

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)
64796601 (AfterSales)
64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

11 SEP 2018

E S T I M A T E

Estimate No. : b1 48389 Page No. : 1 of 5
Date Estimated : 11/09/2018
Prepared By : Gary Poh Chai Hoon

- ESTIMATE REPAIR FOR -

Heng Kee Meng
90 Tampines Road

Singapore 535115

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFG1213M	BH13121	29/03/2018	420iA GC	0

DESCRIPTION

To replace rear bumper and attachment cause by the accident.

VALUE

1,700.00

Painting rear bumper

1,038.00

To check electrical wiring systems and lightings at the rear section for proper function.

177.00

Sundries.

80.00

Total Labour 1: 2,995.00

DESCRIPTION

RR BUMPER CARRIER ECE
COVER

QTYPRICVALUE

1

432.90

432.90

1

61.00

61.00

LEFT PROTECT

1

5.25

5.25

RIGHT PROTEC

1

7.00

7.00

RR BUMPER LH SIDE GUIDE

1

48.10

48.10

RR BUMPER RH SIDE GUIDE

1

48.10

48.10

REAR BUMPER CENTRE GUIDE

1

55.40

55.40

REAR BUMPER BOTTOM REINFORCEMENT

1

67.10

67.10

TRIM STRIP (SPORT LINE)

1

71.65

71.65

REAR BUMPER PANEL PRIMED (LINE/PDC)

1

1,189.90

1,189.90

FLAP TOWING EYE PRIMED

1

42.20

42.20

REAR RH REAR REFLECTOR

1

35.20

35.20

DECOUPLING RING PDC TORQUE CONVERTE

4

5.05

20.20

PDC SENSOR GLACIER SILVER (A83)

2

368.80

737.60

Total Parts : 2,821.60

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Date Estimated	: 11/09/2018		
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFG1213M	BH13121	29/03/2018	420iA GC	0

Labour 1	:	2,995.00
Parts	:	2,821.60
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	407.16
Grand Total	:	<u>6,223.76</u>

** 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	11/09/2018 12:07
Date Of Accident	11/09/2018 07:20
Exact Location Of Accident	HOUANG CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG1213M
Insured/Policyholder	
Name Of Registered Owner	HENG KEE MENG
NRIC No	S1129583E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96301223
Alternative Phone No	OTHERS-96301223

Vehicle Particulars

Manufacturer	BMW
Model	420I
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? 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

Cover Note Number

Driver

Name of Driver	HENG KEE MENG
NRIC No	S1129583E
Date Of Birth	08/04/1955
Occupation	INDOOR
Date Of Driving Pass	26/07/1975
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96301223
Fax Number	
Contact Number	OTHERS-96301223
EMail Address	NOEMAIL

Address 90 TAMPINES ROAD
 Postcode 535115
 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 COLLIDED INTO PARKED VEHICLE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 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) 2
 Passenger 1

NAME: : CHIA HON JOO
 GENDER: : FEMALE

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? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX2939J
 Vehicle Make/Model/Colour AUDI BLACK
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LIM KHAI LENG
 NRIC/Passport Number S7806286Z
 Contact Number 93630936
 Address BLK 33 KOVAN ROAD #04-41
 Postcode 545020
 Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 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 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. 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 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:

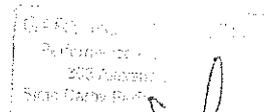
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Handwritten signature of Policyholder

Policyholder's Signature
Date & Time:

11/09/18
10:30 am

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

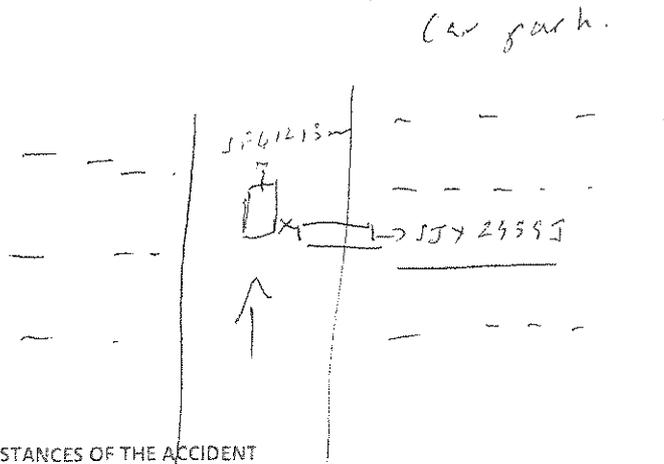


Handwritten signature and date: 11/9/18 1030

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving past her car when she suddenly drove her car forward from her parking lot and hit my car at the right back.

DECLARATION

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

Policyholder's Signature

Date & Time:

11/09/18

10:50 AM

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/09/18
11:30

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1129583E



Name

HENG KEE MENG

王記明

Race

CHINESE

Date of birth

08-04-1955

Country/Place of birth

SINGAPORE

Sex

M

S1129583E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1129583E

Name: HENG KEE MENG

Birth Date: 08 Apr 1955

Issue Date: 17 Feb 2004

1001125162J

5646371



NRIC No. S1129583E



Date of issue

07-09-2016

Address

90 TAMPINES ROAD
SINGAPORE 535115

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Jun 1974
Class 2A	Motorcycles between 201 cc and 400 cc	17 Jun 1974
Class 2	Motorcycles exceeding 400 cc	17 Jun 1974
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Jul 1975

NP 428A



Licence No: S1129583E

www.libertyinsurance.com.sg

Name of Producer: SD CONTEGO SERVICES (A1429)	Cover Note No.: C0081292
Date of Issue: 28 Mar 2018	Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	HENG KEE MENG	
Period of Insurance:	From: 29 Mar 2018 00:00	To: 28 Mar 2020 23:59
Registration No.:	SFG1213M	
Make and Model:	BMW 420IA GRAN COUPE RL	
Type of Body:	SALOON	
Capacity/Tonnage:	1998	
Year of Manufacture/Registration:	2017/2018	
Chassis No.:	WBA4H32070BH13121	
Engine No.:	F6891966B48B20A	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:	UNITED OVERSEAS BANK LIMITED	
Type of Plan:	Comprehensive	
Excess:	700	



The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Not valid unless counter-signed by authorized person.



Date: 28 Mar 2018 11:31

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.