

ASS. REC. BY:

REF:

AIS/23007782/KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Accord

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 600

(Client's Record)

Make of Veh: _____

1.30pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 882k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PMQ 78604 Regn: 08.15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or (A)Make: BMW 428i c.c. 1997Colour: Red A/C: Insured / Std / NI / NASp. Reading: 160107 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NBA 4A 520706A 69333Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / SRIm STD A/RIm orTyre Size: F: B.S 245/35ZR19R: mic 275/30ZR18

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 3 mmL/Bal. 7 mmL/Bal. 3 mmD.O.A. 24/7/23D.O.I. 3/8/2023

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

Action / Instruction

1 No 2nd party available for this model.

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time, File Return to?

2)

Add Fee: ☐

: Site Insp (\$

Transportation:

S + RS. SI

☐

: Interview (\$

: Fuel

☐

: Tech Invs (\$

: Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL

Accord Auto Services Pte Ltd (Co.Reg.No:201113141K)

10 Ang Mo Kio Ind Park 2A #03-11, AMK Auto Point

Singapore 568047

Tel: 64819517/85715140 Fax: 64819515 Email: admin@mycarworkshop.com.sg

INSURER: Allianz Insurance Singapore Pte. Ltd. (HQ)**PARTICULARS OF CLAIM**

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	SP2004405326-01	Date of Loss:	24/07/2023
Vehicle Reg. No.:	SMQ7860U	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SOU KAI NING WINSON (CAO KAINING)	Contact No:	+6596999733
Driver:	SOU KAI NING WINSON (CAO KAINING)		

Make/Model:	BMW 428I, 2.0 GRAN COUPE (F36) (A)	Vehicle Reg. Date:	14/08/2015
Vehicle Colour:	RED	Chassis No:	WBA4A52070GA69333
Engine No:	B6030967N20B20A		
Odometer:	159727 KM		
Paint Type:			<i>NOT Authored</i>
Total Loss?	NO		<i>Recovery B4 paint</i>
Est. Duration of Repair (day)	5 ✓		<i>Ex @ 6000</i>

Present Location: ACCORD AUTO SERVICES PTE LTD (HQ)**COST OF CLAIMS**

	Amount
Parts	8,222.00
Miscellaneous Items	200.00
Labour	2,220.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	10,642.00
+ GST 8.00% (S\$)	851.36
Nett Amount (S\$)	11,493.36

This claim is handled by: ADMIN

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 01 Aug 2023)
 Parts: 143 BMW 428I 2.0 Gran Coupe (F36) (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: Accord Auto Services Pte Ltd/SMQ7860U/01/08/2023 12:35
 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 BONNET	0.00	0.00	*950.00 F
2	2		*FRONT BONNET HINGE	0.00	0.00	*180.00 F
3	2		*FRONT BONNET DAMPER	0.00	0.00	*130.00 F
4	1		*FRONT BONNET INSULATOR	0.00	0.00	*130.00 F
5	1		*FRONT SUPPORT PANEL TOP	0.00	0.00	*155.00 F
6	1		*FRONT SUPPORT CENTRE	0.00	0.00	*100.00 F
7	1		*FRONT SUPPORT LOWER	0.00	0.00	*70.00 F
8	1		*FRONT BUMPER	0.00	0.00	*850.00 F
9	2		*FRONT BUMPER SIDE RETAINER LH	0.00	0.00	*104.00 F
10	2		*FRONT BUMPER SIDE RETAINER RH	0.00	0.00	*104.00 F
11	1		*FRONT BUMPER CENTRE LH GRILLE	0.00	0.00	*164.00 F
12	1		*FRONT BUMPER CENTRE RH GRILLE	0.00	0.00	*164.00 F
13	1		*FRONT BUMPER EMBLEM	0.00	0.00	*75.00 F
14	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	*90.00 F
15	1		*TOWING COVER	0.00	0.00	*28.00 F
16	2		*REVERSE SENSOR	0.00	0.00	*750.00 F
17	2		*REVERSE SEAL	0.00	0.00	*16.00 F
18	1		*FRONT REINFORMCENT BAR	0.00	0.00	*330.00 F
19	1		*FRONT BUMPER SPONGE	0.00	0.00	*60.00 F
20	1		*FRONT BUMPER TOP RUBBER	0.00	0.00	*100.00 F
21	1		*FRONT HEADLAMP LH	0.00	0.00	*1,450.00 F
22	1		*FRONT HEADLAMP LOWER BRACKET LH	0.00	0.00	*175.00 F
23	1		*FRONT HEADLAMP RH	0.00	0.00	*1,450.00 F
24	1		*FRONT HEADLAMP LOWER BRACKET RH	0.00	0.00	*175.00 F
25	1		*FRONT LH HEADLAMP NOZZLE COVER	0.00	0.00	*50.00 F
26	1		*FRONT LH HEADLAMP NOZZLE MOTOR	0.00	0.00	*172.00 F
27	1		*FRONT BUMPER LOWER	0.00	0.00	*200.00 F

F=Franchise part.

Total Parts (\$\$)

8,222.00

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12:38 PM

Estimates on Miscellaneous Items

Qty Particulars

Amount

Miscellaneous Items

1	1	FRONT BUMPER CLIPS	Ne	50.00	✓
2	2	FRONT FENDER INNER SHIELD CLIPS	Ne	100.00	X
3	1	FRONT NUMBER PLATE WITH HOLDER	CM 45N	50.00	
Sub Total (\$\$)				200.00	

Estimates on Labour

No Particulars

Lab.Type

Amount

Labour Items

1	SPRAY PAINT ON ALL AFFECTED AREA	New	850	1,000.00	
2	LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK,JACK,CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	New	600	1,000.00	
3	TO CHECK WIRING SYSTEM	New	200	100.00	
4	TO APPLY ANTI RUST TREATMENT	New	12	120.00	X

Gross Labour Cost (\$\$) 2,220.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

SA19237P0002-01 / ACCORD AUTO SERVICES PTE LTD[568047]
ENTRY DATE & TIME: 25/07/2023 13:48 (SGT)
SUBMITTED BY: WONG WAI PING
VERSION: 2 (28/07/2023 10:50 (SGT))

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 First Submission	25/07/2023 13:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/07/2023 18:27 (SGT)
Exact Location of Accident	180 Balestier Rd, Singapore
Additional Location Information	180 BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7860U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOU KAI NING WINSON (CAO KAINING)
NRIC No	SXXXX201E
Email Address	WINSON.SOU@GMAIL.COM
Mobile Phone No	(Phone) +65-96999733
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	428i
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	1997

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004405326-01

DRIVER

Name of Driver	SOU KAI NING WINSON (CAO KAINING)
NRIC No	SXXXX201E
Date Of Birth	11/09/1987
Occupation	Indoor

50.0
200

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

20/11/2009
13 YEARS AND 8 MONTHS
Male
(Phone) +65-96999733
-
WINSON.SOU@GMAIL.COM
APT BLK 252 COMPASSVALE STREET #10-15
-
540252
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
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Yes
1
No
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-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No

SNH6090S
-
-
-
-
Private hire
-
SXXXX602E

Number
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-ostcode
Insurance Company
Nature Of Damage
Details of property dan
No. Of Passenger (inclu
PASSENGER 1

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