

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 NOV 2018

E S T I M A T E

Estimate No. : b1 49201
Date Estimated : 22/11/2018
Prepared By : Han Kwan Yong

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

Kuek Kien Joo
15D Jalan Arif

Singapore 548822

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SFC988M	P891113	27/04/2016	X1 sDrive18i	0

DESCRIPTION

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

VALUE

1,275.00

To respray 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: **2,570.00**

DESCRIPTION

RR BUMPER CARRIER
MOUNTING SMART OPENER
REAR TRIM UNDERRIDE PROTECTION (X L
REAR BUMPER PANEL PRIMED
REAR BUMPER MIDDLE TRIM PANE
REAR BUMPER TRIM BOTTOM (LINES)
REAR BUMPER TOWING EYE COVER

QTY PRIC

1 468.30
1 45.30
1 102.30
1 741.55
1 233.60
1 222.45
1 36.60

VALUE

468.30
45.30
102.30
741.55
233.60
222.45
36.60

Total Parts : **1,850.10**

Labour 1	:	2,570.00
Parts	:	1,850.10
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	309.41
Grand Total	:	4,729.51

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

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



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Nov 2018 / 17:59:50

Receipt Date/Time : 22 Nov 2018 / 17:59:50

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181122-002126

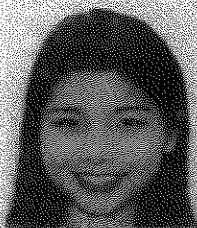
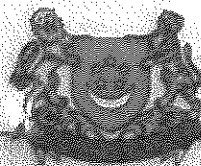
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SHD4194G As at 09 Jul 2018/08:50:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD4194G Enquiry Fee 20181122175639242586	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx9609	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9513970A



Name

ROSANNA KUEK RUIXIN

郭 睿 欣

Race

CHINESE

Date of birth

25-04-1995

Sex

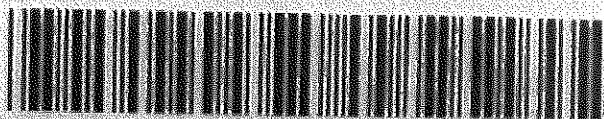
F

Country/Place of birth

SINGAPORE



5509994



NRIC No. S9513970A



Date of issue

12-08-2015

Address

15D JALAN ARIF
SINGAPORE 548822

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Rosanna Kuek Rui Xin

License Number: **S9513970A**

Name: **ROSANNA KUEK RUIXIN**

Birth Date: **25 Apr 1995**

Issue Date: **31 Jul 2014**

Barcode: 002330511F

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals \leq 2500kg	31 Jul 2014

NP-428A

Barcode: Licence No. S9513970A

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the 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
3. 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	: 5100623288		
The Policyholder	: MILDRED NG SUAT LING		
	: 15D JALAN ARIF		
	: SINGAPORE 548822		
Period of Insurance	: 09 May 2018 To 26 Apr 2019		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$826.78		
Interest Insured			
Cover Type	: drive PREMIUM		
Primary Driver	: MILDRED NG SUAT LING		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: BMW/X1	Capacity	: 1500cc
Registration Number	: SFC988M	Registration Year	: 2016
Chassis Number	: WBAHS120X0P891113	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: Yes	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : M7

Agency : VENNA CHONG MING EE (00000602388)
Date of Issue : 09 May 2018 15:37 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

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	09/07/2018 23:43
Date Of Accident	09/07/2018 08:50
Exact Location Of Accident	CTE(AYE) BEF HAVELOCK RD EXIT LANE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC988M
Insured/Policyholder	
Name Of Registered Owner	MILDRED NG SUAT LING
NRIC No	S7005658E
Email Address	ROSANNAKUEK95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90487497
Alternative Phone No	OFFICE-90487497

Vehicle Particulars

Manufacturer	BMW
Model	X1-1.5 SDRIVE 18i (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100623288
Cover Note Number	

Driver

Name of Driver	ROSANNA KUEK RUIXIN
NRIC No	S9513970A
Date Of Birth	25/04/1995
Occupation	INDOOR
Date Of Driving Pass	31/07/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90487497
Fax Number	
Contact Number	
E-Mail Address	ROSANNAKUEK95@GMAIL.COM

Address 15D JALAN ARIF
Postcode 548822
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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) 3
Passenger 1
NAME: : SISTER TO DRIVER
GENDER: : FEMALE
Passenger 2
NAME: : SISTER TO DRIVER
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

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 SHD4194G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TEO NGAK HIN
NRIC/Passport Number S0534565J
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 _____
City & State _____

Reporting Centre Personnel's Signature
Name: _____
NRCL/IR No. _____

Sketch Plan #2

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 third party service providers or agents (including their lawyers/law firms), which may be based 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 (a) 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 regulation, laws or court orders.

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/ID No

Accident Photo

