

10871 1/3 wof
ASS. REP. BY: [Signature]

REF: CS/AIS23004/30/R9P3

6086

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SOB 7997U

at Workshop m/s PERFORMANCE

of ALFORD RD

Insured: ALS

Policy No. _____

Claim No. _____

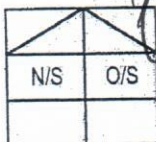
Sum Insured: _____ Excess: 600

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 203K

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SOB 7997U Yr Regn: 2020 / only

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

Truck / Trailer or

Make: B.M.W X3 DRIVE 20i HLLD c.c. 1998

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

Sp. Reading: 17506 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAT5720109B89668

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/50R19

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 19/04/23

Survey held at

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

O/S FR

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

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 02/05/23

PERFORMANCE

Date / Time Action / Instruction

Remove Limit - 139K

Repair finalised final fig \$ 15559.90, 6 days. (after excess)
Final fig \$ 16159.90 (incl \$ 9203.35, 36%)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS (\$ _____)
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

TOTAL

Report Format: NEED

Lump Sum T.I.B.I. (\$) 16159.90

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	19/04/2023 18:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 13:30 (SGT)
Exact Location of Accident	8 Jelebu Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB7997U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KUEW LIH MRS.KUEW LIH SCHNEPP-PESCH
NRIC No	S1554608E
Email Address	KLSCHNEPP.LEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97880160
Alternative Phone No	+65-69284232

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002619426

DRIVER

Name of Driver	LEE KUEW LIH MRS.KUEW LIH SCHNEPP-PESCH
NRIC No	S1554608E
Date Of Birth	11/12/1962
Occupation	Indoor

Date Of Driving Pass	10/06/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97880160
Alt. Phone Number	+65-69284232
Email Address	KLSCHNEPP.LEE@GMAIL.COM
Address	106 DUCHESS AVENUE
Address complement	#01-09 DUCHESS RESIDENCES
Postcode	266311
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

ON 19/4/23 AROUND 1.15 PM. I ENTERED THE CAR PARK AT 8 JELEBU ROAD AND TURN RIGHT AND HIT A COLUMN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

SKETCH PLAN

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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. The 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.
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]

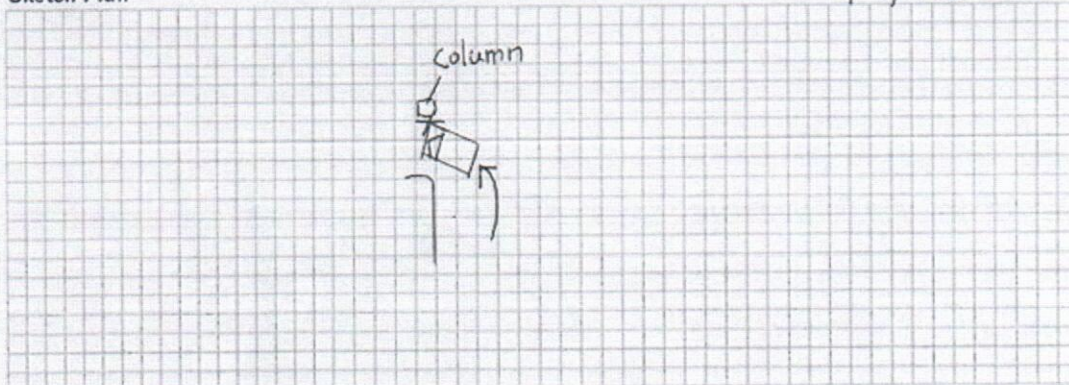
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

19/14/23 @ 1530

Sketch Plan



Describe Circumstances of the Accident

On 19.4.23 around 1.15 pm
 I entered car park at
 8 Teledu Road and turn right
 and hit a column.

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date &
 Time 3.20 pm
 19/4/23

[Signature]

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



Witnessed by Reporting Centre
 Personnel

19/4/23 @ 15.30

Allianz Insurance Singapore Pte. Ltd.

**POLICY SCHEDULE
ALLIANZ MOTOR PROTECT**

ORIGINAL

Date	:	15 August 2022		
Policy Number	:	SP2002619426		
Type of Cover	:	ALLIANZ MOTOR PROTECT		
Plan Type	:	Comprehensive		
Intermediary	:	IVAN INSURANCE BROKERS PTE LTD		
Intermediary Code	:	0000235		
Policyholder/Insured	:	LEE KUEW LIH		
Correspondence Address	:	BLK 106 DUCHESS AVENUE #01-09 SINGAPORE 266311		
Replacing Cover Note No.	:	NA		
Period of Insurance	:	From 28/08/2022 To 27/08/2023 (Both Dates Inclusive)		
Premium Payable	:	S\$ 1486.51		
GST 7%	:	S\$ 104.06		
Total Premium Payable	:	S\$ 1590.57		
<hr/>				
Make and Model	:	BMW X3		
Agreed Value	:	MARKET VALUE	Off Peak Car	: No
Registration No.	:	SDB7997U	Good Driver Discount	: No
Year of Manufacture	:	2019	Body Type	: Wagon
Engine Capacity	:	1998.0	Engine No.	: H384K311B48B20A
Chassis No.	:	WBATS720109B89668	Windscreen	: UNLIMITED
Hire Purchase Owner	:	UNITED OVERSEAS BANK LIMITED	No Claims Discount	: 20 %
Additional Cover	:	Preferred Workshop for Accident Repairs Medical Expenses Personal Accident Benefits		
Named Drivers	:	LEE KUEW LIH		
Excess	:	Own Damage	S\$	600.00
	:	Windscreen Damage	S\$	100.00