

ASS. REC. BY:

REF:

EQ/23006729/K943

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

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 Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

1.1% %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGP 759

Yr Regn:

06.18

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

Truck / Trailer or

Make:

BMW 730i

c.c.

1998

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

106631

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA 7 E 02020 G 913442

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/40ZR20

R:

275/35ZR20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

5

mm

Rear

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

28/6/23

D.O.I.

10/7/2023

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

17/7

83932.50

Used @ 1257.50, 24%.

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Transportation:

S + RS. SI

: Photos

: Others

TOTAL

Report Format:

TP

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

3932.50

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBF5049Y
Accident Date : 28-Jun-2023

Our Ref : 023141 (EQ) / CHAN

CHONG KIM WHEY
BLK 741 WOODLANDS CIRCLE
#12-431
Singapore 730741

No. : 06868

Date : 04-Jul-2023

PAGE : 1

*Not Authorised
Repair By Nam
3day*

ESTIMATED COST OF REPAIR FOR BMW 730LI SGP75S

=====

1 pc	Rear n/s taillamp	
1 pc	Rear bumper fascia	
1 pc	Rear n/s bumper side retainer	
2 pcs	Rear n/s bumper parking sensor @ S\$195.00	
1 pc	Rr n/s bumper lower side chrom	
1 pc	Rear n/s bumper reflector	
1 pc	Rear bumper lower chrome	

CA	900.00	✓
CA	1,250.00	✓
NA	230.00	✓
short	390.00	2x
NA	180.00	✓
NA	80.00	X
NA	180.00	✓

3,210.00

Add: 10% : 321.00

3,531.00

To putty and spray replaced parts

800.00 *300*

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

700.00 *250*

Total : S\$ 5,031.00

Singapore Dollars Five Thousand and Thirty One
Only

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:

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

Vehicle Insured : GBF5049Y (EQ)

Accident Date : 28-06-2023

Date : 11-07-2023

Our Ref : 023141 / CHAN

CHONG KIM WHEY

C/O ALAN'S UNITED AUTO PTE LTD

SUPPLEMENTARY ITEM PRICE FOR BMW730LI SGP755

1 PC N/S TAILLAMP CENTRE CHROME MOULDING

CM ✓
ADD 10% \$140.00
\$14.00
\$154.00

Singapore Dollars One Hundred Fifty Four Only

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	30/06/2023 15:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/06/2023 17:19 (SGT)
First Location of Accident	Singapore
Additional Location Information	SLE TOWARDS BKE BEFORE MANDAI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP75S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG KIM WHEY
NRIC No	SXXXX191J
Email Address	PEAKTOP75@GMAIL.COM
Mobile Phone No	(Phone) +65-88338113
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730LI LED NAV HUD SR RCP
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00086272304

DRIVER

Name of Driver	CHONG WEI SONG
NRIC No	TXXXX357E
Date Of Birth	27/06/2001
Occupation	Indoor

Date Of Driving Pass	21/12/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88338113
Alt. Phone Number	-
Email Address	CHONGWEISONG2001@GMAIL.COM
Address	BLK 741 WOODLANDS CIRCLE #12-431
Address complement	-
Postcode	730741
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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
Liability, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5049Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD ZAKARIAH BIN RASALI

NRIC No	SXXXX823D
Contact Number	(Phone) +65-88687475
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.

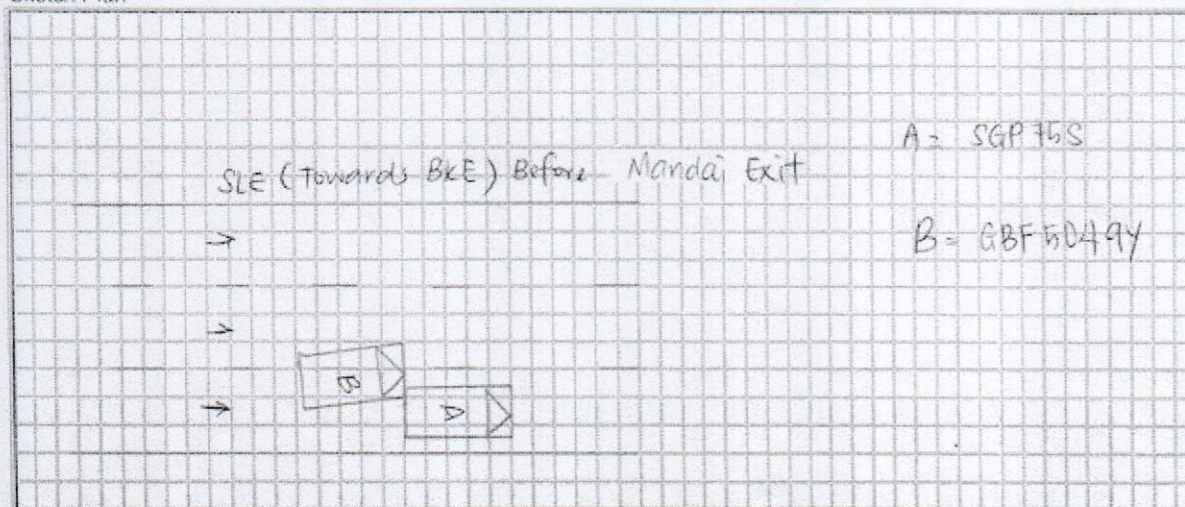
Policyholder's Signature / Date & Time

30.06.23

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

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

Sketch Plan



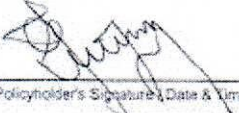
Describe Circumstance of the Accident


At 28 June 2023, around 1719hrs. I was driving toward Woodland Avenue 2 exit whereby I got rear-ended by a van from the back due to the van being unable to stop. I braked in time to stop, but the van behind failed to do so and swir left to avoid me but still hit the left rear of my vehicle.

The repair will be done at ALAN'S UNITED AUTO PTE LTD.

Declaration

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


Policyholder's Signature, Date & Time
30.06.23


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


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