

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 (AfterSales)
64796624 (Motorrad)



GST REG. NO : M2 - 0020081 - X

E S T I M A T E

15 APR 2019

Estimate No. : b1 50849
Date Estimated : 13/04/2019
Prepared By : Inthiran A/L Thurasamy

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

Tay Chun Hui Kenneth
81 Carlisle Road
#06-01

Singapore 219647

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLQ8452U	5H46348	25/07/2017	216d G TOURER	0

DESCRIPTION

Replace rear bumper and attachments.

VALUE

1,275.00

Painting rear bumper.

1,038.00

To check electrical wiring systems and lightings at the rear section for proper function.

177.00

Sundries.

80.00

Total Labour 1: **2,570.00**DESCRIPTION

SUPPORT

QTYPRICVALUE

REAR BUMPER TRIM STRIP (CHROM)

1

45.30

45.30

REAR BUMPER PANEL PRIMED (LINES PDC

1

108.40

108.40

SET MOUNTS PDC SENSOR REAR

1

1,029.50

1,029.50

60.35

60.35

Total Parts : **1,243.55**

Labour 1 : 2,570.00

Parts : 1,243.55

Labour 2 : 0.00

Excess : 0.00

Total GST @ 7% : 266.95

Grand Total : **4,080.50**

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

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



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 15 Apr 2019 / 17:25:58

Receipt Date/Time : 15 Apr 2019 / 17:25:58

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190415-002707

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - GBH5554U

As at 12 Apr 2019/17:50:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - GBH5554U
Enquiry Fee
20190415172412000306

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx6890 Credit Card:
Visa/MasterCard 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

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.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7413419Z



Name

TAY CHUN HUI KENNETH

郑俊辉

Race
CHINESE

Date of birth Sex
19-04-1974 M

Country of birth
SINGAPORE

S7413419Z

REPUBLIC OF SINGAPORE

Licence Number: S7413419Z
Name: TAY CHUN HUI KENNETH

Birth Date: 19 Apr 1974
Issue Date: 10 Dec 2003

001023758D



3516885

NRIC No. S7413419Z



Date of issue
21-04-2004

81 CARLISLE ROAD #06-01
SINGAPORE 219647

NRIC No: S7413419Z

Date: 27/08/2011

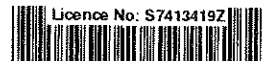
No: 6848134

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
10 Dec 1992

NP 428A



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	13/04/2019 09:07
Date Of Accident	12/04/2019 17:50
Exact Location Of Accident	LORNIE ROAD TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8452U
Insured/Policyholder	
Name Of Registered Owner	TAY CHUN HUI KENNETH
NRIC No	S7413419Z
Email Address	KEN_TAYCH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98176995
Alternative Phone No	OTHERS-98176995

Vehicle Particulars

Manufacturer	BMW
Model	216D-1.5 D GRAN TOURER (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5101218914
Cover Note Number	DRIVO PREMIUM

Driver

Name of Driver	TAY CHUN HUI KENNETH
NRIC No	S7413419Z
Date Of Birth	19/04/1974
Occupation	INDOOR
Date Of Driving Pass	10/12/1992
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98176995
Fax Number	
Contact Number	OTHERS-98176995
EEmail Address	KEN_TAYCH@YAHOO.COM.SG

Address	81 CARLISLE ROAD #06-01 MERA SPRINGS
Postcode	219647
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) 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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH5554U
Vehicle Make/Model/Colour	VAN

Details Of Properties	FRONT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SANDY LIM CHOON YONG
NRIC/Passport Number	S7907231A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MF: _____

D.O.A: _____

Vehicle No: _____

Make Model: _____

Report Date: 13/4/2019 Start Time: 9:11 AM

Reporting Type: TP End Time: _____

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 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.
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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law 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: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN



LORNIER ROAD TOWARDS PIE

Vehicle A: SLQ8452U	Vehicle B: GBH5554U		
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
REFER TO POLICE REPORT.

DECLARATION

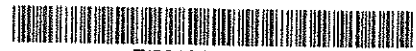
I/We declare the foregoing particulars are true in every respect.

	13/4/2019 9:06	13/4/2019 9:06	
Policyholder's Signature		Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time:		Date & Time:	Name: Eric Woo Jun Kiat NRIC/ Fin No: S992753

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190412/2162

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 4

Report No. T/20190412/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2019 20:51		Vide Report No.:		Station Diary No.: 293
Informant's Particulars				
Name of Informant: TAY CHUN HUI KENNETH		Address: 81 CARLISLE ROAD #06-01 SINGAPORE 219647		
ID Type / ID No.: NRIC NO / S7413419Z		Contact No.: Home/Office: Mobile: 98176995		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 19/04/1974	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PILOT		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/04/2019 17:50	Type of Location:
Location: Along Road 1 LORNIE ROAD PAN ISLAND EXPRESSWAY TOWARDS CHANGI (EXIT 20B)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBH5554U	Van	NISSAN	NV200 1.5 MT	Blue		0
SLQ8452U	Car	BMW	216D GRAN TOURER LED NAV 7 SEATER	Silver	Slightly Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190412/2162

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20190412/2162

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLQ8452U	NTUC Income Insurance Co-Operative Limited	5101218914	25/07/2018	24/07/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SANDY LIM CHOON YONG		ID No.	S7907231A
Related Vehicle	GBH5554U (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	TAY CHUN HUI KENNETH		ID No.	S7413419Z
Related Vehicle	SLQ8452U (Car)		Contact No.	98176995
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 12/04/2019 at about 5.50pm while I was driving along Lornie Road at exit 20B(to merge into PIE towards Changi), the car in driving in front of me - SKN1815E - had signaled to the left. Thereafter, he jammed onto his brakes and swerved to the right. I believe that he might have realized that he was entering the wrong exit. Due to his sudden braking, I stepped on my brakes to avoid collision. The van behind me - GBH5554U - did not manage to stop in time. As a result, he collided with the rear of my car. Due to the collision, there were scratches near to the bumper area and a portion that is attached to my bumper was dislodged. I managed to exchange NRIC details with the van driver however I did not manage to get his contact number.

At that material time, my wife was in the front passenger seat and my 2 children were seated at the back. All 4 of us are not in any immediate need of medical attention. Nonetheless, we will monitor each other and proceed to seek medical assistance if necessary.

I am lodging this report to notify police of the accident and also for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190412/2162

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20190412/2162

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20190412/2162

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20190412/2162

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Staff Sgt NURSYAZRINA BINTE MOHAMMED FEROZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 20:51
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: CN 0/2
Authentication Stamp NP168 	