Performance Motors Limited

A member of the Sime Darby Group

There is a col



AIG Asia Pacific Insurance Pte Ltd 78 Shenton Way #08-16 Chartis Building Singapore 079120 Attention: Motor Claims



"Without Prejudice"

Your Ref:

Our Ref:

Date: Subject: 22 March 2018

ACCIDENT INVOLVING VEHICLES SBJ1288D & SLP1091D ON 03.12.2017

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:-

Excess

535.00

Loss of use

S\$ 250.00 (S\$ 50.00 x 5 days)

GIA search fee

S\$ 2.00

Total

S\$ 787.00

Performance Motors Limited 1800-Call-BMW (1800-2255-269)

www.pml.com.sg

303 Alexandra Road Sime Darby Performance Centre Singapore 159941 Tel Sales 6319 0100 Tel Aftersales: 6319 0111 Fax 6474 7770

315 Alexandra Road Sime Darby **Business Centre** Singapore 159944 Tel Sales 6319 0511 Tel Aftersales 6319 0527 Fax 6479 6624

280 Kampong Arang Rd East Coast Centre Singapore 438180 Tel Aftersales 6319 0888 Fax 6344 1332

Registered office 305 Alexandra Road #02-01 Vantage Automotive Centre Singapore 159942

> Co. Reg. No: 197401559W

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

- Copy of Accident Report
- Copy of Final Repair bill & Excess bill & GIA search slip
- Copy of Certificate of Insurance & CD
- 4. Copy of Identification Card & Driving License
- 5. 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 contact Ms Caroline Tan at 6319-0174 / Fax. 6479-4601 or email to pml-pbsp@simedarby.com.sg.

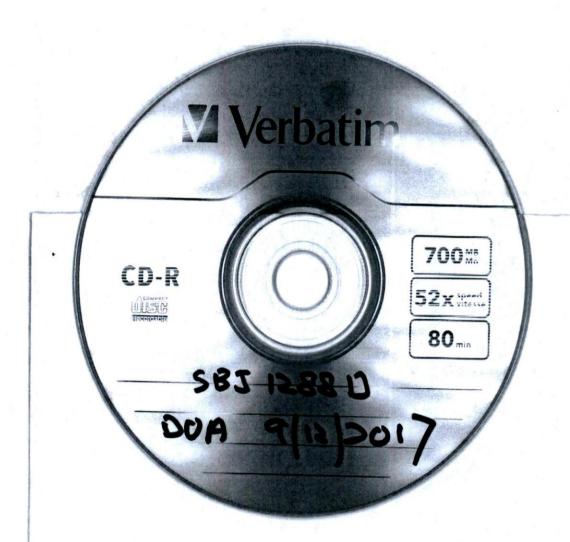
Yours sincerely

Ten**g W**ai Khan

Customer Service Manager, Body & Paint

Return Item Form

Date Received :	29.03.2018			
Claim Number :	4160260448 86 003			
Default Claim Number, Please provide Policy Number / Vehicle Number :	1700009786 /SLP1091D/D.O.L. 03/12/2017			
Examiner:	Rashidah Binte Mohamed Rusheed			
Description :	CDs DVDs Video Tapes Audio Tapes Diskettes Others-description of item	☐ Car keys ☐ Log Card ☐ Original Policy ☐ Plastics, Metals ☐ AIG Cheques Ins below		
LINE OF BUSINESS: (Select One)	AUTO TRAVEL / A&H / NAPL / CASUALTY / PROPERTY & ENERGY / MARINE / FINANCIAL LINES OTHERS:			
Recorded By :	Yris Lee	>9/03/18 Date		
Acknowledge Receipt By:	de	202/cg Date		
Remarks :				



DOH . 3/15/701)

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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

The second secon	A COLDENIT OT ATEMENT		
	ACCIDENT STATEMENT		
Date Of Report	04/12/2017 12:41		
Date Of Accident	03/12/2017 08:00		
Exact Location Of Accident	CARPARK INFRONT OF BLK 138 TAMPINES ST 11		
Country/State of Loss	SINGAPORE		
1	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SBJ1288D		
Insured/Policyholder			
Name Of Registered Owner	KEE SONG WEI		
NRIC No	S2532583D		
Email Address	KEESONGWEI@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-96718663		
Alternative Phone No	OFFICE-62415719		
Vehicle Particulars			
Manufacturer	BMW		
Model	216		
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE		
Are you claiming under your own insurance policy for repair to your vehicle?	YES		
f No, Please state action to be taken			
/ehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	AXA INSURANCE PTF LTD		

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P1895773

Cover Note Number

Driver

 Name of Driver
 KEE JIA LIANG

 NRIC No
 \$8521752F

 Date Of Birth
 26/07/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 23/01/2008

Driving Experience 9 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86610304

Fax Number

Contact Number OFFICE-62415719

EMail Address KEEJIALIANG@GMAIL.COM

Address 34 HARTLY GROVE

Postcode 457896

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

Details of Witness 1

Name KEE SONG WEI/ CHUA SOK KOON (MOTHER)

Phone Number 96718663

Email Address KEESONGWEI@GMAIL.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP1091D
Vehicle Make/Model/Colour CITROEN

Details Of Properties LEFT SIDE OF BACK BUMPER

Vehicle Category PRIVATE CAR

Name of Driver LOW CHEK CHOON

NRIC/Passport Number S1539040I Contact Number 90233700

Address 37 PASIR RIS DR 3 #03-04

Postcode 519494

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE, LTD.

Nature Of Damage REAR LEFT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:

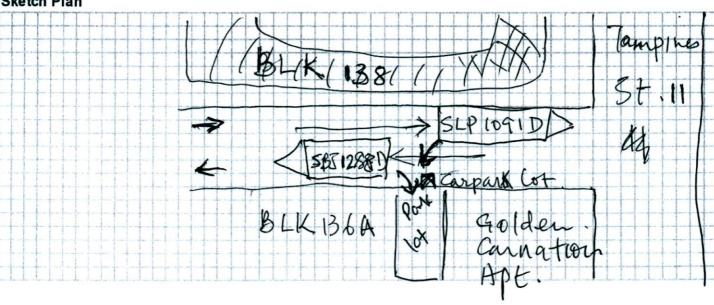
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
Please see sketch Plan.
on Sunday 3/12/17@ about Sam I drove 11to the carpark
and saw as chipty dit on the left and stopped a short
distance from the lot- Put on emerting light and bolled ruto
the soar murrer which was Elean lurned my heard
back to look at the carpark lot and then modered ed to
park rooky at the war oving mirror at the same time.
All of a sudden I heard a bud fue and stopped.
opposite lane which also was trying to get into the
di to Curacit lat
empry cargaine rest.

Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

138 Robinson Road #07-09 The Corporate Office Singapore 068906

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM	
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS Original Report No: MPM) 139461 Vehicle Registration No: SB J 12660	
Vellote registration No.	
Name(as shown in NRIC): Lee Dry Ué,	
(*Vehicle Driver/Vehicle Owner) (*)Please delete as appropriate NRIC/Passport No:	
Address:	
Contact (Tel):	
(EMail):	
Date Of Accident: 3.12.17 Time Of Accident:	
Place Of Accident: Carponic infront of BIK 13 & tempor	u a
Insurance Company: AXA IW.	•
(B)ADDITIONAL INFORMATION / AMENDMENTS I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:-	he
attach with 2nd videa	
• •	
SIGNATURE OF VEHICLE OWNER/DRIVER	

05/12/2017 (10 cfm



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Q 88 51 [82 SONG WE | NRIC/FIN/Passport No : 326372830 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate **Address**) Singapore(96718663 Contact (Tel) Mobile No.: **Email Address** . 03/12/2017 00:30 Date of Accident __Time of Accident : ____ Place of Accident : CARPARK INFRONT OF BLK 138 TAMPINES ST 11 AXA Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO AMEND TO RECOVERY CLAIM OWN INSUPANCE HTIW MERINA CHIA SAN SAN formance Motors Limited 303 Alexandra Road Darby Performance Centr Reporting Centre Personne Selgnature41

Policyholder / Driver's Signature Date: 2 9 DEC 2017

Name:

NRIC/FIN No.: Date:

2 9 DEC 2017

BMW Dealer

SBJ1288D

Performance Motors Limited

A member of the Sime Darby Group Co. Reg. No. 197401559W GST Reg. No M2-0020081-x

303, Alexandra Road Sime Darby Performance Centre Singapore 159941 Tel. 63190100 (Sales & Admin) 63190111 (AfterSales) Fax. 64747770

280, Kampong Arang Road East Coast Centre Singapore 438180

Tel. 63190888 (AfterSales) Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Tel. 63190528 (AfterSales) 63190533/530 (Motorrad) Fax. 64796601 (AfterSales) 64796624 (Motorrad)

Fax. 64796601 64796624



SERVICE TAX INVOICE

Repair Order No. : B1 Page No. : 1 of 2 1236304

Invoice Number: 1942013 / WSB

Date IN : 12/01/2018 Invoice Date : 08/03/2018

Cust. Svc. Advisor: Chua Kee Sin Payment Terms : 30 Days From Invoice

> Invoice By : Sharon Heng

238 - CUSTOMER INFORMATION -- INVOICE TO -

Mr Kee Song Wei Mr Kee Song Wei

34 Hartley Grove c/o AXA Insurance Pte Ltd

8 Shenton Way #24-01 AXA Tower Singapore 068811

Singapore 457896 MODEL 216D CAT MILEAGE REGN. NO. CHASSIS NO. REGN. DATE

88D	V791718	24/01/2017	216D CAT				6297
	LABOUR						NETT
	To replace rear bumper and righ						850.00
	remove and install body parts in	order to carry out paint	ting				
	job.						
	To respray rear bumper.						934.00
	To check electrical wiring syster						150.00
	rear section for proper function.						
	Sundries.						80.00
	INS CLAIMS : ACCIDENT REP						0.00
	DATE OF ACCIDENT : 3.12.20						
	VEHICLE WAS SURVEYED						
	INSURANCE ON 12.1.2018 AT ON SAME DAY.	11.15 AM. AUTHORIS	SED REPAIR				
	VEHICLE WAS ALSO SURVEY	ED BY MR RASUL FRO	OM LKK AUTO				0.00
	CONSULTANTS PTE LTD ON E						0.00
	12.12.2017 AT 2.15 PM.						
	UNINSURED LOSSES HANDL	ED BY T.A. AGAINST A	IG.				0.00
	3RD PARTY CAR : SLP1091D.						
	PROPOSE LOSS OF USE = \$5						
				Tot.	al Labour	1.	2,014.00
				100	al Labour	1.	2,014.00
					Retail		
	PARTS			Qty_	Price		NETT
	REAR BUMPER PANEL PRIME	D (PDC)		1	966.25		966.25
	RR RH LIGHT IN THE SIDE PA	NEL		1	342.60		342.60
				Tot	al Parts	:	1,308.85

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SERVICE TAX INVOICE

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Cust. Svc. Advisor: Chua Kee Sin

Page No. : 2 of 2

Invoice Number : 1942013 / WSB

Invoice Date 08/03/2018

Payment Terms 30 Days From Invoice

Invoice By Sharon Heng

Labour Charges : Parts Charges : Lubricant/Misc :	1,934.00 1,308.85 80.00	Total Labour & Parts Charges Less Insurance Excess Invoice Total Amount Exclude GST GST @ 7% Invoice Total Amount Include GST	: S\$	500.00 2,822.85 197.60
Computer generated invoice	No signature is required.	Amount Payable Include GST :	S	3,020.45

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.

