

ASS. REC. BY:

REF: PC1 / 23005267 / Kap3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Yee Awb

of 9697

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.

N/S	O/S

Bal. or Market Value: @ 74k

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: 09/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SND 36227 Yr Regn: 09, 13

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

Truck / Trailer or _____

Make: BMW 640i c.c. 2979

Colour: Matte Grey AC: Insured / Std / NI / NA

Sp. Reading: 133770 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA6A02040DE11829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 245/40R19

R: 275/35R19

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

TOYO / YOKO or

Urcok

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 18/5/23 D.O.I. 23/5/2023

Survey held at _____

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

ols body

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

Date / Time	Action / Instruction
<u>1</u>	<u>Rt ols down, unable to open, est not ready</u> <u>LTA @ 66,578.00</u>
<u>29/3/23</u>	<u>61 Day @ 4100d Cash</u>

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Fuel

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
 Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
 Email: yeeautopteltd@gmail.com
 Registration No.: 201719251W GST No: 201719251W

M/S : First Capital Insurance Ltd
 36 Robinson Road
 #16-01 City House
 Singapore 068877

Not Authorised
11 Pairs @ 4100/h
Prenny After Paint
4 days

Estimate No: **ES2300060**
 Date: 23 May 2023
 Policy No:
 Veh Reg No: **SND3622Z**
 Make/Model: B.M.W. 640I GRAN COUPE M SPORT LED SR NAV HUD
 Chassis No: WBA6A02040DZ11829
 Engine No: 03328558N55B30A
 Reg. Date: 30/09/2013

ATTN: Motor Claim Department

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 16/05/2023
 TP Veh Reg No: GBJ9316D

Estimate Repair Cost to Vehicle No :SND3622Z

Description	U/Price	Quantity	List Price	Amount
			SS	SS
Spare Parts				
1 FRONT DOOR - RH <i>1680-26</i>	2,200.00	1 PC	2,200.00 ✓	
2 FRONT DOOR CHECKER - RH	185.50	1 PC	185.50 X	
3 FRONT DOOR GLASS OUTER MOULDING - RH	280.00	1 PC	280.00 X	
4 FRONT DOOR HANDLE - RH	220.00	1 PC	220.00 ✓	
5 FRONT DOOR INNER TRIMBOARD - RH	1,065.50	1 PC	1,065.50 ✓	
6 FRONT DOOR LOCK - RH	400.00	1 PC	400.00 ✓	
7 FRONT DOOR REGULATOR GEAR - RH	480.00	1 PC	480.00 ✓	
8 FRONT DOOR REGULATOR GEAR MOTOR - RH	420.00	1 PC	420.00 ✓	
9 FRONT DOOR RIVET	96.00	1 PC	96.00 ✓	
10 FRONT DOOR WEATHERSTRIP - RH <i>97.60/w</i>	195.20	1 PC	195.20 <i>50/1m</i>	
11 REAR DOOR - RH	2,800.00	1 PC	2,800.00 X	
12 REAR DOOR CHECKER - RH	185.50	1 PC	185.50 X	
13 REAR DOOR INNER TRIMBOARD - RH	1,065.50	1 PC	1,065.50 X	
14 REAR DOOR OUTER MOULDING - RH	280.00	1 PC	280.00 X	
15 REAR DOOR REGULATOR GEAR - RH	420.00	1 PC	420.00 X	
16 REAR DOOR REGULATOR GEAR MOTOR - RH	380.00	1 PC	380.00 X	
17 REAR DOOR RIVET - RH	96.00	1 SET	96.00 X	
18 REAR DOOR WEATHERSTRIP - RH	195.20	1 PC	195.20 X	
			10,964.40	10,964.40
Labour				
19 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,500.00	1 JOB	1,500.00 <i>400</i>	
20 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,500.00	1 JOB	1,500.00 <i>500</i>	
21 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	200.00	1 JOB	200.00 <i>300</i>	
22 TO CHECK WIRING FUNCTIONS.	150.00	1 JOB	150.00 <i>200</i>	
23 COMPUTER DIAGNOSTIC	400.00	1 JOB	400.00 X	
			3,750.00	3,750.00

58

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:



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
Email: yeeautopteltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S : First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 16/05/2023
TP Veh Reg No: GBJ9316D

Estimate No: **ES2300060**
Date: 23 May 2023
Policy No:
Veh Reg No: **SND3622Z**
Make/Model: B.M.W. 640I GRAN
COUPE M SPORT LED
SR NAV HUD
Chassis No: WBA6A02040DZ11829
Engine No: 03328558N55B30A
Reg. Date: 30/09/2013

Estimate Repair Cost to Vehicle No :SND3622Z

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
			Total	SS 14,714.40
			Add GST @ 8%	1,177.15
			Total Amount Payable	SS 15,891.55

TOTAL: SINGAPORE DOLLAR FIFTEEN THOUSAND EIGHT HUNDRED NINETY ONE AND CENTS FIFTY FIVE ONLY

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

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	17/05/2023 17:24 (SGT)
Reported by	Actual Driver
Date of Accident	16/05/2023 16:00 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	Sims Ave beside Lor 33 Geylang
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND3622Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Lease A Car Pte Ltd
Company Reg No	201420969Z
Email Address	fasterauto1@singnet.com.sg
Mobile Phone No	(Phone) +65-84088828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640i
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	M0026913

DRIVER

Name of Driver	Tan Swee Kok
NRIC No	S8006554Z
Date Of Birth	02/03/1980

Date Of Driving Pass	12/03/1999
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84088828
Alt. Phone Number	-
Email Address	fasterauto1@singnet.com.sg
Address	Blk 506A Serangoon North Avenue 4 #05-450
Address complement	-
Postcode	551506
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Major/Minor Rd
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

Refer to attachment

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ9316D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

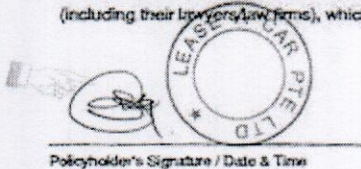
IMPORTANT NOTICE

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.
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 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.

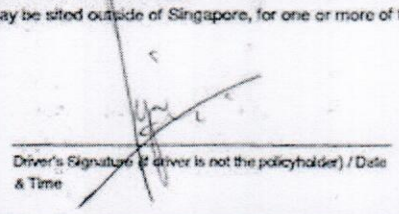
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

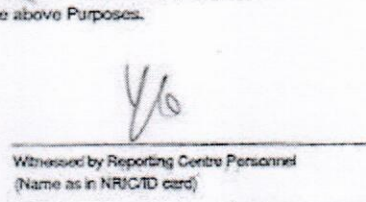
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature / Date & Time

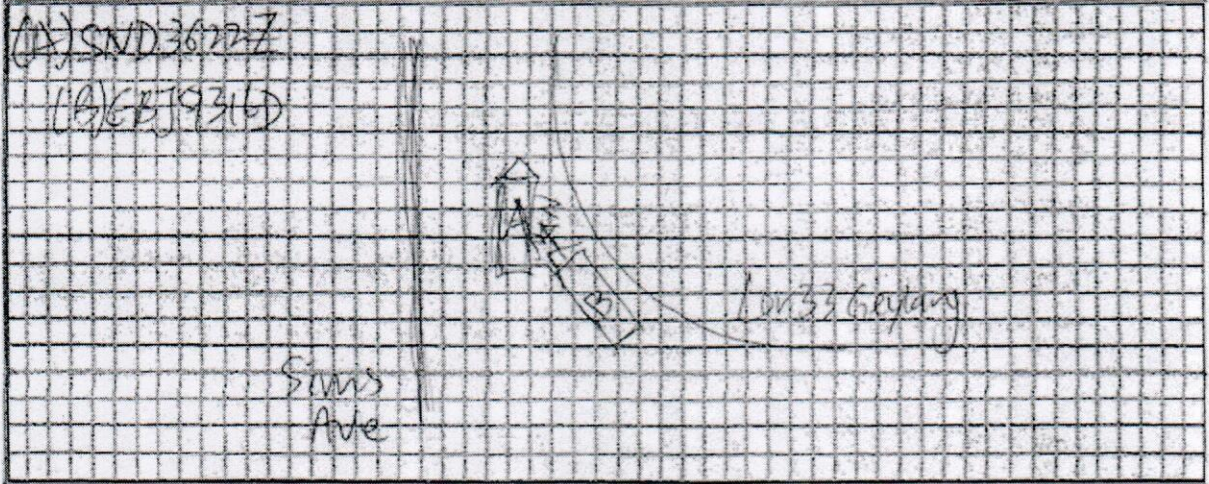


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

On 16/5/23 at 8:00pm. I was travelling
my vehicle (A) SND3622 Z along Sims Ave.
The vehicle (B) GBJ9316 D parked at the corner
of Lor 33 Geylang. Suddenly the vehicle (B) turned
out and hit onto my vehicle right portion.

Declaration

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



Policyholder's Signature / Date & Time

17/5/23 8:00pm

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

17/5/23 8:00pm

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

60