

Performance Motors

BMW Dealer



India International Insurance Pte Ltd
64 Cecil Street
#04-05, IOB Building
Singapore 049711

Attn: Motor Claims Dept.

Your ref: **SGM6338K**
Our ref: **DS/ SKE2008J**

Without Prejudice

1 October 2024

ACCIDENT INVOLVING VEHICLES SKE2008J (BMW) & SGM6338K AT CLEMENTI AVENUE 2 ON 13.08.2024

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses which are set out hereunder as follows: -

Cost of Repair	: \$2,389.01 (INCLUDING GST)	Excess	: \$-
Loss of Use	: \$150.00 (\$50.00 X 3 DAYS)	GIA/LTA Search	: \$2.18
Loss of Rental	: \$-	Others	: \$ -
		Total	: \$ 2,541.19

A copy of each of the following supporting documents is enclosed:

1. Copy of Tax Invoice / Excess Invoice / Rental Invoice
2. Copy of GIA Report / GIA Search Fee / LTA Search Fee
3. Copy of Letter of Authorisation

Please note that you or your insured should send us an acknowledgement of receipt of this letter within fourteen (14) days from the date of this letter, failing which our client will have no alternative but to commence legal proceedings against you without any further notice to you or your insured.

Should you have a counterclaim against our client arising out of the accident, you are also required to send a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

For any correspondence, please email to pml-pbsp@simedarby.com.sg.

Yours sincerely

Cresendo Lagman
Customer Service Manager, Bodyshop

Bernard Wan
Head of Bodyshop, Aftersales

Performance Motors Limited.
Sime Darby Performance Centre, 303 Alexandra Road
Sime Darby Business Centre, 315 Alexandra Road
East Coast Centre, 280 Kampong Arang Road
Ubi Service Centre, By-appointments only

Tel: 1800-2255-269
Co Reg No. 197401559W

Performance Motors Limited

A Sime Darby Motors Company
 Co. Reg No. 197401559W GST Reg. No M2-0020081-x
 Toll-Free Number (1800-2255269)

303, Alexandra Road
 Sime Darby Performance Centre
 Singapore 159941
 Fax: 64747770

280, Kampong Arang Road
 East Coast Centre
 Singapore 438180
 Fax: 63449773

315, Alexandra Road
 Sime Darby Business Centre
 Singapore 159944
 Fax: 64796601 (AfterSales)
 64796624 (Motorrad)



SERVICE TAX INVOICE

Repair Order No. : B1 1902306	Page No. : 1 of 2
Date IN : 09/09/2024	Invoice Number : 2846779 / WSB
Motor Claim Advisor: Chua Kee Sin	Invoice Date : 24/09/2024
	Payment Terms : 30 Days From Invoice
	Invoice By : Wai Ming Hui

- CUSTOMER INFORMATION -	- INVOICE TO - 219
Dr Lu Suat Jin@Loo Suat Jin (Lu XueJun) 30 West Coast Terrace West Coast Gardens Singapore 127239	India Int'L Insurance Pte Ltd 64 Cecil Street #04-05 IOB Building Singapore 049711

REGN. NO. SKE2008J	CHASSIS NO. WBA6V120905S54983	REGN. DATE 28/12/2020	MODEL 216I GRAN TOURER	MILEAGE 43602
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- - - - L A B O U R 1 - - - -		NETT
To replace rear bumper trim strip including make good the rear bumper and carry out other necessary repairs caused by the accident.		850.00
To respray rear bumper.		1,038.00
To check electrical wiring system and lighting at the rear section for proper function.		177.00
Sundries.		40.00
INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.		0.00
DATE OF ACCIDENT : 13.08.2024. 3RD PARTY CAR : SGM6338K.		
YOUR REF NO : NIL.		
VEHICLE WAS SURVEYED BY MR RASUL FROM LKK AUTO ON 09.09.2024. AUTHORISED REPAIR BY MS YAN FROM LKK AUTO ON 22.08.2024 VIA EMAIL.		
PROPOSE LOSS OF USE = \$50X3. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY CONFIRMATION.		0.00
GIA SEARCH FEE = \$2.18.		0.00
Total Labour 1:		2,105.00
- - - - P A R T S - - - -		NETT
	Retail Qty Price	
REAR BUMPER TRIM STRIP (BLACK)	1 86.75	86.75
Total Parts :		86.75

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Fax: 63449773

315, Alexandra Road
Sime Darby Business Centre
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Fax: 64796601 (AfterSales)
64796624 (Motorrad)

**SERVICE TAX INVOICE**

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Motor Claim Advisor: Chua Kee Sin	Invoice Date : 24/09/2024
	Payment Terms : 30 Days From Invoice
	Invoice By : Wai Ming Hui

Labour Charges : 2,065.00	Total Labour & Parts Charges : S\$ 2,191.75
Parts Charges : 86.75	Less Insurance Excess : S\$ 0.00
Lubricant/Misc : 40.00	Invoice Total Amount Exclude GST : S\$ 2,191.75
	GST @ 9% : S\$ 197.26
	Invoice Total Amount Include GST : S\$ 2,389.01

Computer generated invoice. No signature is required.	Amount Payable Include GST : S\$ 2,389.01
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All amounts are in Singapore Dollars.
Work was carried out subject to the Company's Terms and Conditions of Service.
No complaints will be entertained unless reported within seven (7) days of the date of this invoice.
For credit purchases, interest @1% per month will be debited on overdue amounts.



Performance Motors Limited

A member of the Sime Darby Group



LETTER OF AUTHORISATION

ACCIDENT INVOLVING SKE 2008J & SJM 6338K ON 13/8/24.

I, Lu Suat Jin owner of Vehicle Registration No. SKE 2008J
hereby authorise **Performance Motors Limited** to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident.

I further authorise **Performance Motors Limited** to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my claim above.

I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.

I further confirm that the acceptance by **Performance Motors Limited** of the settlement amount in respect of such claim shall constitute the full discharge of my claim in respect of such loss and damage.

Signed by:

Name: LU SUAT JIN (Date) 13/8/2024
NRIC No.: 87712531J

In the presence of:

Chua Kee Sin
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 15994

13/8/2024

Name: _____ (Date)
NRIC No.: _____

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SGM6338K

Date of Accident

13/08/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **India International Insurance ...**

Period of Insurance **30/05/2024 - 29/05/2025**

Requested By **Wong Hui Min (Performance M...**

Requested Date **13/08/2024 12:09**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

BMW Dealer

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Done 25/8
9/9/24
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→ iii
13/8/2024

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 70841	Page No. : 1 of 5
Date Estimated : 13/08/2024	
Prepared By : Chua Kee Sin	

- ESTIMATE REPAIR FOR - Lu Suat Jin@Loo Suat Jin (Lu XueJun) 30 West Coast Terrace West Coast Gardens Singapore 127239	- ACCOUNT - 40000 Cash Sales - Service Singapore <i>India</i>
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKE2008J	WBA6V120905S54983	28/12/2020	216i Gran Tourer	36727

DESCRIPTION	VALUE
To replace rear bumper include attachment etc and carryout necessary repairing work on accident damage area	850 1,275.00
Painting rear bumper	1,038.00
To check electrical wiring system and lighting at the rear section for proper function.	177.00
Sundries.	? 150.00
Total Labour 1:	2,640.00

DESCRIPTION	QTY	PRIC	VALUE
REAR BUMPER CARRIER ?	1	525.75	525.75
SUPPORT ?	1	86.70	86.70
RR BUMPER LH INNER SIDE GUIDE ?	1	172.60	172.60
RR BUMPER RH INNER SIDE GUIDE ?	1	172.60	172.60
LEFT PROTECTION FOIL ?	1	12.25	12.25
RIGHT PROTECTION FOIL ?	1	12.25	12.25
REAR BUMPER TOWING FLAP EYE PRIMED X	1	47.10	47.10
REAR BUMPER TRIM STRIP (BLACK) <i>sea</i>	1	86.75	86.75
REAR BUMPER PANEL PRIMED (LINES PDC <i>repair</i>)	1	1,132.45	1,132.45
DECOUPLING RING PDC TORQUE CONVERTER X	4	5.65	22.60
Ultrasonic sensor X	4	391.05	1,564.20
Total Parts :			3,835.25

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GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : **b1 70841**
Date Estimated : **13/08/2024**
Prepared By : **Chua Kee Sin**

Page No. : **2 of 5**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKE2008J	WBA6V120905S54983	28/12/2020	216i Gran Tourer	36727

Claims OD / <u>3rd Party</u> / Uninsured losses / Direct Settlement	
Regn No. _____	Claim No. _____
Date&Time <u>09/09/24</u>	Excess S\$ _____
Surveyor's Name <u>Rene</u>	Sign _____
Surveyor's Tel <u>90010088</u>	Authorised Yes / No _____
Authorised Date _____	Time _____
RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No	
Surveyor's E-mail _____	
No. of Working Days Recommend <u>3 days</u>	



Labour 1	:	2,640.00
Parts	:	3,835.25
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 9%	:	582.77
Grand Total	:	<u>7,058.02</u>

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

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 willful 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	13/08/2024 14:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/08/2024 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE2008J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LU SUAT JIN @ LOO SUAT JIN (LU XUEJUN)
NRIC No	SXXXX531J
Email Address	BOTTLEFEEDER@YAHOO.COM
Mobile Phone No	(Phone) +65-9877086
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	Private car
Transmission	Auto
CC	1499
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LU SUAT JIN @ LOO SUAT JIN (LU XUEJUN)
NRIC No	SXXXX531J
Date Of Birth	08/05/1977
Occupation	Indoor
Driving Pass Date	23/12/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9877086
Alt. Phone Number	-
Email Address	BOTTLEFEEDER@YAHOO.COM
Address	30 WEST COAST TERRACE
Address complement	-
Postcode	127239
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	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
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM6338K
Vehicle Manufacturer	BMW

Vehicle Model		X3
Vehicle Variant		-
Vehicle Colour		-
Vehicle Category		Private car
Name of Driver		-
Contact Number		(Phone) +65-97408279
Address		-
Address complement		-
Postcode		-
Insurance Company Name		India International Insurance Pte Ltd
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		1

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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

13/8/24

Driver's Signature

(If driver is not the policyholder)

Date & Time:

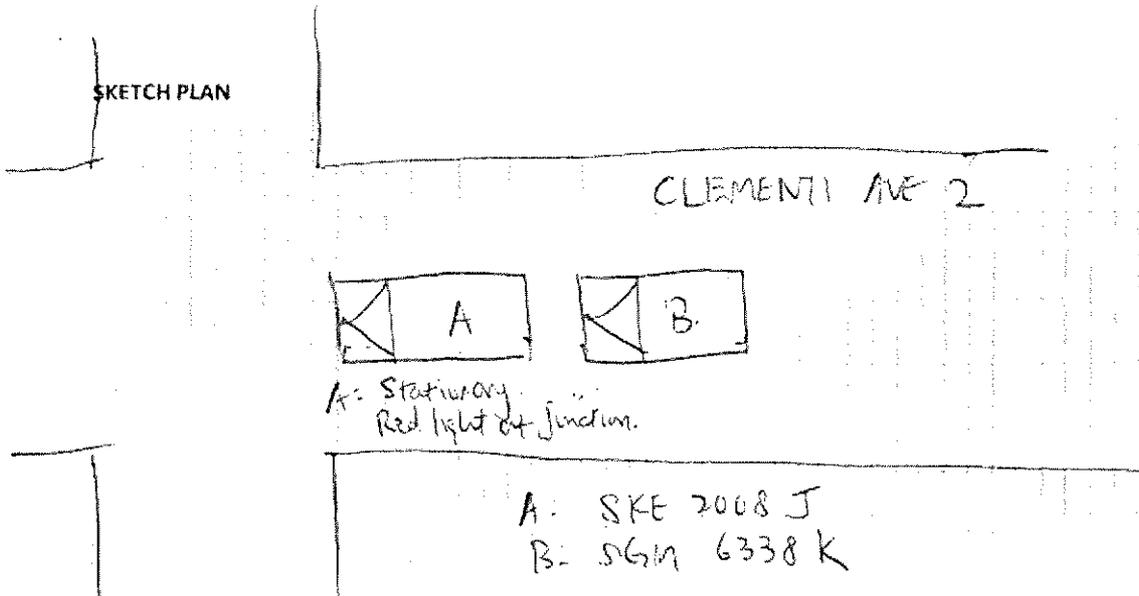


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car (A) was stationary at Clementi Ave 2 junction because the traffic light was red. Car B hit my car's (A) back.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 13/3/24
 1130w.

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

 13/3/24
 Reporting Centre Personnel's Signature
 Name: P (1130w)
 NRIC/FIN No.: