

# Performance Motors

BMW Dealer



MS First Capital Insurance Limited  
16 Raffles Quay  
#42-01, Hong Leong Building  
Singapore 048581

Attn: Motor Claims Dept.

Your ref: **SHC469X**  
Our ref: **DS/ SDQ2626U**

**Without Prejudice**

1 October 2024

**ACCIDENT INVOLVING VEHICLES SDQ2626U (BMW) & SHC469X AT BUKIT BATOK EAST AVE 3 ON 15.08.2024**

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	: \$4,563.99 (INCLUDING GST)	Excess	: \$-
Loss of Use	: \$300.00 (\$100.00 x 3 DAYS)	GIA/LTA Search	: \$2.18
Loss of Rental	: \$-	Other	: \$-
		<b>Total</b>	<b>: \$ 4,866.17</b>

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

1. Copy of Tax Invoice
2. Copy of GIA Report / 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](mailto: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 1902317**Page No. : **1 of 2**Date IN : **09/09/2024**Invoice Number : **2847983 / WSB**Motor Claim Advisor: **Chua Kee Sin**Invoice Date : **26/09/2024**Payment Terms : **30 Days From Invoice**Invoice By : **Wai Ming Hui****- CUSTOMER INFORMATION -**

**Senku Production Engineering Pte Lt**  
**21 Bukit Batok Crescent**  
**#02-79 Wcega Tower**

Singapore 658065

**- INVOICE TO - 303**

**MS First Capital Insurance Limited**  
**6 Raffles Quay**  
**#21-00**  
**Singapore 048580**

REGN. NO.  
**SDQ2626U**

CHASSIS NO.  
**WBA7T02030BS88889**

REGN. DATE  
**20/07/2020**

MODEL  
**730LI SEDAN**

MILEAGE  
**52059**

**- - - - L A B O U R 1 - - - -**

Replace rear bumper include carrying out other necessary  
repairs caused by the accident.

**NETT****850.00**

To spray paint rear bumper.

**1,038.00**

To check electrical wiring system and lightings at the  
rear section for proper function.

**177.00**

Sundries.

**80.00**

To remove PDC assembly, replace damaged parts include  
reconnecting to bumper and conducting checks for proper  
function.

**177.00**

INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.

**0.00**

DATE OF ACCIDENT : 15.08.2024. 3RD PARTY CAR : SHC469X.

YOUR REF NO : NIL.

VEHICLE BEING SURVEYED BY MR RASUL FROM LKK AUTO ON  
09.09.2024. AUTHORISED REPAIR BY MS YAN FROM LKK AUTO  
ON 26.08.2024 VIA EMAIL.

PROPOSE LOSS OF USE = \$100X3. THE AMOUNT IS SUBJECTED  
TO

**0.00**

INSURANCE COMPANY CONFIRMATION.

GIA SEARCH FEE = \$2.18.

**0.00**

Total Labour 1: **2,322.00**

**- - - - P A R T S - - - -**

REAR BUMPER PANEL PRIMED (PDC/PMA)

Retail

Qty	Price
1	1,865.15

**NETT****1,865.15**

Total Parts : **1,865.15**

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315, Alexandra Road  
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Singapore 159944  
Fax: 64796601 (AfterSales)  
64796624 (Motorrad)

**SERVICE TAX INVOICE**

Repair Order No. : <b>B1 1902317</b>	Page No. : <b>2 of 2</b>
Date IN : <b>09/09/2024</b>	Invoice Number : <b>2847983 / WSB</b>
Motor Claim Advisor: <b>Chua Kee Sin</b>	Invoice Date : <b>26/09/2024</b>
	Payment Terms : <b>30 Days From Invoice</b>
	Invoice By : <b>Wai Ming Hui</b>

Labour Charges : <b>2,242.00</b>	Total Labour & Parts Charges : <b>S\$ 4,187.15</b>
Parts Charges : <b>1,865.15</b>	Less Insurance Excess : <b>S\$ 0.00</b>
Lubricant/Misc : <b>80.00</b>	Invoice Total Amount Exclude GST : <b>S\$ 4,187.15</b>
	GST @ 9% : <b>S\$ 376.84</b>
	Invoice Total Amount Include GST : <b>S\$ 4,563.99</b>

Computer generated invoice. No signature is required.	<b>Amount Payable Include GST : S\$ 4,563.99</b>
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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 SDQ 26264 & SHC 469 X ON 15/8/24.

I, Senky Production Engineering Pte Ltd owner of Vehicle Registration No. SDQ 26264  
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:



Koh Hock Chye 15/08/24  
Name: (Date)

NRIC No.: S1215668 E

In the presence of:

Ghua Kee Sin  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

Name:

(Date)

NRIC No.:

BMW Dealer

**Performance Motors Limited**

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Toll-Free Number (1800-2255269)

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Fax. 63449773

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Sime Darby Business Centre  
Singapore 159944  
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64796624 (Motorrad)



*Due 22/8*  
*Sumi & Repair*  
*9/9/24*

GST REG. NO : M2 - 0020081 - X

**E S T I M A T E**

15 AUG 2024

Estimate No. : b1 70884  
Date Estimated : 15/08/2024  
Prepared By : Chua Kee Sin

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -  
Senku Production Engineering Pte Lt  
21 Bukit Batok Crescent  
#02-79 Wcega Tower

Singapore 658065

- ACCOUNT - 40000  
Cash Sales - Service  
Singapore

MS First

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SDQ2626U	WBA7T02030BS88889	20/07/2020	730Li Sedan	48019

DESCRIPTIONVALUE

Replace rear bumper include remove 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

DESCRIPTIONQTYPRICVALUEProtection f *X*

2

4.65

9.30

RH ABSORBER FUNNEL *mx*

1

55.50

55.50

REAR RH LATERAL MOUNT *9.2?*

1

177.55

177.55

RH EXHAUST TAILPIPE TRIM (6 ZYL CHR *X*

1

396.70

396.70

REAR RH MOULDING ROCKER PANEL *X*

1

52.50

52.50

LH PROTECTION FOIL *X*

1

21.50

21.50

RH PROTECTION FOIL *X*

1

21.50

21.50

REAR BUMPER PANEL PRIMED (PDC/PMA) *sur*

1

1,865.15

1,865.15

SET MOUNTS PDC SENSOR REAR *sur*

1

75.55

75.55

REAR BUMPER COVER PRIMED *X*

1

215.75

215.75

DECOUPLING RING *sur*

6

5.65

33.90

ULTRASONIC SENSOR SOPHISTO GREY *sur*

1

404.25

404.25

Total Parts : 3,329.15

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**GST REG. NO : M2 - 0020081 - X**

**E S T I M A T E**

Estimate No. : **b1 70884**  
Date Estimated : **15/08/2024**  
Prepared By : **Chua Kee Sin**

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SDQ2626U	WBA7T02030BS88889	20/07/2020	730Li Sedan	48019

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>RASUL</u>	Sign _____
Surveyor's Tel <u>9000068</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>	

*Reg 64 part*



Labour 1	:	2,640.00
Parts	:	3,329.15
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 9%	:	537.22
Grand Total	:	<b>6,506.37</b>

**\*\* 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 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	16/08/2024 08:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/08/2024 15:18 (SGT)
Exact Location of Accident	Bukit Batok East Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ2626U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SENKU PRODUCTION ENGRG PTE LTD
Company Reg No	1XXXXX225C
Email Address	koh@senkuplastic.com
Mobile Phone No	(Phone) +65-98155598
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	730li
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0026205

#### DRIVER

Name of Driver	KOH HOCK CHYE
NRIC No	SXXXX668E
Date Of Birth	25/11/1956
Occupation	Indoor
Driving Pass Date	16/12/1976
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98155598
Alt. Phone Number	-
Email Address	koh@senkuplastic.com
Address	26 BURGUNDY DRIVE
Address complement	-
Postcode	S658829
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	2
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	-

#### PASSENGER 1

Name	GLAIZA VILLADAREZ
Gender	Female

#### 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

PLEASE REFER TO ATTACHED SKETCH PLAN.

#### 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	SHC469X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	FOO KONG NAM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	FRONT LEFT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## WITNESS DETAILS

### WITNESS 1

Name	GLAIZA VILLADAREZ
Phone	(Phone) +65-91132348
Email	tooling@senkuplastic.com


**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:

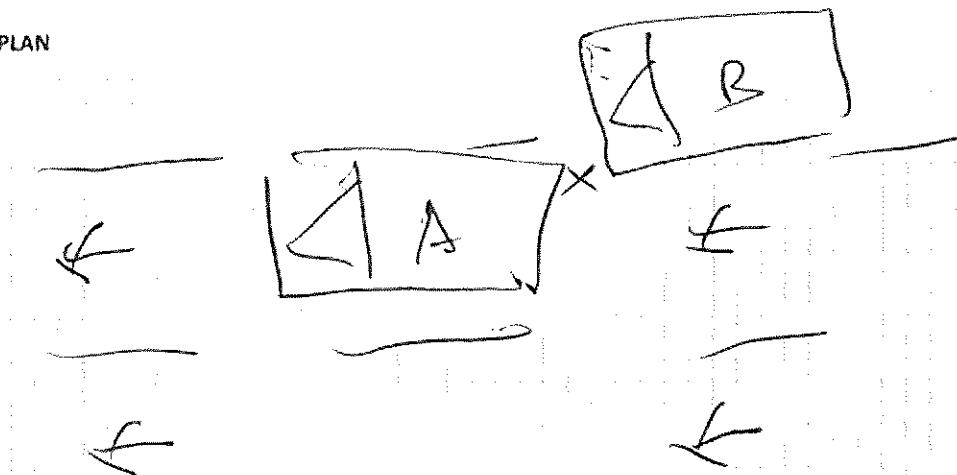
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
 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

while driving on my lane, Taxi  
from behind changing lane, bumps my  
right rear bumper.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

15/08/24 5.34 pm. Date & Time

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

Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 

NRIC/FIN No.: