

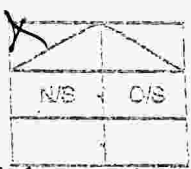
REGISTRATION

RES

CS/CT/23003945/T PS.

ASSIGNMENT

Form: _____ Date: _____
Estimated Cost: _____
Type: ☒ PS / ☐ RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV
Inspected Vehicle No: _____
Workshop No: _____
Insured: _____
Policy No: _____
Vehicle No: _____
Insured: _____ Excess: _____
(Officer's Record)
Make of Veh: _____
Policy Condition: _____
Remarks: The vehicle had commenced its repair at the time of inspection.
Val or Market Value: 4168X
D.A.C. Accident Port: _____ Consistent? : Yes or No
D.A. / P.P. Grant: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res: Yes or No
Turn Sum: _____ % 3 Val: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: SCX 70005 Yr Regn: 2020 Jun
Type: ☒ M/Car / ☐ M/Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or
Make: BMW 520i C.O. 1998
Colour: Black A/O: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Sp. Reading: 28486 T/Ratio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Eng/No: _____
C/No: WKA 5F32050FJ04551
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☒ In/Brk / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☒ In/Brk / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Mod: ☒ NI / ☐ STD / ☐ A/Rim or
Tyre Size: F: 225/45R18
R: _____
BS / DUN / EXNOVA / SY / PS / LZA / MID / DHTSU / PRI / SUN /
TOYO / YOKO or Mercedes
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.C.A. _____ D.O.I. 20/2/23
Survey held at PHC Road Kluang
Des. of Damages: ☐ Fnt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or
Fnt w/c
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File ☒ 40?
Final Report File Return to?
Days Of Repair: _____
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
Add Fee: ☐ Site Insp. ☐

Performance Motors Limited

A Sime Darby Motors Company
Co. Reg. No. 197401559N GST Reg. No M2-0020081-X
Toll-Free Number (1800-2255269)

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Fax: 64747770

280, Kampong Arang Road
East Coast Centre
Singapore 438180
Fax: 63449773

315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Fax: 64796601 (AfterSales)
64796624 (Motorrad)



GST REG. NO : M2 - 0020081 - X

ESTIMATE

27 JAN 2023

Estimate No. : b1 64805
Date Estimated : 27/01/2023
Prepared By : Foong Shiuh Jye

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

Tan Beng Sim Vincent
55 Meyer Road
#21-05

Singapore 437978

- ACCOUNT - 135

China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SCX7000S	WBA5F32050FJ04531	26/06/2020	320i Sedan	24805

DESCRIPTION

To replace bumper front panel and front left side panel

1700 2,550.00

To spray paint bumper front panel and front left side panel

1826 1,923.00

To remove old PDC assembly, replace damaged parts and
reconnect to new bumper including conduct check for
proper function.

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 modifications is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

168 177.00

To carry out body cavity preservation.
(Per panel).

112 118.00

To check electrical wiring system at the front section
for proper function including adjustment of headlights.

168 177.00

Sundries.

? 150.00

Acknowledged by Repairer

Signature:

Date:

Total Labour 1: 5,095.00

DESCRIPTION

FRT LH SIDE PANEL

QTY 1 PRIC 852.70

56 852.70

LH RETAINING FRAME

QTY 1 PRIC 87.60

45 87.60

FRT BUMPER PANEL PRIMED (LINE PDC/P

QTY 1 PRIC 1,118.55

de 1,118.55

Total Parts : 2,058.85



Tan Jui 97495749/62565561
WP' 20/2/23c 1010 am
Resurvey before paint
tanjui@khant.com

Labour 1	:	5,095.00
Parts	:	2,058.85
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 8%	:	572.31
Grand Total	:	7,726.16

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

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 10:36 (SGT)
Reported by	Both
Date of Accident	24/01/2023 19:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAR PARK, 209 NEW UPPER CHANGI ROAD SINGAPORE 460209
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX7000S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BENG SIM VINCENT
NRIC No	SXXXX654Z
Email Address	tanglinmedical@yahoo.com
Mobile Phone No	(Phone) +65-90931188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V06807/VPC/R01

DRIVER

Name of Driver	TAN BENG SIM VINCENT
NRIC No	SXXXX654Z
Date Of Birth	20/07/1960

Occupation	Indoor
Date Of Driving Pass	30/06/1982
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90931188
Alt. Phone Number	-
Email Address	tanglinmedical@yahoo.com
Address	55 MEYER ROAD #21-05
Address complement	-
Postcode	437978
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO SKETCH PLAN

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	GBE3494M
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/we declare the foregoing to be true and correct.

Polysynthetic Signature
Call Number:

Driver's Signature
 If driver is not the policyholder,
 Date & Time

Report to: Center for Science & Justice
Date: 10/1/2012