \$ SI

Photos

Others

Report Format : _____

Lump Sum / I.B.I: (\$)

TOTAL



3A Automobile Pte Ltd

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

Estimate Report

To : Claims Department

Vehicles Number: SLK 3940 S

Make and Model: BMW X1

Date Of Accident: 20/Jan/2023

Time Accident: 1750HRS

Tel : 64307900

Fax : 63381500/1504

Attn: Motor Claims Department

Unit	List Items	Unit Price	Prices
1 pc	Rear Bumper Assy <i>SEA</i>	\$900.00	\$900.00
			\$ 900.00
		Less: 5%	(45.00)

Unit	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 Reinstallments of necessary Attachments & Fittings to Facilitate Repairs; Jack, Panel Beat & Reshape the Affected Parts & Components, Correct & Realign the Necessary Parts		<i>200</i> \$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		<i>250</i> \$400.00
	To Transfer Tailgate Lock Mechanism		<i>X</i> \$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:

Ramu
Hj 20010068
2 days
4S
31/01/23 @ 1KES
Reg after repair

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	25/01/2023 14:17 (SGT)
Reported by	Owner
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

Vehicle Registration Number	SLK3940S
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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

Manufacturer	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 your vehicle?	No - Claiming third party
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
NRIC No	SXXXX612B
Date Of Birth	10/02/1963

Occupation	Outdoor
Date Of Driving Pass	17/03/1990
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
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	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

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	-

Section 1: General

Section 2: General

Section 3: General

Section 4: General

Section 5: General

Section 6: General

Section 7: General

Section 8: General

Section 9: General

Section 10: General

Section 11: General

Section 12: General

Section 13: General

Section 14: General

Section 15: General

Section 16: General

Section 17: General

Section 18: General

Section 19: General

Section 20: General

Section 21: General

Section 22: General

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 Actual Driver.
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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

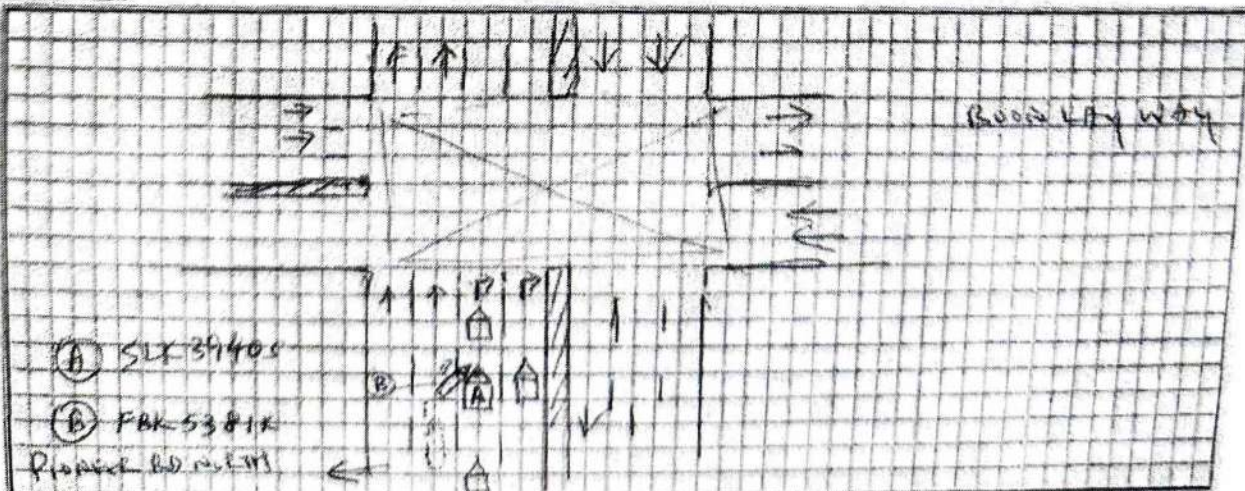
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

U. CHIN HEE
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

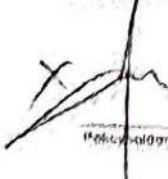


Describe Circumstance of the Accident

I AM TRAVELLING ALONG PIONEER RD NORTH TOWARD
 CROSS JUNCTION OF ROSS HWY WAY. I AM AT THE 2ND LANE
 AND STATIONARY NOTED TRAFFIC LIGHT IS RED. WHEN IT
 TURN GREEN, I START TO MOVE FORWARD, Suddenly there
 is the motorcycle (PRK 5381K) CUT INTO MY LANE
 FROM THE LEFT SIDE AND HIT ONTO MY FRONT LEFT
 BUMPER ^{OF MY CAR (SK 39400)} WE EXCHANGED PARTICULAR AND THERE IS
 NO INJURIES.

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)

Lim Chai Yee

Witnessed by Reporting Officer/Personnel
 (Name as in M42/12 card)

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

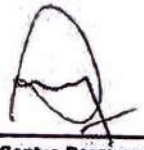
Original Report No: S301231P0001 Vehicle Registration No: SLK3940S
Name (as shown in NRIC): BKW Rent A Car Pte Ltd NRIC/FIN/Passport No: 200106276D
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: 120 Lower Delta Road #02-15 (S) 169208 Singapore ()
Contact (Tel): _____ Mobile No.: 9789 8888
Email Address: Kenneth.tan@bkw.sg
Date of Accident: 20/01/2023 Time of Accident: 1750
Place of Accident: Pioneer Rd North Before Cross Junction Turning Right
Towards Bann Lay Way
Insurance Company: Asia Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

DOA wrong. Should read as 20/01/2023 instead
of 21/01/2023 in first report.
Time should read as 1750 hours instead of 1100 hours.

Policyholder / Actual Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): Yang Yoke Lan
Date:

20/01/23

10en3912

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 276D

Vehicle Details

Vehicle No.: SLK3940S

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

The information contained herein is correct as at 31 Jan 2023

BMW X1 sDrive18i

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price **\$86,800**

Depreciation ⓘ **\$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 ⓘ **2016**

Road Tax ⓘ **\$684 /yr**

Transmission **Auto**

Dereg Value ⓘ **\$40,543 as of today ([change](#))**

OMV ⓘ **\$30,895**

COE ⓘ **\$53,106**

ARF ⓘ **\$30,253**

Engine Cap **1,499 cc**

Power **100.0 kW (134 bhp)**

Curb Weight ⓘ **1,430 kg**

No. of Owners ⓘ **2**

Type of Vehicle **SUV**