

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)



SERVICE TAX INVOICE

Repair Order No. : B1 1350428

Date IN : 02/04/2019

Motor Claim Advisor: Chua Kee Sin

Page No. : 1 of 1

Invoice Number : 2090923 / WSB

Invoice Date : 23/04/2019

Payment Terms : 30 Days From Invoice

Invoice By : Toh Jing Xuan

- CUSTOMER INFORMATION -

Mr Ng Jun Jie (Huang JunJie)
8 Amber Road
#07-07

Singapore 439853

- INVOICE TO - 121

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

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMA2296R	BP26936	31/05/2018	420I GC	8871

- - - - LABOUR 1 - - - -

	NETT
To make good the front bumper including remove attachments to facilitate repairs and knock out dented area caused by the accident.	850.00
To respray front bumper.	934.00
To check electrical wiring systems at the front section for proper function.	150.00
Sundries.	40.00
INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.	0.00
DATE OF ACCIDENT : 06.03.2019. 3RD PARTY CAR : SMG653A.	
YOUR REF NO : NIL.	
VEHICLE WAS SURVEYED BY MR STEVE CHEN FROM LKK AUTO ON 02.04.2019 AT 11AM. AUTHORISED REPAIR BY MS VIC ALPEH FROM LKK AUTO ON 27.03.2019 VIA EMAIL.	
PROPOSE LOSS OF USE = \$120x3. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY CONFIRMATION.	0.00
LTA SEARCH FEE = \$7.45.	0.00

Total Labour 1: 1,974.00

Labour Charges :	1,934.00	Total Labour & Parts Charges :	S\$ 1,974.00
Parts Charges :	0.00	Less Insurance Excess :	S\$ 0.00
Lubricant/Misc :	40.00	Invoice Total Amount Exclude GST :	S\$ 1,974.00
		GST @ 7% :	S\$ 138.18
		Invoice Total Amount Include GST :	S\$ 2,112.18

Computer generated invoice. No signature is required.

Amount Payable Include GST : S\$ 2,112.18

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.



AUTHORISATION TO ACT
(AIG Express Third Party Claim)

I, Ng Jun Jie (the third party claimant) of 8 Amber Road
#07-07 Amber Sky S(45853) (address), owner of SMA22962 (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. SMA22962 that was damaged pursuant to the accident which occurred on 06.03.2019
(date) along Amber Sky Condo carpark (location) involving vehicle no/s
SMG 653A ("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 04 (day) of 04 (month) 2019 (year)



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


Signed by "the workshop"
(with chop)

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\$2112.18 (Repair Cost), S\$360.00 (Loss of rental/use), S\$7.45 (Disbursement), for vehicle no. SMA2296R that was damaged pursuant to the accident which occurred on 6/3/19 (date) along Amber Sky Condo Carpark (439853) (location) involving vehicle no/s SMG653A. This is pursuant to the inspection conducted on 2.4.19 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner Ng Jun Jie (Huang Junjie) ("the third party claimant") of vehicle no. SMA2296R 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 SMA2296R (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)

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

Signed by appointed surveyor

Signed by "the workshop" (with chop)

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

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

Vehicle No:	SMA 2296R	Model:	
Date of Accident:	6 Mar 19		

Global Sum Settlement	: [] Yes [] No	
Repair Estimate	: \$	4,250.47
Final Repair Cost	: \$	2,112.18
Loss of Use	: \$	360.00
Rental (if any)	: \$	—
LTA / GIA Search Fee	: \$	7.45
Others:	: \$	/
Final Settlement Sum	: \$	2,479.63

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	: \$ 2,112.18
2)	Performance Motors Ltd	: \$ 7.45
3)	Ng Jun Jie (Huang Jun Jie)	: \$ 360.00

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))



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Mar 2019 / 17:12:04

Receipt Date/Time : 08 Mar 2019 / 17:12:04

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190308-003059

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 - SKM9640U				
As at 08 Mar 2019/11:00:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKM9640U Enquiry Fee 20190308171058418089	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Result of Insurance Enquiry - SMG653A				
As at 06 Mar 2019/20:45:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
2	Insurance Enquiry - SMG653A Enquiry Fee 20190308171058473610	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		14.00	0.98	14.98
Rounding Difference				0.03
Total Amount Payable				14.95
Paid By				
	xxxxxxxxxxxx5164	Credit Card: Visa/MasterCard		14.95
Total				14.95
Cash Change				0.00
Tendered Amount				14.95
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.

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	08/03/2019 11:17
Date Of Accident	06/03/2019 20:45
Exact Location Of Accident	AMBER SKYE CONDO CARPARK (439853)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2296R
Insured/Policyholder	
Name Of Registered Owner	NG JUN JIE
NRIC No	S8426577B
Email Address	JJ.NG.ALVIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87828457
Alternative Phone No	OTHERS-87828457

Vehicle Particulars

Manufacturer	BMW
Model	420i
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	SD18V05449/VPC/R00
Cover Note Number	

Driver

Name of Driver	NG JUN JIE
NRIC No	S8426577B
Date Of Birth	25/08/1984
Occupation	INDOOR
Date Of Driving Pass	28/05/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87828457
Fax Number	
Contact Number	OTHERS-87828457
Email Address	JJ.NG.ALVIN@GMAIL.COM

Address	8 AMBER ROAD #07-07 AMBER SKYE
Postcode	439853
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	IN CARPARK
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)	0

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	SMG653A
Vehicle Make/Model/Colour	AUDI Q2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAFFAELE GARRIBBA
NRIC/Passport Number	G6424142M
Contact Number	88213158
Address	8 AMBER ROAD #09-07
Postcode	439853
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
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.:

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: NG JUN JIE (HUANG JUNJIE)		Certificate No.: SD18V05449/ VPC / R00
Date of Issue: 05 Jun 2018	Effective Date of Commencement: 31 May 2018 00:00	Date of Expiry: 30 May 2019 23:59
Registration No.: SMA2296R	Chassis No.: WBA4H32000BP26936	Type of Certificate: 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).



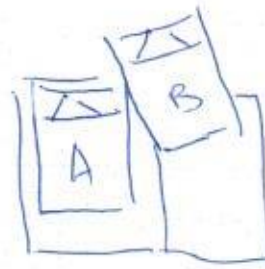
For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$800, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
Name of Finance Company:	
Name of Producer:	SD CONTEGO SERVICES (A1429-5)

Date: 14/01/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My ^{car} was parked / stationary. The other car reverse and bumped into my car. when the other driver was parking

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.: