

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

22 OCT 2018

E S T I M A T E

Estimate No. : **b1 48863**
Date Estimated : **22/10/2018**
Prepared By : **Han Kwan Yong**

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Tay Si Yun
217 Loyang Rise

Singapore 507384

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLH1704L	5B45504	26/10/2016	216d G TOURER	0

DESCRIPTIONVALUE

To replace rear bumper & attachments, boot lid including to
knock out dented area caused by the accident

2,975.00

To respray rear bumper, boot lid and tail panel

2,666.00

To carry out body cavity preservation.
(Per panel).

118.00

To conduct water leak tests.

75.00

To replace bootlid smart opener top and
bottom sensor lines including program and conduct checks for
proper function.

661.00

To remove and install boot compartment carpet and garnish
to facilitate repairs.

271.00

To conduct checks on all doors and bootlid central locking
system for proper function.

177.00

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

177.00

Sundries.

150.00

Total Labour 1: **7,270.00**

DESCRIPTIONQTYPRICVALUE

BOOTLID

1

1,174.95

1,174.95

REAR BUMPER CARRIER

1

423.80

423.80

SUPPORT

1

48.45

48.45

RR BUMPER LH INNER SIDE GUIDE

1

65.90

65.90

RR BUMPER RH INNER SIDE GUID

1

65.90

65.90

REAR BUMPER TRIM STRIP (CHROM)

1

105.65

105.65

REAR BUMPER PANEL PRIMED (LI

1

966.25

966.25

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Tel. 63190888 (AfterSales)
Fax. 63449773315, Alexandra Road
Sime Darby Business Centre
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64796624 (Motorrad)**GST REG. NO : M2 - 0020081 - X****E S T I M A T E**Estimate No. : **b1 48863**
Date Estimated : **22/10/2018**
Prepared By : **Han Kwan Yong**Page No. : **2 of 5**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLH1704L	5B45504	26/10/2016	216d G TOURER	0

DESCRIPTION	QTY	PRIC	VALUE
REAR BUMPER TOWING FLAP EYE PRIMED	1	41.80	41.80
GROMMET	2	0.75	1.50
PLAQUE 74MM	1	69.50	69.50
REAR BUMPER HEAT INSULATION	1	61.70	61.70
SENSOR WIRE FOR SMART OPENER TOP	1	42.10	42.10
SENSOR WIRE FOR SMART OPENER BOTTOM	1	40.50	40.50
# REAR LH REFLECTOR	1	36.25	36.25
REAR RH REFLECTOR	1	36.25	36.25
DECOUPING RING PDC TORQUE CONVERTER	2	5.05	10.10
PDC SENSOR MEDITERRANBLAU WC10	2	380.65	761.30
(DG) CLEANER R1 (100ML)	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR)	2	131.55	263.10
(DG/SL) GLASS PRIMER 30ML (VP206)	1	27.85	27.85
Total Parts :			4,269.00

Labour 1	:	7,270.00
Parts	:	4,269.00
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	807.73
Grand Total	:	12,346.73

** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-163248
Date of Request: 22/10/2018

Your Ref No: Online Purchase

Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

Dear Sir/Madam,

Enquiry Date 22/10/2018
Enquiry By Han Kwan Yong
TP Vehicle No. SJZ1265R
Accident Date 15/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJZ1265R	AIG Asia Pacific Insurance Pte. Ltd.	16/03/2018-15/03/2019	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-163248
Date of Request: 22/10/2018

Your Ref No: Online Purchase

Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

Dear Sir/Madam,

Enquiry Date 22/10/2018
Enquiry By Han Kwan Yong
TP Vehicle No. SJZ1265R
Accident Date 15/10/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	
GST Amount	
Total Amount Due (GST Inclusive)	

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1469072G



Name

TAY KIM CHOON

郑 锦 春

Race
CHINESE

Date of birth
15-10-1961

Sex
M

S1469072G

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1469072G

Name

TAY KIM CHOON

Birth Date: 15 Oct 1961

Issue Date: 03 Aug 2004



001268677E



4943612

NRIC No. S1469072G



Date of issue
02-03-2013

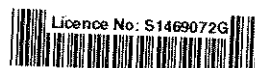
217 LOYANG RISE
SINGAPORE 507384

NRIC No: S1469072G

Date: 11/03/2018 (R)

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

		PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	19 Jun 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kg	14 Dec 1983



Licence No. S1469072G

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 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 Report	22/10/2018 11:26
Date Of Accident	15/10/2018 19:25
Exact Location Of Accident	SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1704L
Insured/Policyholder	
Name Of Registered Owner	TAY SI YUN
NRIC No	S9212478I
Email Address	DANIELTAY@TRENDART.COM.SG
Mobile Phone No	(LOCAL) +65-91197104
Alternative Phone No	OFFICE-91197104

Vehicle Particulars

Manufacturer	BMW
Model	216D-1.5 D ACTIVE TOURER (F45) (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S02137B
Cover Note Number	

Driver

Name of Driver	TAY KIM CHOON
NRIC No	S1469072G
Date Of Birth	15/10/1961
Occupation	INDOOR
Date Of Driving Pass	19/06/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91197104
Fax Number	
Contact Number	
EMail Address	DANIELTAY@TRENDART.COM.SG

Address	217 LOYANG RISE
Postcode	507384
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
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?	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: : TAY SI MIN 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 SKETCH PLAN

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	SJZ1265R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

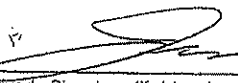
Describe Circumstances of the Accident

Rt Traffic light when my opp. suddenly car ST21265R
hit my back of my car, My car bumper and tail gate
are bad damage.

Declaration

We declare the foregoing particulars are true in every respect.

*  20/10/18
Policyholder's Signature / Date &
Time

 20/10/18
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

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 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)

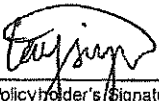
I understand, acknowledge, agree and consent that :

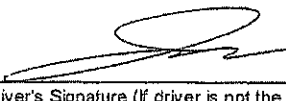
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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



Policyholder's Signature / Date & Time 20/10/18


Driver's Signature (If driver is not the policyholder) / Date & Time 20/10/18

Witnessed by Reporting Centre Personnel

Sketch Plan

REPUBLIC OF SINGAPORE
ENTITY CARD NO. S1469072G



Name
TAY KIM CHOON

郑 锦 春

Race
CHINESE


Date of birth
15-10-1961

Sex
M

Country of birth
SINGAPORE

S14690723

REPUBLIC OF SINGAPORE DRIVING LICENCE




TAY KIM CHOON

Birth Date: 15 Oct 1961


Issue Date: 03 Aug 2004

001258577E

4943612



NRIC No: S1469072G



Date of issue
02-03-2013

217 LOYANG RISE
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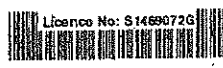
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NP 428A

Licence No: S1469072G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

