

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

E S T I M A T E

02 JUL 2018

Estimate No. : **b1 47516** Page No. : **1 of 4**
Date Estimated : **02/07/2018**
Prepared By : **Kevin Leong Wai Kit**

- ESTIMATE REPAIR FOR -

Koh Chai Luan
201 Tanjong Rhu Road
#01-13

Singapore 436917

- ACCOUNT - 238

AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SGR8779G	V791432	17/10/2016	216d CAT	0

DESCRIPTION

To replace left wing mirror assembly & wing mirror cover
To replace on front bumper, front left side panel, front
left door & all attachments cause by accident.

VALUE

3,400.00

Painting on front bumper, front left side panel, front left
door & left wing mirror cover

2,449.00

To check electrical wiring systems for proper function.

177.00

Sundries.

150.00

Total Labour 1: **6,176.00**

DESCRIPTION

LH COVER MIRROR BASE
LH OUTSIDE MIRROR COVER CAP PRIMED
LH SUPPORTING RING
LH LOWER HOUSING SECTION
LH EXTERIOR MIRROR W/O MOUNTING PAR
LH ADDITIONAL TURN INDICATOR LAMP

QTY PRIC

1 56.10 56.10
1 116.10 116.10
1 51.85 51.85
1 23.95 23.95
1 481.70 481.70
1 61.80 61.80

Total Parts : **791.50**

Labour 1	:	6,176.00
Parts	:	791.50
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	487.73
Grand Total	:	7,455.23

** 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 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 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 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 Report	06/06/2018 12:20
Date Of Accident	05/06/2018 21:20
Exact Location Of Accident	FORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR8779G
Insured/Policyholder	
Name Of Registered Owner	KOH CHAI LUAN
NRIC No	S1772305G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96628252
Alternative Phone No	OFFICE-96628252
Vehicle Particulars	
Manufacturer	BMW
Model	216D
Exact Purpose for which vehicle was being used at time of accident	
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V14372/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	KOH CHAI LUAN
NRIC No	S1772305G
Date Of Birth	27/05/1966
Occupation	INDOOR
Date Of Driving Pass	24/07/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96628252
Fax Number	
Contact Number	OFFICE-96628252
EMail Address	NOEMAIL

Address 201 TANJONG RHU RD #01-13
 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

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) 1

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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WILL EMAIL IF REQUIRED
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN705E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name AXA
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

6/ Jun 12:30 pm

Driver's Signature

{If driver is not the policyholder}

Date & Time:

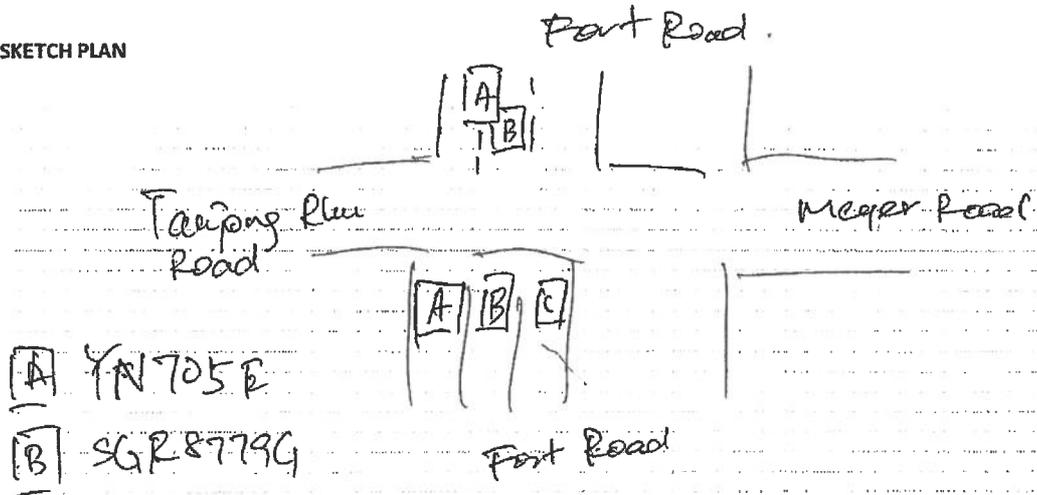
IDAÇ BUKİT BATÖK (VAC)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 9.15 pm, 05 June, after turning in from ECP into Fort Road, I stopped at traffic light (cross junction) - ~~Tanjong Rhu~~ Fort Road, Tanjong Rhu Road, Meer Road.

When moving forward, the Lorry YN705E cross-over to my lane, after seeing this I stopped my vehicle and sounded the horn. ~~He~~ The Lorry YN705E continue to move ahead without stopping and hit my vehicle on the left front door, side mirror, bumper. Not realising the lorry driver had hit my vehicle, I move to the front, ~~saw~~ ~~the~~ ~~horn~~ and told him to stop.

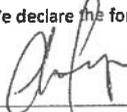
I've told him he hit my vehicle, but he insist that ~~he~~ I came into his path.

He refused to exchange particulars.

I therefore took a picture of the vehicle license plate.

DECLARATION

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


 Policyholder's Signature

Date & Time:
 6/6/18 12:31

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

IDAC BUKIT BATOK (N/0)

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

