BMW 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. (3190888 (AfterSales) Fax. 63449773

315, 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

1339095

Page No.

: 1 of 2

Date IN

: 20/02/2019

Invoice Number : 2105589 / WSB

Invoice Date : 31/05/2019

Motor Claim Advisor: Inthiran A/L Thurasamy Payment Terms : 30 Days From Invoice

Invoice By : Toh Jing Xuan

- CUSTOMER INFORMATION -

Ms Law Seow Khim 2 Everton Road

- INVOICE TO -121

AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

#08-16 Chartis Building

Singapore 079120

Singapore 089359

REGN. NO. SJN2211C

CHASSIS NO. ED04985

REGN. DATE 31/12/2018

MODEL 216I GT

MILEAGE

2684

NETT

850.00

934.20

150.00

40.00

0.00

0.00

----LABOUR 1----

To replace rear bumper cover including make good the rear bumper panel and knock out dented area caused by the

accident.

To respray rear bumper.

To check electrical wiring systems and lightings at the

rear section for proper function.

Sundries.

INS CLAIMS: ACCIDENT REPAIR. DIRECT SETTLEMENT.

DATE OF ACCIDENT: 24.01.2019. 3RD PARTY CAR: SLP7792A.

YOUR REF NO : NIL.

VEHICLE WAS SURVEYED BY MR STEVE CHEN FROM LKK AUTO ON 20.02.2019. AUTHORISED REPAIR BY MS JOY IRENE FROM

LKK AUTO ON 30.01.2019 VIA EMAIL.

PROPOSE LOSS OF USE = \$80x3. THE AMOUNT IS SUBJECTED

TO INSURANCE COMPANY COMFIRMATION.

GIA SEARCH FEE = \$2.00.

REAR BUMPER COVER (M)

0.00

Total Labour 1:

1,974.20

PARTS

Retail Price 1

736.65

NETT 736.65

Total Parts

736.65

BMW 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. 6319088s (AfterSales) Fax. 63449773

315, 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

1339095

Page No.

: 2 of 2

Date IN

: 20/02/2019

Invoice Number: 2105589 / WSB

Invoice Date : 31/05/2019

Motor Claim Advisor: Inthiran A/L Thurasamy Payment Terms : 30 Days From Invoice

Invoice By

: Toh Jing Xuan

Computer generated i	nvoice.	No signature is required.	Amount Payable Include GST :	S\$	2.900.61
			Invoice Total Amount Include GST	: S\$	2,900.6
			GST @ 7%	: S\$	189.76
Dubi I Cant / MISC		40.00	Invoice Total Amount Exclude GST	: S\$	2,710.85
Lubricant/Misc			Less Insurance Excess	: S\$ _	0.00
Parts Charges		736.65	1. [[[[[[[[[[[[[[[[[[[: S\$	2,710.85
Labour Charges		1,934.20	Total Labour & Parts Charges		0.740.00

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.





AUTHORIZATION TO ACT (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, Law Szow Khim		_("the	third party	claimant")
of 7 Leadon Heights \$18-18 S(267953)			(address),
owner of	_(vehicle	no.)	hereby	authorize
Performance Motors Ltd				
("the workshop") to act for me with res	spect to my	claim t	for repair co	osts and/or
rental and/or loss of use ("claim") for n				
damaged pursuant to the accident whi				
Siglap Road				(location)
involving vehicle no/sSLP==				
				10.130.216.25.1011.0 X 00
I further authorize the workshop to	settle the a	bove r	nentioned of	claim in a
manner that they deem fit and the wo				
payment furtherto settlement of my clai				
favour of the workshop.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oque/o belli	g made in
uni de la camenta de la comencia de Se la comencia de la				
I further acknowledge that any settle	ment the w	orksho	n may read	ch on my
behalf is on a without prejudice and wi				
as the driver/owner/insurers of the other				olo Illoolai
	VOITIOIO/3 IC	COLICE	med.	
Date this day of	(mo	nth) 20	(voor)	
day or	(1110)	11111) 20	(year)	7)
			_	
			1	
2/9/->		V	+	
Signed by "the third party claimant"	<u> </u>		+	
Signed by the tillid party claimant	1,541	2013 Alax	vorkshop" MOTO POMITED andre Road	
		Sindap Turk 6319	eformance Centre pre 159941 0100 (Sales) 1 (Affamales)	
		6319.011	- Amin resont	

GEN05302/13



RELEASE VOUCHER (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I Performance N	lotors Ltd	("the workshop") hereby confirm that we/
have reached an agreement with	the appointed	surveyor of AIG Asia Pacific Insurance Pte. Ltd
LKK Auto Consultants Pte L	4γ ("ua	ame of surveyor") with respect to the amount claimed for
\$\$_2,9 \(\omega\) (repair costs)	S\$ 240.00	(loss of use/rental) S\$ 2.00 (search fees
for vehicle no. SIN 2211C	that was dam	naged pursuant to the accident which occurred
on_34/119 (date) along Sigl	ap Rocal	(location) involving
vehicle no/s SLP 7792A		- (location) involving
This is pursuant to the inspection condu	cted on	O Feb in (date) at "the workshop".
We/I confirm that we/I are/am authorize	d by the owner	Law Seow Ichim ("third party claimant")
of vehicle no. SIN 2011C to ma	ke the claim a	is set out in the above paragraph and we/l have full
authority to settle the matter on his/her	behalf in a manr	iner that we/l deem fit. We/l enclose herein the letter of
authority given by "the third party claimar	nt".	The following the fetter of
We/I further confirm that we/I will indem	nnify AIG Asia F	Pacific Insurance Pte. Ltd for all damages, loss and/or
expense that they will or have already in	ncurred in the ev	vent that "the third party claimant" after the above said
agreement lodges a further claim agains	at the former for	any loss and expenses suffered pertaining to costs of
repairs and/or rental and/or loss of use p	oursuant to the o	damage to SIN 2011C (vehicle no.) as a result
of the accident.		
We/I confirm that the agreement reache	ed above is in fu	ull and final settlement of any claim of "the third party
claimant" pursuant to the accident and th	at further this se	ettlement is reached on a without prejudice and without
admission of liability basis.		
This agreement is subject to the applic	cation of Singa	apore law and the Singapore Courts have exclusive
urisdication over any dispute arising out of	of the same.	
Dated this	day of	(month) 20(year)
		1. ()
	-	
igned by AIG appointed surveyor		Chopped & Signed by "the workshop" PERFORMANCE MOTORS LIMITED
		Singapore 159941
		TEL: 63190100 (Safes) 63190111 (Altersation)

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

Vehicle No:		SJN2211C								
Date of Acci	ident:	24/01/2019			N	Model:				
Global Sum	Settler	nent:	1	1	Yes	[]	No)		
Repair Estin	mate			: \$	3,495	.32				
Final Repair	r Cost			: 8	2,900	.61				
Loss of Use				: \$	240.0	0		3	days at \$ 80.00 per	day
Rental (if an	ıy)			: \$					days	
LTA / GIA S	Search	Fee		: 8	2.00					
Others				: \$						
				: \$						
Final Settler	ment S	um		:\$	3,142	.61				
Is Third Part	y Wor	kshop (JA R	egist	ered? [] YES	ſ] NO (K	indly indicate below)	
A) For I	Non GI	A Regis	stered	Wor	kshop:	Agreed 1	iab	ility	(%)	
B) For (GIA Re	gistere	d Wor	ksho	op:				on: Yes / No No:	
BOL	A Liab	ility:_			(%)	Asse	essec	d Liabilit	y (*):(%)	
	essed Li pply.	ability to	o be fil	led or	aly for cl	iain collisio	ns a	nd for case	s where BOLA does	
Remarks										
Payment Inst	truction	n: Paye	e's Br	eakd	own					
		n: Paye	18.35-200	V0.9356 V3.1	00000000		: \$	2,900.6	1	
0.0	forma		otor l	Limi	ted		: \$: \$	2,900.6 2.00	1	

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)



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-19-014481

Date of Request:

25/01/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

25/01/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

SLP7792A

Accident Date

24/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLP7792A	AIG Asia Pacific Insurance Pte. Ltd.	16/06/2018-15/06/2019	65-6419-3000

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.

This is a computer generated document and requires no signature.



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

TAX INVOICE

Our Ref No:

GR-19-014481

Date of Request:

25/01/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

25/01/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

SLP7792A

Accident Date

24/01/2019

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:

[X] GIRO [] Cash [] Cheque

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available	DIE
September 18 Mary September 18	ACCIDENT STATEMENT	
Date Of Report	24/01/2019 18:04	
Date Of Accident	24/01/2019 07:20	
Exact Location Of Accident	SIGLAP ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN2211C	
Insured/Policyholder		
Name Of Registered Owner	LAW SEOW KHIM	
NRIC No	S1808061C	
Email Address	CHRISLAW1818@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-91382212	

Alternative	Phone	No
Vehicle Pa	articula	rs

BMW Manufacturer 216I GT Model

Exact Purpose for which vehicle was being used at NORMAL USAGE time of accident

OTHERS-91382212

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

LIBERTY INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number

Cover Note Number

Driver

LAW SEOW KHIM Name of Driver

S1808061C NRIC No 21/04/1967 Date Of Birth INDOOR Occupation 08/04/1999 Date Of Driving Pass

19 YEARS AND 9 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-91382212 Mobile Number

Fax Number

OTHERS-91382212 Contact Number

CHRISLAW1818@GMAIL.COM **EMail Address**

Address

7 LEEDON HEIGHTS #18-18

Postcode

267953

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 (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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

Remarks/ Reasons:

FILE TOO BIG-BURN CD

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP7792A

Vehicle Make/Model/Colour

MAZDA RED

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

FAESAL

NRIC/Passport Number

Contact Number

96873544

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

FRONT

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.
- 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.
- 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.
- 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.
- 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:
 - 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: Jul 119

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne s Signature

Name:

NRIC/FIN No.:

e Certy Performance Cent

Singenore 15994

22M2311C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0				
On 24.01.2019 ab	to ex	T.20 au	res I r	-8
travelling along s	Siglap	Load.	Suddouly	9
vehicle ISLP7792A	has	Knodie	olui s.	MA
car at rear portio	DU.			
- Attached video a	s ev	ideence.	Signature and the same and the	
LARATION				

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

362

Policyholder's Signature Date & Time: 24 | (19

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No :





Certificate of Insurance

www.libertyinsurance.com.sg

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)

Name of Policyholder:		Certificate No.:	
LAW SEOW KHIM		SD19V00471/ VPC / R00	
Date of Issue:	Effective Date of Commencement:	Date of Expiry:	
03 Jan 2019	31 Dec 2018 00:00	30 Dec 2019 23:59	
Registration No.:	Chassis No.:	Type of Certificate:	
SJN2211C	WBA6V12080ED04985	MX1	

Persons or Classes of Persons entitled to drive*:

- A) The Policyholder.
- B) Any other person who is driving on the Policyholder's order or with his permission.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*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).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

For Information Only:

Coverage(s): Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured: MARKET VALUE AT THE TIME OF LOSS

Excess: Section I S\$600,Additional Excess for Young & Inexperienced Drivers S\$2500,Windscreen Excess

S\$0

Name of Finance Company: HONG LEONG FINANCE LTD

Name of Producer: SD CONTEGO SERVICES (A1429-5)









YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLA-

Dissa 2 Meter Cars and Meter Tractions the weight of which unlader does not exceed 2500 kinggams

HITTOTENS!