BMW Dealer

## 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)

GST REG. NO: M2 - 0020081 - X

## ESTIMATE

2 6 DEC 2017

Page No.: 1 of 2 Estimate No. : b1 45280 Date Estimated : 26/12/2017 Prepared By : Han Kwan Yong

- ESTIMATE REPAIR FOR -- ACCOUNT -40000 Cash Sales - Service Teo Kok Ann, Colin

Blk 160 Yung Ping Road

Singapore 610160

#18-41

Singapore

MILEAGE REGN. NO. REGN. DATE MODEL CHASSIS NO.

420IA GC D967587 28/11/2014 SKQ4277Y VALUE DESCRIPTION

To replace front bumper & atta chments including to knock out 1,275.00 dented area caused by the accident 1,038.00 To respray front bumper 531.00 To replace right headlight including program and conduct tests for proper function. 177.00 To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct checks for proper function.

177.00 To check electrical wiring systems at the front section for proper function including adjustments of headlights.

00.08 Sundries.

Total Labour 1: 3,278.00

Total Parts

3,676.05

DESCRIPTION	QTY	PRIC	VALUE
FRT LH BOTTOM MOUNTING SIDE PANEL	1	17.55	17.55
FRT RH BOTTOM MOUNTING SIDE PANEL	1	17.55	17.55
FRT LH TOP MOUNTING SIDE PANEL	1	17.55	17.55
FRT RH TOP MOUNTING SIDE PANEL	1	17.55	17.55
FRT BUMPER PANEL PRIMED (SRA)	1	1,006.70	1,006.70
SET MOUNTING PDC/PMA SENSOR FRT	1	82.05	82.05
RIVET	4	0.45	1.80
PLUG	10	1.05	10.50
RH BI XENON HEADLIGHT	1	2,083.75	2,083.75
DECOUPLING RING PDC TORQUE CONVERTE	1	4.95	4.95
# PDC SENSOR IMPERIAL BLUE (A8	1	363.05	363.05
(DG) ADHESIVE SET K6	1	53.05	53.05

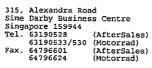
BMW Dealer

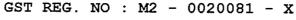
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ESTIMATE

Estimate No. Date Estimated

: b1 45280

: 26/12/2017

Prepared By

: Han Kwan Yong

Page No. : 2 of 2

REGN. NO. SKQ4277Y

CHASSIS NO.

D967587

REGN. DATE 28/11/2014 MODEL

420IA GC

MILEAGE

0

Labour 1 3,278.00 Parts 3,676.05 Labour 2 0.00 Excess 0.00 Total GST @ 7% 486.78

Grand Total 7,440.83

<sup>\*\*</sup> THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY\*\*

<sup>\*\*</sup> 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 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.

ACC		 ATEN	
	17.41	 	(1 - 4 )

 Date Of Report
 05/12/2017 11:36

 Date Of Accident
 04/12/2017 22:00

Exact Location Of Accident ORCHARD TOWERS CARPARK

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKQ4277Y

Insured/Policyholder

Name Of Registered Owner TEO KOK ANN COLIN

NRIC No S8602001G Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96378176
Alternative Phone No OTHERS-96378176

Vehicle Particulars

Manufacturer BMW Model 420I

Exact Purpose for which vehicle was being used at

time of accident

LEISURE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5096159497

Cover Note Number DRIVO CLASSIC T.A.

Driver

Name of Driver TEO KOK ANN COLIN

 NRIC No
 \$8602001G

 Date Of Birth
 28/01/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 18/08/2005

Driving Experience 12 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96378176

Fax Number

Contact Number OTHERS-96378176

EMail Address NOEMAIL

BLK 160 YUNG PING ROAD Address

#1818-41

610160 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

2

If Yes, against whom?

#### Circumstances of Accident

I am inside the parking lot getting ready to exit the car park. As the location of my parking lot is just in front of the gantry, I waited stationary. Vehicle B was at the gantry barrier trying to exit but for some reason, the barrier does not respond and vehicle B starts to reverse, upon seeing vehicle B reversing towards my vehicle A, i didnt get a chance to sound my horn as vehicle B reverse too fast and hit against my vehicle A's front portion. No injuries reported at the scene.

#### Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Remarks/ Reasons: SIZE TOO LARGE

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKZ1643X

Vehicle Make/Model/Colour

Details Of Properties

HISASHI MIYAGAWA Name of Driver

S7087358C NRIC/Passport Number 90114242 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

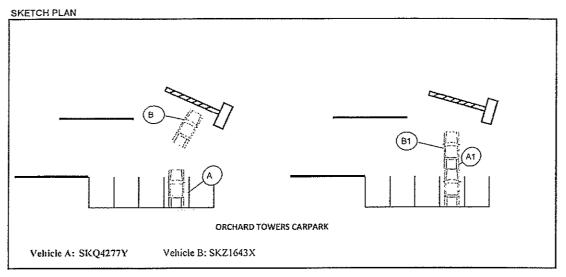
Phone Number

Email Address

### Sketch Plan Pg. 1

INCOME	MOTOR SERVICE CENTRE			Vehicle No:	SKQ4277Y	Report D	ate & Start Time:	05/12/11	7 / 12:03
Kepan No	e: MT/		04/12/2017 2200 hrs	Make / Model	: <u>HMW 420I SPORT</u>	Reportin	g Type: 16	End Time:	:i
			lus	SKETCH	PLAN				
IMPOI	RTANT NOTICE								
1. Plea	se report <u>correctly</u> the de	tails of t	he accident	to speed up t	he claims process.				
	Form must be completed								
facts	<ol> <li>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>.</li> </ol>								
	<ol> <li>The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.</li> </ol>							nsurance	
	false reporting may be re								
Asso	<ol> <li>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.</li> </ol>								
	<ol> <li>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.</li> </ol>								
8. Con	sent under the Personal D	ata Pro	tection Act (	(PDPA)					
tun	derstand, acknowledge, ag								
(a)	My insurer, my worksho disclose and/or process provided by me or posse Personal information to vehicle(s) involved in thi Monetary Authority of S of:	my personssed by all insure accider ingapore	onal data/pe my insurer ( er(s) who ha nt shall be co and any re	ersonal inform  collectively t  ve insured ve  ollectively ref  levant govern	nation set out in thine "Personal Informehicle(s) involved in erred to as the "Insument agency/authonehicle(s)	is (form) a mation") a I this accid surers"), the ority (sucl	and any other per and disclose and t Bent (all insurer(s) he Insurers' lawy h as the police), fo	sonal information in the sum of t	rmation ch insured ms, the
<ul> <li>(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;</li> </ul>									
	(ii) investigating the accident and/or my claims;								
	(iii) carrying out and/or a								
	(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 apple "Purposes")	icable la	w in adminis	itering, proce	ssing, handling and	l/or dealir	ng with my claims	.(collective	ely the
(b)	(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)	(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)	(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)	(e) the information so collected under (d) above may be shared / disclosed:								
	<ul> <li>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</li> </ul>								
(ii) for complying with requirements under any regulations, laws or court orders.									
^ I	. 06								
( ,)	Y,						Aaron Chuah (S	9918021	1
	05/12/17 / 12:03				05/12/17 / 1	12:03	Customer Care E Motor Service C	Executive	,, G

### Sketch Plan Pg. 2



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am inside the parking lot getting ready to exit the car park. As the location of my parking lot is just in front of the gantry, I waited stationary. Vehicle B was at the gantry barrier trying to exit but for some reason, the barrier does not respond and vehicle B starts to reverse, upon seeing vehicle B reversing towards my vehicle A, i didnt get a chance to sound my horn as vehicle B reverse too fast and hit against my vehicle A's front portion. No injuries reported at the scene.

## Declaration

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

12/5/2017 12:03

12/5/2017 12:03

Aaron Chuah (S991802) Customer Care Executive Motor Service Centre .

Wilnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Page 5 of 16



## THE SCHEDULE

osit Insurance

### **Private Car Insurance Policy**

ormation on the ntact your insurprise Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the ntact your insurprise policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

**Policy Number** 

: 5096159497

The Policyholder

: TEO KOK ANN COLIN BLK 160 #18-41 YUNG PING ROAD SINGAPORE 610160

Period of Insurance

: 28 Nov 2017 To 27 Nov 2018

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$2,010.41

Interest Insured

Cover Type **Primary Driver**  : drivo CLASSIC

Named Driver (1)

: TEO KOK ANN COLIN

Named Driver (2)

: N/A : N/A

Make/Model

: BMW/420i SPORT

Capacity

: 2000cc

Registration Number

: SKQ4277Y

Registration Year

: 2014

Chassis Number

: WBA4A12040D967587

Off-peak Car

Repair at Owner's Preferred Workshop: No

Insure with COE

: Yes

Excess (Section 1) Excess (Section 2)

: S\$600

NCD Entitlement : 10%

Windscreen Excess

: N/A

NCD Protection

: No

Additional Excess

: \$\$100

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: DBS BANK LTD

**Optional Cover** 

Transport Allowance

: Yes

**Excess Waiver** 

: No

Memo A: N/A

Endorsement Operative: M9

Agency

: SIME DARBY INSURANCE BROKERS (SINGAPORE) PTE LTD (00000690067)

Date of Issue

: 22 Nov 2017 16:00 hrs

#### **DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



