

## 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

## ESTIMATE

→ China Taipei  
12 Nov 2024

Estimate No. : b1 71778  
Date Estimated : 12/11/2024  
Prepared By : Jack Ng Guo Ming

Page No. : 1 of 5

## - ESTIMATE REPAIR FOR -

Soh Hsiu Hsien  
306A Punggol Place  
#15-37

Singapore 821306

## - ACCOUNT - 40000

Cash Sales - Service  
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNP7138R	WBA70DY0908B98430	30/08/2021	318i Sedan	38902

## DESCRIPTION

## VALUE

To replace rear bumper, all damage attachment and make good bootlid

850 2,550.00

To respray rear bumper and bootlid

1038 1,923.00

To carry out body cavity preservation.  
(Per panel).

X 118.00

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

/ 177.00

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

/ 177.00

To replace rear exhaust silencer including alignment  
system and conduct check for leak.

? 531.00

Sundries.

/ 150.00

Total Labour 1: 5,626.00

## DESCRIPTION

## QTY

## PRIC

## VALUE

REAR SILENCER X	1	1,306.75	1,306.75
TAILPIPE TRIM CHROME D=90MM X	2	136.15	272.30
REAR BUMPER CARRIER	1	537.05	537.05
REAR BUMPER LH SIDE GUIDE	1	143.85	143.85
REAR BUMPER RH SIDE GUIDE	1	143.85	143.85
REAR BUMPER TRIM PANEL BOTTOM (MSP) CR4	1	239.65	239.65
REAR BUMPER MOUNTING (MSP) OR	1	156.90	156.90
REAR BUMPER LH MOUNTING CORNER (MSP)	1	177.55	177.55
REAR BUMPER RH MOUNTING CORNER (MSP)	1	177.55	177.55
REAR BUMPER LH GRILLE (M) X	1	93.80	93.80
REAR BUMPER RH GRILLE (M) X	1	93.80	93.80
REAR BUMPER TRIM PANEL (MSP/MPA PDC)	1	1,665.30	1,665.30
ULTRASONIC SENSOR PORTIMAO BLUE W31	4	404.25	1,617.00

# 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 71778  
Date Estimated : 12/11/2024  
Prepared By : Jack Ng Guo Ming

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNP7138R	WBA70DY0908B98430	30/08/2021	318i Sedan	38902

DESCRIPTION	QTY	PRIC	VALUE
DECOUPLING RING <i>✓ MPC</i>	4	5.65	22.60
Total Parts :			6,647.95

*Steve (LKK)*  
*20/11/24, 9-3pm*  
*W IL*  
*P/P*  
*4 B/L SM*  
*3 dgs*

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:



Labour 1	:	5,626.00
Parts	:	6,647.95
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 9%	:	1,104.66
Grand Total	:	13,378.61

\*\* 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	11/11/2024 12:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/11/2024 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNP7138R

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH HSIU HSIEN
NRIC No	S9142189E
Email Address	SOHHSIUHSIEN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81880944
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	318i
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	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145171736

#### DRIVER

Name of Driver	SOH HSIU HSIEN
NRIC No	S9142189E
Date Of Birth	30/10/1991
Occupation	Indoor
Driving Pass Date	08/04/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81880944
Alt. Phone Number	-
Email Address	SOHHHSIUHSIEN@YAHOO.COM.SG
Address	306A PUNGGOL PLACE
Address complement	15-37
Postcode	821306
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20241110/7028

#### 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	FILE TOO BIG, MOTORVIDEO@INCOME.COM.SG



# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9077S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SNG KAH BOON
NRIC No	S7933772B
Contact Number	(Phone) +65-94351719
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	China Resting.
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SOH HSIU HSIEN
Gender	Male
Phone No	(Phone) +65-81880944
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LIGAMENT TEARS ON THE NECK AND BACK. SLIP DISC 1 WEEK OF HL GIVEN BY THE DOCTOR SNP7138R
Injured person in which vehicle?	Yes
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

**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  
11/11/24@1135HRS

Sketch Plan

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

MUHAMMAD FADLY SUKIMAN

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

		A: SNP7138R	
		B: SLU9077S	
			
AIRPORT RD			

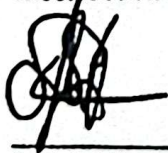


Describe Circumstance of the Accident

REFER TO POLICE REPORT  
NO. T/20241110/7028

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

11/11/24 @ 1135HRS

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

MUHAMMAD FADLY SUKIMAN

Witnessed by Reporting Centre Personnel  
(Name as in NRICAD card)





**SINGAPORE  
POLICE FORCE**



T/20241110/7028

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20241110/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2024 12:52	Video Report No.:	Station Diary No.:
--	-------------------	--------------------

Informant's Particulars			
Name of Informant: SOH HSU HSIEN		Address: 306A PUNGGOL PLACE #15-37 SINGAPORE 821306	
ID Type / ID No.: NRIC NO / S9142189E		Contact No.: Home/Office: Mobile: 81880944	
Nationality: SINGAPORE CITIZEN		Email: SOHHSIUHSIEN@YAHOO.COM.SG	
Sex: Male	Age: 33	Date of Birth: 30/10/1991	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: General practitioner/physician		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury: Others:	Drink Drive: No	Date/Time of Accident: 10/11/2024 07:45	Type of Location: Straight Road
Location: AIRPORT ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU9077S	Motor car					0
SNP7138R	Motor car	BMW	318i MSPT ADPT LED HL	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNP7138R	NTUC Income Insurance Co-Operative Limited	5145171736	28/04/2024	25/04/2025





**SINGAPORE  
POLICE FORCE**



T/20241110/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20241110/7028

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SNG KAH BOON	ID No.	S7933772B
Related Vehicle	SLU9077S (Motor car)	Contact No.	94351719
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SOH HSIU HSIEN	ID No.	S9142189E
Related Vehicle	SNP7138R (Motor car)	Contact No.	81880944
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious
<b>Driver</b>			
Name	SOH HSIU HSIEN	ID No.	S9142189E
Related Vehicle	SNP7138R (Motor car)	Contact No.	81880944
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

At 7.45am along KPE's Airport Road exit, I had brought my car (SNP7138R) to a complete stop as the traffic light was red. The offending car SLU9077S drove up from behind me and rear-ended my hard, causing my vehicle to move forwards violently despite the brakes being applied. I jerked forwards and backwards in my seat, developing significant neck and back pain requiring admission to the hospital.



**SINGAPORE  
POLICE FORCE**

T/20241110/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20241110/7028

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/11/2024 12:52

Officer In Charge Of Case:  
TP / AEIT /  
CHUA SOON KEONG  
Contact No.: 65476030

Classification Of Case:

NP168