

ASS. REC. BY:

REF:

A151

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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.

Bal. or Market Value:

IDAC Accident Report:

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

Date / Time

Action / Instruction

Veh No:

SBV 72516

Yr Regn:

12, 14

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

Truck / Trailer or

Make:

BMW 316

c.g

1598

Colour

M-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

105581

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA3A16030NS38397

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

R:

225/43 ZR18

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

2/5/23

D.O.I.

8/5/2023

Survey held at

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

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

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

F. P. A. S.

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

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

TOTAL

City Auto Pte Ltd (Co.Reg.No:199503435C)
160 Sin Ming Drive #05-01, Sin Ming AutoCity,
Singapore 575722
Tel: 6453 1235 Fax: 6453 7944 Email: jason@cityauto.com.sg

INSURER: Allianz Insurance Singapore Pte. Ltd. (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (Own Damage)	Ref. No:	
Policy No:	SP2002162708-01	Date of Loss:	02/05/2023
Vehicle Reg. No.:	SBV7251G	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	YANG WEI XIONG	Contact No:	+6590088203
Make/Model:	BMW 316I, 1.6 AT D/AB 4DR ABS HID (A)	Vehicle Reg. Date:	30/12/2014
Vehicle Colour:	Black	Chassis No:	WBA3A16030NS38397
Engine No:	A504J805N13B16A		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	4 day		
Present Location:	CITY AUTO PTE LTD (HQ)		

NOT Notified
L1 Reg B
Repair After Rain
Ex \$500

COST OF CLAIMS	Amount
Parts	12,115.40
Miscellaneous Items	90.00
Labour	1,560.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	13,765.40
+ GST 8.00% (S\$)	1,101.23
Nett Amount (S\$)	14,866.63

This claim is handled by: VRONICA

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 05 May 2023)
 Parts: 143 BMW 316I 1.6 AT D/AB 4DR ABS HID (A) (Catalogue: Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: City Auto Pte Ltd/SBV7251G/05/05/2023 14:43
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		*Front bumper	0.00	0.00	Ry *1,450.00 F	—
2	2		*Front bumper side retainer	0.00	0.00	DIY *190.00 F	—
3	12		*Front bumper clip	0.00	0.00	m *48.00 F	—
4	1		*Front bumper lower grille	0.00	0.00	mi *155.00 F	—
5	1		*Front bumper logo	0.00	0.00	m *125.00 F	—
6	2		*Front bumper grille	0.00	0.00	cm *370.00 F	—
7	2		*Front bumper grille chrome	0.00	0.00	mi *196.00 F	—
8	1		*Front bumper sponge	0.00	0.00	*165.00 F	7
9	1		*Front bumper reinforcement (upper)	0.00	0.00	*420.00 F	7
10	1		*Front bumper reinforcement (lower)	0.00	0.00	*150.00 F	7
11	1		*Front bumper lower support	0.00	0.00	*285.00 F	7
12	1		*Support air guide	0.00	0.00	*85.00 F	7
13	1		*Air con condenser	0.00	0.00	*650.00 F	7
14	2		*Headlamp	0.00	0.00	*3,100.00 F	7
15	4		*Headlamp LED daylight, module	0.00	0.00	*1,200.00 F	7
16	2		*Headlamp ballast	0.00	0.00	sn *800.00 F	X
17	2		*Headlamp washer nozzle	0.00	0.00	*440.00 F	7
18	2		*Headlamp washer nozzle cap	0.00	0.00	mi *50.00 F	✓
19	2		*Fog lamp	mi 0.00	0.00	*370.00 F	4
20	2		*Fog lamp base	mi 0.00	0.00	*170.00 F	4
21	2		*Fog lamp cover	0.00	0.00	mi *50.00 F	✓
22	1		*Horn	0.00	0.00	sn *155.00 F	X
23	2		*Front fender innershield	0.00	0.00	sn *390.00 F	X

F=Franchise part.

Sub Total (\$\$) 11,014.00
 + Margin on L,N Items 10.00% (\$\$) 1,101.40
 Total Parts (\$\$) 12,115.40

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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:

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	Number plate	<i>mis</i> 25.00 ✓
2	1	Number plate base	<i>mis</i> 65.00 ✓
Sub Total (\$\$)			90.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	- To check wiring and lighting	New	60.00 <i>201</i>
2	- To conduct wheel alignment	New	<i>nn</i> 80.00 <i>x</i>
3	- To remove and refit air con components and to recharges air con glas	New	120.00 <i>?</i>
4	- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	New	700.00 <i>5001</i>
5	- Spray painting on affected and replace parts	New	600.00 <i>2501</i>
Gross Labour Cost (\$\$)			1,560.00

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< END OF ESTIMATES >

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	03/05/2023 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/05/2023 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BUKIT MERAH LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV7251G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YANG WEI XIONG
NRIC No	SXXXX688B
Email Address	YWX.DYLANDY@GMAIL.COM
Mobile Phone No	(Phone) +65-90088203
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002162708-01

DRIVER

Name of Driver	YANG WEI XIONG
NRIC No	SXXXX688B
Date Of Birth	16/01/1993
Occupation	Indoor

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 Authorised 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**.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

