

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

→ SMART BUS
4/7/2024

Estimate No. : b1 70398
Date Estimated : 04/07/2024
Prepared By : Chua Kee Sin

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -
Lim Oon Cheng

30.00

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SBJ5225J	WBAXW320000S47382	06/10/2016	X4 xDrive 28i	64934

DESCRIPTION	VALUE
Replace right side view mirror assembly include remove attachment etc	850.00
Painting right mirror cover assembly	74.00
Sundries.	80.00

Total Labour 1: 1,004.00

DESCRIPTION	QTY	PRIC	VALUE
RH MIRROR GLASS HEATED WIDE ANGLE	1	232.65	232.65
RH OUTSIDE MIRROR COVER CAP PRIMED	1	167.20	167.20
RH OUTSIDE MIRROR W/O GLASS HEATED	1	1,127.80	1,127.80
REPAIR KIT CABLE EXTERIOR MIRROR	1	76.60	76.60

Total Parts : 1,604.25



Labour 1	:	1,004.00
Parts	:	1,604.25
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 9%	:	234.74
Grand Total	:	2,842.99

** 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	19/04/2024 11:33 (SGT)
Reported by	Actual Driver
Date of Accident	18/04/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RIVER VALLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBJ5225J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM OON CHENG
NRIC No	066B
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X4
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

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130295318-01

DRIVER

Name of Driver	KAM SAU LAI IRENE
NRIC No	
Date Of Birth	
Occupation	Indoor

Driving Pass Date	17/12/1982
Driving experience	41 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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

ON THE ABOVE MENTIONED DATE AND TIME MY CAR WAS STATIONARY ON THE LEFT LANE AS THERE WAS ROAD WORKS ON THE LEFT. SUDDENLY THERE WAS A BUS FROM THE RIGHT LANE SWIPE INTO MY RIGHT SIDE MIRROR. I WISH TO STATE THAT MY CAR WAS ALL ALONG STATIONARY ON THE LEFT LANE.

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	SMB1509D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	NOORZAIFALIZZA BINTI NOR KAMARUDIN
Passport No/FIN	
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN


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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 insurer 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 judgement 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 stored.


Consent under the Personal Data Protection Act (PDPA):

I understand, acknowledge, agree and consent that:

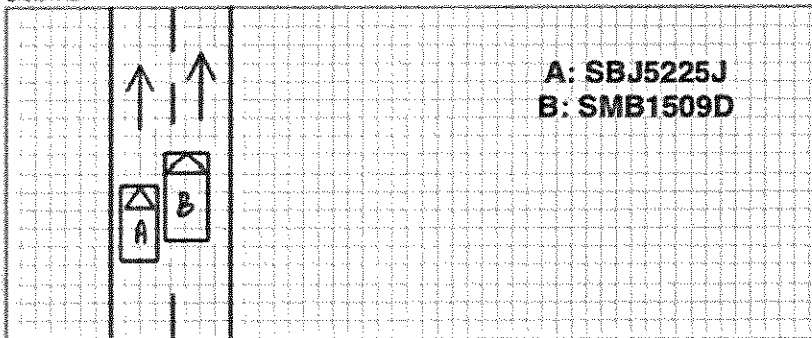
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes 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 issuing 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/postal 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/are 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 based outside of Singapore, for one or more of the above Purposes.

 19/04/2024 1130HRS
 Policyholder's Signature / Date & Time

 19/04/2024 1130HRS
 Driver's Signature (if driver is not the policyholder) (Date & Time)

 AHMAD SUFIYAN
 S982991
 Witnessed by Reporting Centre Personnel (Name as in NRIC/IC card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS REPORT

Decision

[illegible]

 Policyholder's Signature / Date & Time

 19/04/2024 1130HRS
Driver's Signature (if driver is not the possessor/holder) (Date & Time)


AHMAD SUFIYAN
5903291
 Witnessed by Registering Civils Personnel
 (Name of 1st Person): _____







