



(Jy)

AXA Insurance Pte Ltd
8 Shenton Way
#27-01
Singapore 068811
Attention: Motor Claims

"Without Prejudice"

Your Ref :

Our Ref :

Date :

01 April 2019

Subject :

ACCIDENT INVOLVING VEHICLES SLX5882U & SDV7755X ON 21.11.2018

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses which are set out hereunder as follows:-

Cost of Repair	:	S\$	2679.13
Loss of use	:	S\$	240.00 (S\$80.00 x 3 days)
LTA search fee	:	S\$	7.45
Total	:	S\$	2926.58

A copy of each of the following supporting documents is enclosed:

1. Copy of Accident Report
2. Copy of Final Repair bill & LTA search slip
3. Copy of Identification Card & Driving License
4. Copy of Letter of Authorisation & Discharge Voucher

Performance Motors
Limited
1800-Call-BMW
(1800-2255-269)

www.pml.com.sg

303 Alexandra Road
Sime Darby
Performance Centre
Singapore 159941
Tel Sales 6319 0100
Tel Aftersales:
6319 0111
Fax 6474 7770

315 Alexandra Road
#01-01
Sime Darby
Business Centre
Singapore 159944
Tel Sales 6319 0511
Tel Aftersales
6319 0527
Fax 6479 6624

280
Kampong Arang Rd
East Coast Centre
Singapore 438180
Tel Aftersales
6319 0888
Fax 6344 1332

Registered office
305 Alexandra Road
#02-01
Vantage
Automotive Centre
Singapore 159942

Co. Reg. No:
197401559W

Please note that you or your insured should send us an acknowledgement of receipt of this letter within fourteen (14) days from the date of this letter, failing which our client will have no alternative but to commence legal proceedings against you without any further notice to you or your insured.

Should you have a counterclaim against our client arising out of the accident, you are also required to send a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

For any correspondence, please contact Ms Caroline Tan at 6319-0174 / Fax. 6479-4601 or email to pml-pbsp@sime-darby.com.sg.

Yours sincerely

Cresendo Lagman
Customer Service Manager, Body & Paint

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	22/11/2018 09:21
Date Of Accident	21/11/2018 18:45
Exact Location Of Accident	KPE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5882U
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHE MARCIANO
NRIC No	S7388130G
Email Address	CMARCIANO2012@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98267010
Alternative Phone No	OTHERS-98267010

Vehicle Particulars

Manufacturer	BMW
Model	X1 SDRIVE 18I
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	SD18V03886
Cover Note Number	

Driver

Name of Driver	CHRISTOPHE MARCIANO
NRIC No	S7388130G
Date Of Birth	03/09/1973
Occupation	INDOOR
Date Of Driving Pass	19/06/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98267010
Fax Number	
Contact Number	OTHERS-98267010
EEmail Address	CMARCIANO2012@GMAIL.COM

Address	114 HILLCREST ROAD
Postcode	288982
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	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)	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

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDV7755X
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YARNI LOI
NRIC/Passport Number	
Contact Number	97489534
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	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**.
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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)**

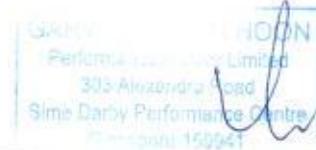
I understand, acknowledge, agree and consent that:

- (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:

22/11/18 8:30 am

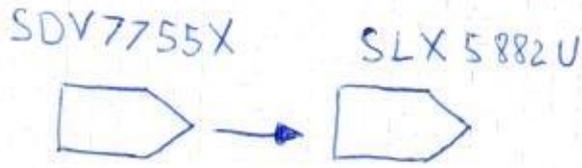
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

22/11/18
0830

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along KPE - Heavy flow - The car behind me hit the back of mine.

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.:

22/11/18
8:30

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941Tel. 63190100 (Sales & Admin)
63190111 (AfterSales)
Fax. 64747770280, Kampong Arang Road
East Coast Centre
Singapore 436180
Tel. 63190888 (AfterSales)
Fax. 63449773315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Tel. 63190528 (AfterSales)
63190533/530 (Motorrad)
Fax. 64796601 (AfterSales)
64796624 (Motorrad)**SERVICE TAX INVOICE**Repair Order No. : **B1 1331872**
Date IN : **21/01/2019**
Cust. Svc. Advisor: **Gary Poh Chai Hoon**Page No. : **1 of 2**
Invoice Number : **2081956 / WSB**
Invoice Date : **28/03/2019**
Payment Terms : **30 Days From Invoice**
Invoice By : **Sharon Heng****- CUSTOMER INFORMATION -****Mr Christophe Jean Simon Marciano**
114 Hillcrest Road**Singapore**
Singapore 288982**- INVOICE TO - 238****AXA Insurance Pte Ltd**
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLX5882U	EG21101	29/03/2018	X1 SDRIVE18I	5406

	Retail Price	DISC%	NETT
----- LABOUR 1 -----			
To make good the rear bumper and replace all damaged parts including to remove and install body parts in order to carry out painting job.	850.00	10.00	765.00
To respray rear bumper.	934.00	10.00	840.60
To check electrical wiring systems and lightings at the rear section for proper function.	150.00	10.00	135.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct checks for proper function.	150.00	10.00	135.00
Sundries	40.00	0.00	40.00
INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.	0.00	0.00	0.00
DATE OF ACCIDENT : 21.11.2018. 3RD PARTY CAR : SDV7755X.			
YOUR REF NO : NIL.			
VEHICLE WAS SURVEYED BY MR RASUL FROM LKK AUTO CONSULTANTS PTE LTD ON 9.1.2019 AT 2.55 PM. AUTHORISED REPAIR BY MS JOY IRENE FROM LKK ON 19.12.2018 VIA E-MAIL PROPOSE LOSS OF USE = \$80X3. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY CONFIRMATION.	0.00	0.00	0.00
LTA SEARCH FEE = \$7.45.	0.00	0.00	0.00
Total Labour 1:			1,915.60

	Qty	Retail Price	DISC%	NETT
----- PARTS -----				
REAR BUMPER MIDDLE TRIM PANEL (PDC)	1	242.80	3.00	235.52
REAR TRIM UNDERRIDE PROTECTION (X L	1	105.40	3.00	102.24
EXPANDING RIVET	20	1.35	3.00	26.19
REAR BUMPER TRIM BOTTOM (LINES)	1	231.25	3.00	224.31
Total Parts :				588.26

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Tel. 63190100 (Sales & Admin)
63190111 (AfterSales)
Fax. 64747770280, Kampong Arang Road
East Coast Centre
Singapore 438180
Tel. 63190888 (AfterSales)
Fax. 63449773315, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Tel. 63190528 (AfterSales)
63190533/530 (Motorrad)
Fax. 64796601 (AfterSales)
64796624 (Motorrad)**SERVICE TAX INVOICE**

Repair Order No. : B1 1331872	Page No. : 2 of 2
Date IN : 21/01/2019	Invoice Number : 2081956 / WSB
Cust. Svc. Advisor: Gary Poh Chai Hoon	Invoice Date : 28/03/2019
	Payment Terms : 30 Days From Invoice
	Invoice By : Sharon Heng

Labour Charges : 1,875.60	Total Labour & Parts Charges : S\$ 2,503.86
Parts Charges : 588.26	Less Insurance Excess : S\$ 0.00
Lubricant/Misc : 40.00	Invoice Total Amount Exclude GST : S\$ 2,503.86
	GST @ 7% : S\$ 175.27
	Invoice Total Amount Include GST : S\$ 2,679.13

Computer generated invoice. No signature is required.	Amount Payable Include GST : S\$ 2,679.13
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All amounts are in Singapore Dollars.
Work was carried out subject to the Company's Terms and Conditions of Service.
No complaints will be entertained unless reported within seven (7) days of the date of this invoice.
For credit purchases, interest @1% per month will be debited on overdue amounts.



M Dealer

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
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63190533/530 (Motorrad)
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64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

23 NOV 2018

ESTIMATE

1331872

Estimate No. : b1 49215	Page No. : 1 of 5
Date Estimated : 23/11/2018	
Prepared By : Gary Poh Chai Hoon	

- ESTIMATE REPAIR FOR - Christophe Jean Simon Marciano 114 Hillcrest Road Singapore Singapore 288982	- ACCOUNT - 40000 Cash Sales - Service Singapore
--	--

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLX5882U	EG21101	29/03/2018	X1 sDrive18i	0

DESCRIPTION	VALUE
Replace rear bumper panel and attachments, etc to knock out dents caused by the accident.	850 1,700.00
Spray rear bumper panel, tail panel	934 1,781.00
To check electrical wiring systems and lightings at the rear section for proper function.	150 177.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct checks for proper function.	150 177.00
Sundries	? 80.00
Total Labour 1:	3,915.00

PART NUMBER	DESCRIPTION	QTY	PRIC	VALUE
51127332317	REAR LH BUMPER MOUNT ?	1	160.55	160.55
51127332318	REAR RH BUMPER MOUNT ?	1	160.55	160.55
51127332320	RR BUMPER CARRIER ?	1	468.30	468.30
51127378532	MOUNTING SMART OPENER ?	1	45.30	45.30
51127379982	REAR TRIM UNDERRIDE PROTECTION (X L) DE ✓	1	102.30	102.30
51127381119	RR BUMPER LH CORNER MOUNTING ?	1	141.90	141.90
51127381120	RR BUMPER RH CORNER MOUNTING ?	1	141.90	141.90
51127403391	REAR BUMPER PANEL PRIMED repair ?	1	741.55	741.55
51127403397	REAR BUMPER TRIM BOTTOM (LINES) DE ✓	1	222.45	222.45
51317361233	REAR BUMPER TOWING EYE COVER X	1	36.60	36.60
66209274428	ULTRASONIC SENSOR BLACK ?	4	248.70	994.80
66209283203	DECOUPLING RING PDC TORQUE CONVERTER ?	4	5.05	20.20
Total Parts :				3,236.40

303, Alexandra Road
Sime Darby Performance Centre
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Fax. 64796601 (AfterSales)
64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

E S T I M A T E

Estimate No. : b1 49215
Date Estimated : 23/11/2018
Prepared By : Gary Poh Chai Hoon

Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLX5882U	EG21101	29/03/2018	X1 sDrive18i	0

Claim's OD / <u>Part</u> / Uninsured losses / Direct agreement	
Regn No. _____	Claim No. _____
Date & Time <u>09/01/19 @ 14:55</u>	Engine No. _____
Surveyor's Name <u>Rasul</u>	Sign _____
Surveyor's Tel <u>9006068</u>	Author's _____
Authorized Date _____	Th. _____
REG SURVEY PARTS PHOTO BY SURVEYOR _____ / No. _____	
Surveyor's E-mail _____	
No. of Working Days: Recommend <u>3 days</u>	

Labour 1	:	3,915.00
Parts	:	3,236.40
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	500.60
Grand Total	:	7,652.00

** 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 / 18:03:02

Receipt Date/Time : 22 Nov 2018 / 18:03:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181122-002131

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SDV7755X As at 21 Nov 2018/18:45:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SDV7755X Enquiry Fee 20181122180203037443	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.

9181483



NRIC No S7388130G

Nationality
FRENCH

Date of issue
17-10-2012

114 HILLCREST ROAD
SINGAPORE 288982

NRIC No: S7398130G

Date: 01/09/2017

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7388130G



Name
CHRISTOPHE JEAN SIMON
MARCIANO

Race
CAUCASIAN

Date of birth
03-09-1973

Sex
M

Country of birth
FRANCE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S7388130G**
Name: **CHRISTOPHE JEAN SIMON MARCIANO**

Birth Date: **03 Sep 1973**
Issue Date: **19 Jun 2015**

Barcode: 002441261J

SG 50

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

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	19 Jun 2015

Licence No: S7388130G

Performance Motors Limited

A member of the Sime Darby Group



LETTER OF AUTHORISATION

ACCIDENT INVOLVING SLX5882U & SDV7755X ON 21/11/18.

I, CHRISTOPHE MARCIANO owner of Vehicle Registration No. SLX5882U hereby authorise **Performance Motors Limited** to submit, correspond, negotiate and settle my claim for cost of repair and/or uninsured losses arising from the above accident.

I further authorise **Performance Motors Limited** to execute, sign, seal and deliver all documents whatsoever in relation to this matter and to accept and receive any payment due to me in respect of my claim above.

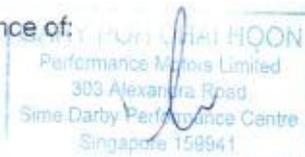
I hereby declare that all acts and documents done by virtue of this Letter of Authorisation on my behalf shall be good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me in person.

I further confirm that the acceptance by **Performance Motors Limited** of the settlement amount in respect of such claim shall constitute the full discharge of my claim in respect of such loss and damage.

Signed by:

Name: CHRISTOPHE MARCIANO (Date) 22/11/18
NRIC No.: 573881306

In the presence of:



Name : _____ (Date) _____
NRIC No.: _____



redefining / insurance



CLAIM REF :
INSURED :

SLX 5882 V

DISCHARGE VOUCHER

Christophe Jean

We/I Simon Marciano, NRIC NO. S7388130 G hereby agree to accept the sum of dollars [] (\$\$) paid to us/me by **AXA INSURANCE PTE LTD** as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said **AXA INSURANCE PTE LTD** or their Insured or the driver of motor vehicle no. [SDV7755X] as a result of an accident along [KPE Tunnel] on [21.11.18] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SLX58824].

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. [SDV7755X] in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. [SDV7755X]

Dated this _____ day of _____ 2017

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : S7388130 G

Occupation/ Business : _____

Address : 114 Hillcrest Rd, SG 288982

Telephone No. : 9826 7010

Witness's Name : _____

Witness's Signature : _____

Witness's NRIC No. : _____

GARY POH CHU HOON
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 150941