

ASS. REC. BY:

REF:

SCD / 23 002236/k

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 1 in Mdng Auto Care

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 1000

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SLW62834 Yr Regn: 02, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: BMW 420i c.c. 1997

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 168677 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA3N120701-994917

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

R: 255/40R18

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 28/1/23

Survey held at

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 2/3/2023

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation

S - RS. SI

Parts

Other

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

TOTAL



Sin Ming Autocare BFG Pte Ltd
 176 Sin Ming Drive
 #02-05 Sin Ming Autocare
 Singapore 575721
 Tel : 6455 0600 | Fax : 6455 6192
 Website: www.autocare.com.sg
 GST Reg. No: 20-0210033-N

SCDF - Accident Claims Officer
 Transport Services Branch, Logistics Department
 91, Ubi Ave 4, Singapore 408827

Attn: Accident Claims Dept

NOT Authorized
L1 Png &
Mu Hong After Paint
4 days

ESTIMATE
 VEHICLE NO: SLW6283Y
 MAKE/MODEL: BMW 420i sport

DATE: 28.02.2023

No.	Descriptions	Qty	Unit Price	Amount S\$
LIST ITEM:				
1	BOOT LOCK		582.15	R 582.15 X
2	RH TAILAMP		738.40	Sn 738.40 X
3	REAR BODY PANEL		780.50	R 780.50 X
4	REAR BODY PANEL TOP GARNISH		298.15	Sn 298.15 X
5	REAR BUMPER		1,744.60	Bu 1,744.60 ✓
6	REAR BUMPER REINFORCEMENT		880.10	880.10 ?
7	REAR BUMPER BRACKET		285.15	285.15 ?
8	REAR BUMPER CENTRE PAD		198.35	nd 198.35 ✓
9	REAR BUMPER CENTRE INNER GARNISH		331.50	331.50 ?
10	REAR BUMPER REFLECTOR LH		70.35	Sn 70.35 X
11	REAR BUMPER REFLECTOR RH		70.35	Sn 70.35 X
12	REAR BUMPER TOW HOOK COVER		85.60	Sn 85.60 X
13	REAR BUMPER SIDE RETAINER LH		295.80	Sn 295.80 X
14	REAR BUMPER SIDE RETAINER RH		295.80	Sn 295.80 X
15	REVERSE SENSOR LH		405.60	Sn 405.60 X
16	REVERSE SENSOR RH		405.60	405.60 ?
17	REAR BOOTLID REFLECTOR RH		580.35	Sn 580.35 X
				8,048.35

Rear tailgate *AT ✓*
Rear tailgate reflector RH *5%* *X ?*

LABOUR			
1	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY	1,000.00	500/
2	TO PUTTY, APPLY PRIMER & SPRAY PAINT ON EFFECTED AREAS	1,000.00	400/
3	TO APPLY RUST-PROOFING ON REPAIRED AND REPLACED	180.00	30/
4	TO OBN DIAGNOSTIC	380.00	?

2,560.00



for Sin Ming Autocare BFG Pte Ltd

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 30/01/2023 11:20 (SGT)
Reported by Driver
Date of Accident 28/01/2023 20:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOWER DELTA ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW6283Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHENG OON TECK
NRIC No S1569958B
Email Address ANDREWCHENG@KINGSMEN-INT.COM
Mobile Phone No (Phone) +65-96337377
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 420i SPORT
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 2000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5119406357-02

DRIVER

Name of Driver CHENG WEI MING, MATTHEW
NRIC No S9405981Z
Date Of Birth 16/02/1994
Occupation Indoor

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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.

30/01/2023
1100HRS

SUMAN SUKUMAR
S990968

Policyholder's Signature / Date & Time

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

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

Sketch Plan

