

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

27 DEC 2018

E S T I M A T E

Estimate No. : b1 49558 Page No. : 1 of 5
Date Estimated : 27/12/2018
Prepared By : Kevin Leong Wai Kit

- ESTIMATE REPAIR FOR -

J Anton Ravindran
69 Bedok Ria Crescent

Singapore 489885

- ACCOUNT - 238

AXA Insurance Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLW5952G	NU82307	23/02/2018	318iA/4Dr	0

<u>DESCRIPTION</u>	<u>VALUE</u>
To replace frt bumper, frt RH headlamp bracket, frt RH side panel & all attachments cause by accident.	3,400.00
Painting on frt bumper & frt RH side panel	1,634.00
To check steering geometry and conduct wheel alignment according to BMW specification (1x)	531.00
To replace tyre and wheel rim including balancing. (1x).	94.00
To check electrical wiring systems at the front section for proper function.	177.00
To replace right headlight.	481.00
To carry out body cavity preservation. (Per panel) Frt RH side panel	118.00
Sundries.	150.00
Total Labour 1:	6,585.00

<u>DESCRIPTION</u>	<u>QTY</u>	<u>PRIC</u>	<u>VALUE</u>
ALLOY RIM 7.5JX17 MULTISPOKE 414	1	819.55	819.55
FRT RH SIDE PANEL	1	699.55	699.55
FRT RH 2 SIDE PANEL BRACKET	1	32.95	32.95
FRT RH 1 SIDE PANEL BRACKET	1	32.95	32.95
FRT RH 3 SIDE PANEL BRACKET	1	32.95	32.95
FRT BUMPER TOP MOUNT	1	370.70	370.70
FRT RH DEFORMATION ELEMENT	1	99.80	99.80
INSERT AIR INLET MIDDLE	1	121.95	121.95
INSERT AIR INLET MIDDLE	1	121.95	121.95
RH FOG LAMP SUPPORT	1	41.85	41.85
RH AIR INLET FINISHER (LUXURY)	1	53.20	53.20
RH PARTIALLY OPEN GRID (BASIS)	1	85.90	85.90

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64796624 (Motorrad)**GST REG. NO : M2 - 0020081 - X****E S T I M A T E**Estimate No. : **b1 49558**
Date Estimated : **27/12/2018**
Prepared By : **Kevin Leong Wai Kit**Page No. : **2 of 5**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLW5952G	NU82307	23/02/2018	318iA/4Dr	0

DESCRIPTION	QTY	PRIC	VALUE
FRT SHOCK ABSORBER ECE	1	53.45	53.45
FRT BUMPER PANEL PRIMED (LINES)	1	959.35	959.35
RH SPRAY NOZZLE COVER PRIMED	1	43.25	43.25
SET MOUNTING PDC/PMA SENSOR FRT	1	84.10	84.10
FRT RH GRILLE (LUXURY)	1	118.55	118.55
RIVET	2	0.45	0.90
RH SUPPORT	1	55.30	55.30
FRT BUMPER LOWER MOUNT	1	131.20	131.20
LH COVER FOR BULB REPLACEMENT	1	10.10	10.10
FRT RH WHEEL HOUSING COVER	1	116.55	116.55
COVER BOTTOM RH	1	116.55	116.55
DEFLECTOR LIP RH	1	52.80	52.80
RH HEADLIGHT LED TECHNOLOGY	1	3,068.40	3,068.40
DECOUPLING RING PDC TORQUE CONVERTE	4	5.05	20.20
ULTRASONIC SENSOR BLACK	1	236.85	236.85
(DG/SL) ADHESIVE SET K6	1	53.05	53.05

Total Parts : **7,633.90**

Labour 1	:	6,585.00
Parts	:	7,633.90
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	995.32
Grand Total	:	15,214.22

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

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



RECORDS MANAGEMENT CENTRE

**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-18-199063

Date of Request: 27/12/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 27/12/2018

Enquiry By Melanie Setiawati

TP Vehicle No. SLV6596A

Accident Date 26/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLV6596A	AXA Insurance Pte Ltd	11/04/2018-10/04/2019	6338 7288

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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 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-199063

Date of Request: 27/12/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 27/12/2018
 Enquiry By Melanie Setiawati
 TP Vehicle No. SLV6596A
 Accident Date 26/12/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

 GIRO Cash Cheque

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1504127G**
 Name: **NIRMALA RAVINDRAN**

Birth Date: **11 Oct 1961**
 Issue Date: **05 May 2004**

001210563H



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1504127G**



Name
NIRMALA RAVINDRAN

Race
CEYLONESE
 Date of Birth
11-10-1961 Sex
F
 Country of Birth
SINGAPORE

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Aug 1996

NP 428A



233375



NRIC No. **S1504127G**

Blood Group
O+ Date of issue
01-09-1994

69 BEDOK RIA CRESCENT
SINGAPORE 489885

NRIC No: **S1504127G**

Date: **25-08-2003**

No: **4790530**

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	26/12/2018 23:11
Date Of Accident	26/12/2018 12:20
Exact Location Of Accident	PRINCE EDWARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5952G
Insured/Policyholder	
Name Of Registered Owner	J ANTON RAVINDRAN
NRIC No	S2660461C
Email Address	MALA@LAWCONNECTLLC.COM.SG
Mobile Phone No	(LOCAL) +65-94528987
Alternative Phone No	OFFICE-94528987

Vehicle Particulars

Manufacturer	BMW
Model	318I-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL

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	5098301935

Cover Note Number

Driver

Name of Driver	NIRMALA RAVINDRAN
NRIC No	S1504127G
Date Of Birth	11/10/1961
Occupation	INDOOR
Date Of Driving Pass	16/08/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94528987
Fax Number	
Contact Number	
EMail Address	MALA@LAWCONNECTLLC.COM.SG

Address 69 BEDOK RIA CRESCENT
Postcode 489885
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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) 2
Passenger 1
NAME: : J ANTON RAVINDRAN
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 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 SLV6596A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MOHAMAD AFLAQUE BIN MOHAMD SAHAR ISMAIL
NRIC/Passport Number S9132195E
Contact Number 82234134
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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 willful 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

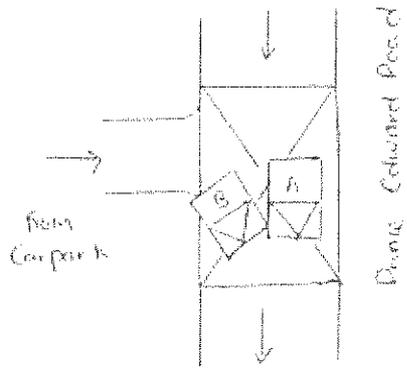

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time
 26.04.17
 J. S. CHIA


 Reporting Centre Personnel's Signature
 Name: N. V. GAY
 NRIC/FIN No: S6326211X

Sketch Plan #2

SKETCH PLAN

A - SLV 952G
 B - SLV 658EG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving slowly along Lane Edward Road towards
 Shenton Way when the driver of vehicle number
 SLV 952G A suddenly drove out of a carpark
 exit on my right and collided into the front
 rightside portion of my vehicle.

The driver conveyed to my husband that it was
 his fault and apologised for his mistake and said
 there should have been a signal man.

I wish to add that there were no vehicles
 travelling in front of my vehicle at the
 material time and I had right of way.

There was visible damage to my front
 right bumper, right headlamp, right tyre
 and rim. Photographs taken at the scene (up
 and down) are attached.

DECLARATION

(We declare the foregoing particulars are true in every respect)

<p>Policyholder's Signature</p> <p>Date & Time</p>	<p>Driver's Signature (If driver is not the policyholder)</p> <p>Date & Time: 24/12/15 11:30pm</p>	<p>Reporting Centre Personnel's Signature</p> <p>Name: Siva</p> <p>NRIC/IN No: 31825378</p>
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