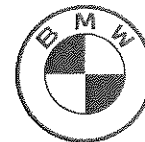


Performance Motors

BMW Dealer



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

Attn: Motor Claims Dept.

Your ref: **SLJ1287M**
Our ref: **DS/ SKT9876U**

Without Prejudice

10 October 2024

ACCIDENT INVOLVING VEHICLES SKT9876U (BMW) & SLJ1287M AT BUKIT BATOK WEST AVE 6 ON 10.09.2024

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 | : \$4,417.93 (INCLUDING GST) | Excess | : \$- |
| Loss of Use | : \$150.00 (\$50.00 X 3 DAYS) | GIA/LTA Search | : \$- |
| Loss of Rental | : \$- | Others | : \$- |
| | | Total | : \$ 4,567.93 |

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

1. Copy of Tax Invoice
2. Copy of GIA Report
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@sime-darby.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

A Motors Company



SERVICE TAX INVOICE

| | |
|-----------------------------------|--------------------------------------|
| Repair Order No. : B1 1906800 | Page No. : 1 of 2 |
| Date IN : 23/09/2024 | Invoice Number : 2849344 / WSB |
| Motor Claim Advisor: Chua Kee Sin | Invoice Date : 30/09/2024 |
| | Payment Terms : 30 Days From Invoice |
| | Invoice By : Toh Jing Xuan |

- CUSTOMER INFORMATION -

Ms May Ng
616 WOODLANDS AVENUE 4
12- 559

SINGAPORE 730616

- INVOICE TO - 219

India Int'L Insurance Pte Ltd
64 Cecil Street
#04-05 IOB Building
Singapore 049711

| | | | | |
|-----------------------|----------------------------------|--------------------------|-----------------------|------------------|
| REGN. NO. SKT9876U | CHASSIS NO. WBAJG12000EN52844 | REGN. DATE 26/06/2019 | MODEL X1 SDRIVE18I | MILEAGE 95135 |
|-----------------------|----------------------------------|--------------------------|-----------------------|------------------|

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

To replace rear bumper and attachments including carry out other necessary repairs caused by the accident.

NETT

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.

80.00

To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct checks for proper function.

177.00

INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.

0.00

DATE OF ACCIDENT : 10.09.2024. 3RD PARTY CAR : SLJ1287M.

YOUR REF NO : NIL.

VEHICLE WAS SURVEYED BY MR RASUL FROM LKK AUTO ON 23.09.2024. AUTHORISED REPAIR BY ,S YAN FROM LKK AUTO ON 13.09.2024 VIA EMAIL.

PROPOSE LOSS OF USE = \$50X3. THE AMOUNT IS SUBJECTED TO

0.00

INSURANCE COMPANY CONFIRMATION.

Total Labour 1: 2,322.00

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

REAR TRIM UNDERRIDE PROTECTION (X L

| Qty | Retail Price | NETT |
|-----|--------------|------|
|-----|--------------|------|

REAR BUMPER PANEL PRIMED

1 168.75 168.75

REAR BUMPER MIDDLE TRIM PANEL (PDC)

1 964.30 964.30

REAR BUMPER TRIM BOTTOM (LINES)

1 283.55 283.55

EXPANDING RIVET BLACK

1 299.55 299.55

10 1.50 15.00

Total Parts : 1,731.15

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 1906800 | Page No. : 2 of 2 |
| Date IN : 23/09/2024 | Invoice Number : 2849344 / WSB |
| Motor Claim Advisor: Chua Kee Sin | Invoice Date : 30/09/2024 |
| | Payment Terms : 30 Days From Invoice |
| | Invoice By : Toh Jing Xuan |

| | |
|----------------------------------|--|
| Labour Charges : 2,242.00 | Total Labour & Parts Charges : S\$ 4,053.15 |
| Parts Charges : 1,731.15 | Less Insurance Excess : S\$ 0.00 |
| Lubricant/Misc : 80.00 | Invoice Total Amount Exclude GST : S\$ 4,053.15 |
| | GST @ 9% : S\$ 364.78 |
| | Invoice Total Amount Include GST : S\$ 4,417.93 |

| | |
|---|--|
| Computer generated invoice. No signature is required. | Amount Payable Include GST : S\$ 4,417.93 |
|---|--|

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.





LETTER OF AUTHORISATION

ACCIDENT INVOLVING SKT98764 & SLJ1287M ON 10/9/24.

I, May NG owner of Vehicle Registration No. SKT98764
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:

[Signature] 10/9/2024
Name: May NG (Date)
NRIC No.: 877161305

In the presence of:

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

[Signature] 10/9/24

Name: (Date)
NRIC No.:

BMW Dealer

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)



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

10 Sept 2024

Estimate No. : b1 71134
Date Estimated : 10/09/2024
Prepared By : Chua Kee Sin

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

May Ng
616 WOODLANDS AVENUE 4
12- 559

SINGAPORE 730616

- ACCOUNT - 40000

Cash Sales - Service
Singapore India

| REGN. NO. | CHASSIS NO. | REGN. DATE | MODEL | MILEAGE |
|-----------|-------------------|------------|--------------|---------|
| SKT9876U | WBAJG12000EN52844 | 26/06/2019 | X1 sDrive18i | 92582 |

DESCRIPTION

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

| DESCRIPTION | QTY | PRIC | VALUE |
|-------------------------------------|-----|--------|----------|
| RR BUMPER CARRIER | 1 | 561.20 | 561.20 |
| MOUNTING SMART OPENER | 1 | 86.70 | 86.70 |
| REAR TRIM UNDERRIDE PROTECTION (XL) | 1 | 168.75 | 168.75 |
| Abrasion gua | 1 | 2.90 | 2.90 |
| Abrasion gua | 1 | 2.90 | 2.90 |
| REAR BUMPER PANEL PRIMED | 1 | 964.30 | 964.30 |
| REAR BUMPER MIDDLE TRIM PANEL (PDC) | 1 | 283.55 | 283.55 |
| REAR BUMPER TRIM BOTTOM (LINES) | 1 | 299.55 | 299.55 |
| REAR BUMPER TOWING EYE COVER | 1 | 40.85 | 40.85 |
| CLIP | 26 | 1.25 | 32.50 |
| ULTRASONIC SENSOR BLACK | 4 | 269.65 | 1,078.60 |
| DECOUPING RING PDC TORQUE CONVERTER | 6 | 5.65 | 33.90 |

Total Parts : 3,555.70

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)



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : **b1 71134**
Date Estimated : **10/09/2024**
Prepared By : **Chua Kee Sin**

Page No. : 2 of 5

| REGN. NO. | CHASSIS NO. | REGN. DATE | MODEL | MILEAGE |
|-----------------|--------------------------|-------------------|---------------------|--------------|
| SKT9876U | WBAJG12000EN52844 | 26/06/2019 | X1 sDrive18i | 92582 |

| | |
|---|---------------------------|
| Claims OD / <u>3rd Party</u> / Uninsured losses / Direct Settlement | |
| Regn No. _____ | Claim No. _____ |
| Date&Time <u>23/09/24</u> | Excess S\$ _____ |
| Surveyor's Name <u>RASUL</u> | Sign _____ |
| Surveyor's Tel <u>90010068</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 54 paint



| | | |
|----------------|---|-----------------|
| Labour 1 | : | 2,640.00 |
| Parts | : | 3,555.70 |
| Labour 2 | : | 0.00 |
| Excess | : | 0.00 |
| Total GST @ 9% | : | 557.61 |
| Grand Total | : | 6,753.31 |

** 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 | 10/09/2024 16:44 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 10/09/2024 07:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BUKIT BATOK WEST AVE 6 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKT9876U |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | NG MAY FANG |
| NRIC No | SXXXX130I |
| Email Address | MAYFANGNG@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91913625 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | X1 |
| 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 | 1500 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | - |

DRIVER

| | |
|--|-----------------------------|
| Name of Driver | NG MAY FANG |
| NRIC No | SXXXX130I |
| Date Of Birth | 20/05/1977 |
| Occupation | Indoor |
| Driving Pass Date | 15/10/1998 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 25 YEARS AND 11 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91913625 |
| Alt. Phone Number | - |
| Email Address | MAYFANGNG@GMAIL.COM |
| Address | 616 WOODLANDS AVE 4 #12-559 |
| Address complement | - |
| Postcode | 730616 |
| 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 | Raining |
| Road Surface | Wet |

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 THE 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 | SLJ1287M |
| Vehicle Manufacturer | Honda |


| | |
|---|----------------------------------|
| Vehicle Model | Shuttle |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | NA / Unknown |
| Name of Driver | SURADI |
| - | SXXXX734G |
| Contact Number | (Phone) +65-81219747 |
| Address | 728 Jurong West Avenue 5 #05-198 |
| Address complement | - |
| Postcode | 640728 |
| Insurance Company Name | - |
| Nature Of Damage | FRONT |
| 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 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: 9/20/2022

Driver's Signature

(If driver is not the policyholder)

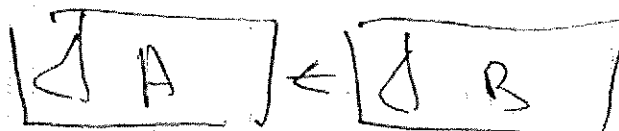
Date & Time:


 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary, waiting for traffic to turn green. The time was 7:40am when I felt a bump. A Honda Shuttle (Sh3 487M) had bumped into my rear.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 10/9/2024

9. 4000

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: W. S. C.

NRIC/FIN No.: 490