

Performance Motors Limited

A member of the Sime Darby Group

Co. Reg. No. 197401559W GST Reg. No M2-0020001-X

303, Alexandra Road
Sime Darby Performance Centre
Singapore 159941
Tel: 63190100 (Sales & Admin)
63190111 (AfterSales)
Fax: 64747770

258, Kampong Arang Road
East Coast Centre
Singapore 438180
Tel: 63190888 (AfterSales)
Fax: 63449773

319, Alexandra Road
Sime Darby Business Centre
Singapore 159944
Tel: 63190528 (AfterSales)
63190513/538 (Motorrad)
Fax: 64796601 (AfterSales)
64796624 (Motorrad)

Khanchana



SERVICE TAX INVOICE

Repair Order No. : B1 1340896

Date IN : 27/02/2019

Cust. Svc. Advisor: Chua Kee Sin

Page No. : 1 of 2

Invoice Number : 2115479 / WSB

Invoice Date : 25/06/2019

Payment Terms : 30 Days From Invoice

Invoice By : Sharon Heng

- CUSTOMER INFORMATION -

Hitachi Capital Asia Pacific Pte. Ltd.
111 Somerset Road
#14-05 Tripleone Somerset

Singapore 238164

- INVOICE TO - 121

AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#08-16 Chartis Building
Singapore 079120

REGN. NO.
SKP5676CCHASSIS NO.
LE00803REGN. DATE
31/07/2014MODEL
X3 SDRIVE20MILEAGE
78367

- - - - LABOUR 1 - - - -

	NETT
To replace front bumper and attachments, front right fender and front right wheel arch cover etc including to remove and install body parts in order to carry out painting job.	1,700.00
To respray front bumper and front right fender.	1,730.00
To check electrical wiring systems at the front section for proper function including adjustments of headlights.	150.00
To carry out body cavity preservation.	100.00
To replace right Technology LED headlight.	408.00
Sundries.	150.00
INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.	0.00
DATE OF ACCIDENT : 14.12.2018. 3RD PARTY CAR : SJB4345A.	
YOUR REF NO : NIL.	
VEHICLE WAS SURVEYED BY MR RASUL FROM LKK AUTO CONSULTANTS PTE LTD ON 27.2.2019 AT 11.45 AM.	
AUTHORISED REPAIR BY MR VIC ALPEH FROM LKK ON 22.1.2019 VIA E-MAIL.	
PROPOSE LOSS OF USE = \$120X7. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY CONFIRMATION.	0.00
GIA SEARCH FEE = \$2.00.	0.00
Total Labour 1:	4,238.00

- - - - PARTS - - - -

	Qty	Retail Price	NETT
FRT RH FENDER	1	804.50	804.50
FRT RH WHEEL ARCH COVER	1	179.75	179.75
RH HEADLIGHT LED TECHNOLOGY	1	3,682.05	3,682.05
DECOUPLING RING PDC TORQUE CONVERTE	1	5.05	5.05
EXPANDING RIVET	20	1.35	27.00
RH MOUNT FOR SIDEWALL/HEADLIGHT	1	57.05	57.05
RIGHT SUPPORT	1	184.80	184.80
CLADDING BUMPER FRT (PDC/SCHWARZ)	1	246.20	246.20
ULTRASONIC SENSOR (SCHWARZ)	1	236.85	236.85
FRT BUMPER PANEL PRIMED	1	1,335.40	1,335.40

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Cust. Svc. Advisor: Chua Kee Sin	Invoice Date : 25/06/2019
	Payment Terms : 30 Days From Invoice
	Invoice By : Sharon Heng

SPRAY NOZZLE RH

1 159.85 159.85

Total Parts : **6,918.50**

Labour Charges : 4,088.00	Total Labour & Parts Charges : S\$ 11,156.50
Parts Charges : 6,918.50	Less Insurance Excess : S\$ 0.00
Lubricant/Misc : 150.00	Invoice Total Amount Exclude GST : S\$ 11,156.50
	GST @ 7% : S\$ 780.96
	Invoice Total Amount Include GST : S\$ 11,937.46

Computer generated invoice. No signature is required.

Amount Payable Include GST : **S\$ 11,937.46**

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.



NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

**AIG THIRD PARTY EXPRESS SETTLEMENT
FOR ACCIDENTS ON OR AFTER 1ST JUNE 2008
(PAYMENT BREAKDOWN)**

Vehicle No:	5FP5676C	Model:	
Date of Accident:	14-12-2018		

Global Sum Settlement	: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Repair Estimate	: \$	14228.17
Final Repair Cost	: \$	11937.46
Loss of Use	: \$	840.00
Rental (if any)	: \$	7 days at \$ 120 per day
LTA / GIA Search Fee	: \$	2.00
Others:	: \$	
	: \$	
Final Settlement Sum	: \$	12779.46

Is Third Party Workshop GIA Registered? ☐ YES ☐ NO (Kindly indicate below)

A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks _____

Payment Instruction: Payee's Breakdown		
1)	Performance Motors Ltd	: \$ 11937.46
2)	Performance Motors Ltd	: \$ 2.00
3)	Hitachi Capital Asia Pacific Pte Ltd	: \$ 840.00

Signed by appointed surveyor _____

Date _____

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act;
Survey Report; Medical Report/ Bill (if any))

RELEASE VOUCHER
(AIG Express Third Party Claim)

"We/I, Performance Motors Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$ 11837.46 (Repair Cost), S\$ 840.00 (Loss of rental/use), S\$ 2.00 (Disbursement), for vehicle no. SP5676C that was damaged pursuant to the accident which occurred on 14.12.18 (date) along Upper East Coast Road (location) involving vehicle no/s SR 4345A. This is pursuant to the inspection conducted on 27.2.19 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner Hitachi Capital Asia Pacific Pte Ltd ("the third party claimant") of vehicle no. SP5676C make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SP5676C (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ (day) of _____ (month) 20____ (year)



(Signature)

Signed by appointed surveyor

Signed by "the workshop" (with chop)

AUTHORISATION TO ACT
(AIG Express Third Party Claim)

I, Hitachi Capital Asia Pacific Pte Ltd (the third party claimant) of 111 Somerset
Road #114-05 Triplecone Somerset (address), owner of SKP 5676 C (vehicle no.)
hereby authorize Performance Motors Ltd ("the workshop") to act for me
with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle
no. SKP 5676 C that was damaged pursuant to the accident which occurred on 14/2/2018
(date) along Upper East coast road (location) involving vehicle no/s
SJB 4375A ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit
and the workshop is further authorized to receive payment further to settlement of my claim with
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 06 (day) of 03 (month) 2019 (year)



[Signature]
Signed by "the third party claimant"
(with chop if applicable)



[Signature]
Signed by "the workshop"
(with chop)

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	14/12/2018 16:22
Date Of Accident	14/12/2018 10:30
Exact Location Of Accident	UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5676C
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98584905
Alternative Phone No	OFFICE-98584905

Vehicle Particulars

Manufacturer	BMW
Model	F25 X3
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPX/P1896625
Cover Note Number	

Driver

Name of Driver	ZHU WENBO
NRIC No	G0650515K
Date Of Birth	05/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98584905
Fax Number	
Contact Number	
Email Address	ZHUWENBO2015@YAHOO.COM.SG

Address	BLK 459 UPP EAST COAST RD #03-07
Postcode	466504
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 (including own vehicle) 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: : CHEN TING TING GENDER: : FEMALE
Passenger 2	NAME: : ZHU CHEN ZE GENDER: : MALE

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	SJB4345A
Vehicle Make/Model/Colour	JAGUAR BROWN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

REAR & LEFT

No. Of Passenger (Including Driver)

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.


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.:

My Car is stationary, Ve SJB434SA suddenly Reverse and hit into my car.

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

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MPM/18161339-01 Vehicle Registration No: SKP567KC
Name (as shown in NRIC): Hitechi Capital NRIC/FIN/Passport No: 192501665W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 14.12.2018 Time of Accident: 10:30hrs
Place of Accident: Upper East Coast road
Insurance Company: AXA Insurance

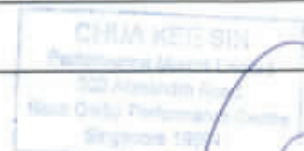
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Claim against third party

Policyholder / Driver's Signature
Date: _____

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



5/3/2019

@ 1120hrs

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAMI 15161339 Vehicle Registration No : SKP 5676C
Name (as shown in NRIC) : Hitach Capital NRIC/FIN/Passport No : _____
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 14/12/2018 Time of Accident : 10:30 hrs
Place of Accident : Upper East Coast Road
Insurance Company : Axa

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach video footage.


Policyholder / Driver's Signature
Date: _____

CHUA KEE SIN
Performance Motors Limited
303 Alexandra Road
Simei Darby Performance Centre
Singapore 159941


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 17/12/18
@ 12 hrs

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPMI 6161339-01 Vehicle Registration No: SKP 5676C
Name (as shown in NRIC) : Hetachi Capital Asia Pte Ltd NRIC/FIN/Passport No : 197501065W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 14.12.18 Time of Accident : 19:30 hrs

Place of Accident : Upper East coast road

Insurance Company: Axa Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish claim my own insurance first, later ~~then~~ revert
claim with third party.

[Signature]
Policyholder / Driver's Signature
Date: 27/12/18

CHUA KEE SIN
Performance Motors Limited
303 Alexandra Road
Singapore, Performance
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 27/12/2018
e 1056w

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7679000J



Name

NG WEE LIN

Race

CHINESE

Date of Birth

11-09-1976

Country of Birth

MALAYSIA

Sex

F



IRIC No. S7679000J


Date of Issue

18-04-2012

Address

16 SIMEN STREET 1
#05-00
SINGAPORE 529942

REPUBLIC OF SINGAPORE DRIVING LICENCE


 License Number: **G0650515K**
 Name: **ZHU WENBO**
 Birth Date: **05 Sep 1988**
 Issue Date: **30 Apr 2015**
 Valid Till: **29 Apr 2020**

002422542G

SG 50

S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TRAVEL 21 (S) PTE LTD



Name:
ZHU WENBO
 S Pass No:
0 72594138
 Sector:
SERVICE



K0335872

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

EFFECTIVE DATE
30 Apr 2015
Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
 with <= 7 passengers, exclusive of the driver; and
 other motor vehicles without clutch pedals <= 2500kg



MP 428A

VISIT PASS

Immigration Regulations

09-05-2018

Name:
ZHU WENBO



PIN:
G0650515K

Date of Birth: **05-09-1988** Sex: **M**

Nationality:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

Download SGWorkPass App to check status





CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPX/P1896625 Account No. : 12980
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
Vehicle Registration No. : SKP5676C
Period of Insurance : From 12/02/2019 To 11/02/2020 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy
1. NG SIEW HONG

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(b) Use for social, domestic and pleasure purposes.
The Policy does not cover
(a) Use for racing, pace making, reliability trial or speed-testing
(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
(04)

EXCESS :

Sect I&II-Any Authorised Driver : SGD 2,000.00
Sect I&II-Driven Outside S'pore : SGD 4,000.00
Windscreen Excess : SGD 200.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates 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).

AXA INSURANCE PTE LTD


Authorized Signature

Issued by - SGOTCAS2 on 15/02/2019

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.