BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company Co. Reg. No. 197401559W GST Reg. No M2-0020081-x Toll-Free Number (1800-2255269)

303, Alexandra Road Sime Darby Performance Centre Singapore 159941 Fax. 64747770

280, Kampong Arang Road East Coast Centre Singapore 438180 Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944

Fax. 64796601 64796624

GST REG. NO : M2 - 0020081 - X

12 APR 2019

ESTIMATE

Estimate No. Page No. : 1 of 5 : b1 50825

Date Estimated : 11/04/2019

: Inthiran A/L Thurasamy Prepared By

- ESTIMATE REPAIR FOR -- ACCOUNT -40000 Manokaran S/O Mookkayyah Cash Sales - Service 290G Bukit Batok Street 24 Singapore

#05-91

Singapore 656290

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL		MILEAGE
SKR406M	0V44791	03/07/2017	X4 xDrive20	i	0
	DESCRIPTION				VALUE
	To replace front bumper, fender rig	tht and attachments.			2,550.00
	Painting front bumper and fender	right.			2,218.00
	To check electrical wiring systems for proper function including adjust				177.00
	To carry out body cavity preservat (Per panel).	ion.			118.00
	To replace right headlight.				481.00
	To carry out body cavity preservat (Per panel).	ion.			118.00
	Sundries.				80.00
				Total Labour 1:	5,742.00
	DESCRIPTION		QT	Y PRIC	VALUE
	CLIP BEIGE			6 1.10	6.60
	RH GRILLE SIDE CLOSED			1 107.75	107.75
	GRID LATERAL RH (X LINE)	0011/4/4 [27]		1 112.90	112.90
	CLADDING BUMPER FRT (PDC/ CLIP	SURVVARZ)		1 315.70 6 2.00	315.70
	FRT RH WHEEL ARCH COVER			1 179.75	12.00 179.75
	RH BI XENON HEADLIGHT			1 2,437.65	2,437.65
				Total Parts :	3,172.35

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Toll-Free Number (1800-2255269)

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280, Kampong Arang Road East Coast Centre Singapore 438180 Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Fax. 64796601 (AfterSa: 64796624 (Motorrad

315, Alexandra Road

(AfterSales) (Motorrad)



GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. Date Estimated

Prepared By

: b1 50825

: 11/04/2019

CHASSIS NO.

: Inthiran A/L Thurasamy

REGN. DATE

MODEL

MILEAGE

REGN. NO. SKR406M

0V44791

03/07/2017

X4 xDrive20i

0

Page No. : 2 of 5

Labour 1	•	5,742.00
Parts	:	3,172.35
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	624.00
Grand Total	:	9,538.35

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

^{**} PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

4/12/2019 Invoice



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-19-057492

Date of Request:

12/04/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

12/04/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

SKN2258G

Accident Date

07/04/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKN2258G	AIG Asia Pacific Insurance Pte. Ltd.	1	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.

4/12/2019 Invoice



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-19-057492

Date of Request:

12/04/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

12/04/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

SKN2258G

Accident Date 07/04/2019

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

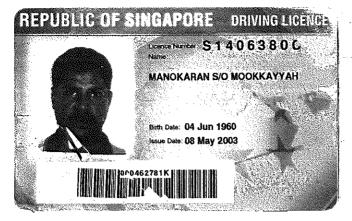
Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1406380C





Name

MANOKARAN S/O MOOKKAYYAH

Date of birth Sex
04-06-1960 M
Country of birth
SINGAPORE

\$140\$380C

422021

. ---

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

PASS DATE

Hass 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 29 Apr 1987

NRIC No. S1406380C

Date of issue 17-05-2008

95 JALAN SENDUDOK #05-41 SINGAPORE 769473

NRIC No: \$1406380C

Date: 01/02/2018

NP 428A

133100 10. 51403300

MVA119045365 / VAC - Bukit Batok ENTRY DATE & TIME: 08/04/2019 13:48 SUBMITTED BY: SUSAN SEAH SOH ENG

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 <u>truthful and accurate</u> 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.
- 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	08/04/2019 13:48	
Date Of Accident	07/04/2019 14:40	
Exact Location Of Accident	YISHUN CENTRAL 1	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number	SKR406M
Insured/Policyholder	

Name Of Registered Owner MANOKARAN S/O MOOKKAYYAH

NRIC No S1406380C
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96684001
Alternative Phone No OFFICE-96684001

Vehicle Particulars

Manufacturer

Manufacturer BMW Model Z4-2.0 (A)

Exact Purpose for which vehicle was being used at

time of accident

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 5092040424-01 (PREMIUM)

Cover Note Number

Driver

Name of Driver MANOKARAN S/O MOOKKAYYAH

NRIC No S1406380C
Date Of Birth 04/06/1960
Occupation OUTDOOR
Date Of Driving Pass 29/04/1987

Driving Experience 31 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96684001

Fax Number

Contact Number OFFICE-96684001

EMail Address NOEMAIL

95 JALAN SENDUDOK Address #05-41 THE NAUTICAL

Postcode S769473

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured 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

NO

NO

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTENDED BY PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKN2258G

Vehicle Make/Model/Colour NISSAN SYLPHY

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver PHUA LON SHI S7401397Z NRIC/Passport Number Contact Number 93366180

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 ladgment 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

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(ii) for complying with requirements under any regulations, laws or court orders.

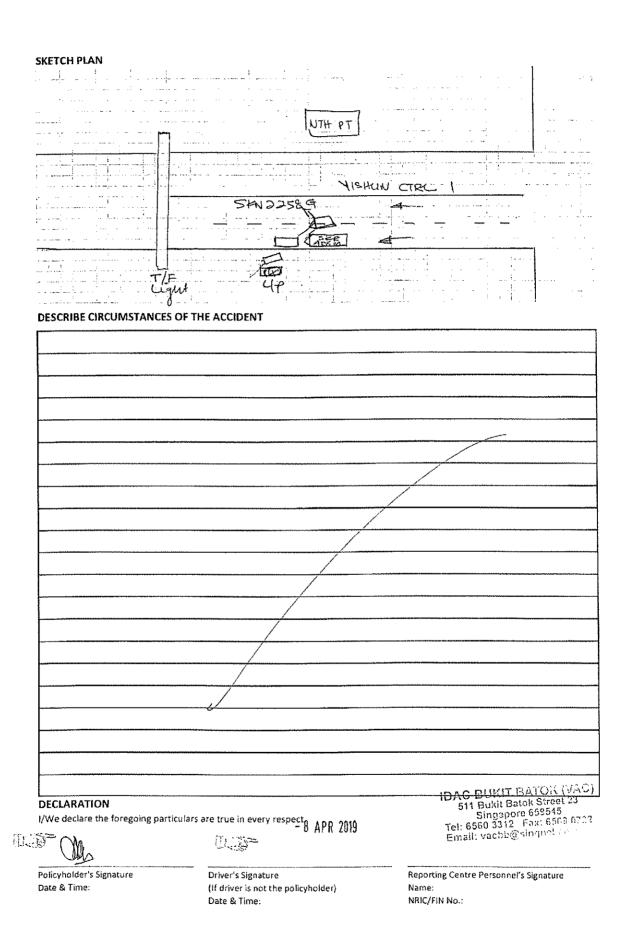
IDAC EUNIT LAND 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722 Email: vacbb@singnet.com.sg

Policyholder's Signature
Date & Time:

語されて協力

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1



Individual Statement Pg. 1

Jate \$ 07/04/2019

me 5 14 40 hrs

ocation & Yishun Central 1

reident of I, Manokaran 3/0 Mookkayyah (Si406380c) was driving my Vehicle (BMW X4 SKR406M) in Vishun heading for lunch at ... Northpoint City with my family. When I turned onto Vishun central 1, the traffic light between the bus interchange and Northpoint City turned red. I pulled my can to the extreme left lane as my wife was intending to alight there because she was having a terrible stomach ache and needed to go to the toilet asap. I had my double signal switched on. It was evident that my vehicle was Stationary. Upon alighting, the traffic light turned green when I was about to move off a black Nissan Syiphy SKN 22586 Switched lane cutting into my lane. Ignoring her blindspot, she came into my lane abruptly; hitting onto my vehicle near the driver's side headlight and damaging it badly. The driver of the Nissan Syiphy SKN 22586 is Phua Lon Shi (S7401397 Z).

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