

**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

16 NOV 2018

**E S T I M A T E**

Estimate No. : b1 49096  
Date Estimated : 13/11/2018  
Prepared By : Han Kwan Yong

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**- ESTIMATE REPAIR FOR -**

Chin Yun Fang  
31 Tai Keng Gardens

Singapore 535312

**- ACCOUNT - 40000**

Cash Sales - Service  
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKF1665M	C951344	30/12/2011	730LiA	0

DESCRIPTIONVALUE

To replace front bumper & attachments including to knock out  
front right fender and dented area caused by the accident

2,550.00

To respray front bumper and front right fender

1,923.00

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

177.00

Sundries.

80.00

Total Labour 1: **4,730.00**

DESCRIPTIONQTYPRICVALUE

PLASTIC NUT

4

0.90

3.60

FRT BUMPER TOP CARRIER

1

814.70

814.70

FRT BUMPER RH MOULDING (CHROME)

1

36.80

36.80

FRT BUMPER FLAP COVER SPRING

1

5.25

5.25

FRT BUMPER RH FLAP COVER (PRIMED)

1

51.95

51.95

# FRT BUMPER (PDC)

1

1,510.95

1,510.95

C CLIP NUT

10

1.30

13.00

FRT BUMPER TOP IMPACT ABSORBER

1

69.10

69.10

RH HIGH PRESSURE NOZZLE

1

183.80

183.80

Total Parts : **2,689.15**

Labour 1 : **4,730.00**

Parts : **2,689.15**

Labour 2 : **0.00**

Excess : **0.00**

Total GST @ 7% : **519.34**

Grand Total : **7,938.49**

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

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

Flan

## 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	10/11/2018 17:48
Date Of Accident	09/11/2018 07:30
Exact Location Of Accident	OUE BAYFRONT 50 COLLYER QUAY 049321 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF1665M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN YUN FANG
NRIC No	S6837691B
Email Address	JOANNA_CHIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92965549
Alternative Phone No	OTHERS-92965549

### Vehicle Particulars

Manufacturer	BMW
Model	730LI AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE

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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008570
Cover Note Number	N.A

### Driver

Name of Driver	CHIN YUN FANG
NRIC No	S6837691B
Date Of Birth	13/09/1968
Occupation	INDOOR
Date Of Driving Pass	04/05/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92965549
Fax Number	
Contact Number	OTHERS-92965549
Email Address	JOANNA_CHIN@YAHOO.COM

Address NIL  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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: : PNG XIN YI ASHLEIGH  
 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

I had already parked my car at OUE Bayfront Carpark at 730am on Friday 9 November 2018. My Daughter was in the car with me. I was about to get out of my car when I saw the Lexus trying to reverse into the empty lot next to me. I stayed inside my car when he was reversing. Instead of reversing into the empty lot, his car backed into the right front corner of my car. He moved forward quickly and reversed again and hit the same section. I immediately opened my door and got out of my car. Mr Jung, the driver stopped and admitted that he didn't see my car when he was reversing. He admitted that it was completely his mistake and he would bear full responsibility for the repair at BMW workshop. (Attached his WhatsApp messages as evidence too). No injuries were involved.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WILL UPLOAD TO MERIMEN AFTER INSURED SEND  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV2086T  
 Vehicle Make/Model/Colour TOYOTA LEXUS ES300H LU  
 Details Of Properties NIL  
 Vehicle Category PRIVATE CAR  
 Name of Driver JUNG JIN SANG  
 NRIC/Passport Number G5716129P  
 Contact Number 87992427

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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 my 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 shed outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

Johnny

Voo Cheon Yee

Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

Along ODE Bayfront Corridor

A rectangular area labeled 'A' is drawn on the grid. To its right, a triangular area labeled 'B' is drawn, with its base aligned with the right side of rectangle 'A'. The sketch is titled 'Along ODE Bayfront Corridor'.

A SE 166 M  
B SE 206 M

**ACCIDENT STATEMENT (2000 characters)**

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Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

10 November 2018 at 12:07 PM

Date/Time:

10 November 2018 at 12:07 PM

Accident Photo

