RMW 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

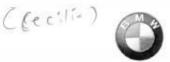
Tel. 63190100 (Sales & Admin) 63190111 (AfterSales) Fax. 64747770

280, Kampong Arang Road East Coast Centre Singapore 438180

Tel. 63190888 (AfterSales) Fax. 63449773

315. Alexandra Road Sime Darby Business Centre Singapore 159944 Tel. 63190528 (AfterSal 63190533/530 (Motorrad

(AfterSales)



SERVICE TAX INVOICE

Repair Order No.

: B1

1359710

Page No.

1 of 2 :

: 06/05/2019

Invoice Number: 2104228 / WSB

: 28/05/2019

Date IN

Invoice Date Payment Terms :

30 Days From Invoice

Invoice By

Toh Jing Xuan

Total Parts

CUSTOMER INFORMATION -

Motor Claim Advisor: Chua Kee Sin

Mr Amit Mody 10H Braddell Hill #19-30

Braddell View Singapore 579727 - 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 64332

SLP280G

22/11/2013 VX86808

X1 SDRIVE20I

1,564.60

NETT ----LABOUR 1 ----850.00 To replace rear bumper and attachments including knock out dented area caused by the accident. 934.00 To respray rear bumper. 150.00 To check electrical wiring systems and lightings at the rear section for proper function. 80.00 Sundries. 0.00 INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT. DATE OF ACCIDENT: 26.04.2019. 3RD PARTY CAR: SJN3024U. YOUR REF NO: NIL. VEHICLE WAS SURVEYED BY MR STEVE CHEN FROM LKK AUTO ON 06.05.2019 AT 11AM. AUTHORISED REPAIR BY MS CECILIA CHONG FROM LKK AUTO ON 03.05.2019 VIA EMAIL. 0.00 PROPOSE LOSS OF USE = \$120x3. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY COMFIRMATION. 0.00 GIA SEARCH FEE = \$2.00. 2,014.00 Total Labour 1: Retail NETT Price --- PARTS 763.15 763.15 1 REAR BUMPER TRIM PANEL PRIMED 1.35 13.50 10 EXPANDING RIVET 444.50 444.50 1 RR BUMPER CARRIER 343.45 343.45 1 RR BUMPER BOTTOM TRIM PANEL (SPORTL

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 280, Kampong Arang Road Sime Darby Performance Centre East Coast Centre Singapore 159941 5ingapore 439180 Tel. 63190888 (AfterSales) 63190111 (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

1359710 Repair Order No. : B1

: 2 of 2 Page No.

: 06/05/2019 Date IN

Invoice Number: 2104228 / WSB

Invoice Date : 28/05/2019

Payment Terms : 30 Days From Invoice Motor Claim Advisor: Chua Kee Sin

: Toh Jing Xuan Invoice By

Labour Charges	:	1,934.00	Total Labour & Parts Charges :	S\$	3,578.60
Parts Charges	12	1,564.60	Less Insurance Excess :	S\$	0.00
Lubricant/Misc	24	80.00	Invoice Total Amount Exclude GST :	S\$	3,578.60
Lubi Icanc/ Misc		00.00	GST @ 7%	S\$	250.5
			Invoice Total Amount Include GST :	SC 2000	3,829.1
Computer generated	invoice	e. No signature is required.	Amount Payable Include GST :	S\$	3,829.10

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. Amit Wady	(the third party claimant) of 10H Braddell
[FSFPFZ] 2 0E-PI# 1111	(address), owner of SLP2 & G (vehicle no.)
hereby authorizePerformance	ce 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. SCP2806 that was damaged p	ursuant to the accident which occurred on 24 (4/2019)
(date) along Bradell Hull 3	(location) involving vehicle no/s
S) N 3G2 Y ("the accident").	
North (984), 1981 (984) (1981)	

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 ______ (day) of ______ (5 _____ (month) 2019 (year)

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

Signed by "the workshop

CHUA KEE SIN
Performance Motors Limited
303 Alexandra Road
Since Darby Performance Cept
Singapore 159841

(with chop)

RELEASE VOUCHER (AIG Express Third Party Claim)

"WeЛ Performance Motors Lta	("the workshop") hereby confirm that we/l
have reached an agreement with the appointed surveyor	
AUTO CONSULTANTS PTE LTD (name of surve	yor) with respect to the amount claimed for
S\$ 3.821-10 (Repair Cost), S\$360-Q (Loss of rental/u	
SLP 280G that was damaged pursuant to the accide	
Bradell 12.11 Slip Road (location	
pursuant to the inspection conducted on 61519 (date	e) at "the workshop".
We/I confirm that we/I are/am authorized by the owner	Amit Hemant Mody
("the third party claimant") of vehicle no. SLP280G_r	nake the claim as set out in the above paragraph
and we/I have full authority to settle the matter on his/he	er behalf in a manner that we/I deem fit. We/I
enclose herein the letter of authority given by "the third part	ty claimant".
We/I further confirm that we/I will indemnify AIG Asia F	Pacific Insurance Pte Ltd for all damages, loss
and/or expense that they will or have already incurred in the	ne event that "the third party claimant" after the
above said agreement lodges a further claim against th	
pertaining to costs of repairs and/or rental and/or loss of	f use pursuant to the damage to SP280G
(vehicle no.) as a result of the accident.	
We/I confirm that the agreement reached above is in full	
party claimant" pursuant to the accident and that further th	is 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
urisdiction over any dispute arising out of the same.	
Dated this (day) of (month) 20_	(year)
	PERFORMANCE MOTORS LIMITED
	Simpstoru 159041 Tel: 6319 0100 (55493) 6319 0111 (Atterates)
	
igned by appointed surveyor	Signed by "the workshop" (with chop)

Signed by appointed surveyor

NOTE: TO BE CO	OMPLETED BY	STIRVEYOR
----------------	-------------	-----------

CTUTT F. W.	·
TEAN	A .
7 106 711	1

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

Vehicl	e No:	LP 280G					
Date of Accident: 26/4/19			N	Todel:			
+			-				
Global	Sum Settlement	: [] :	Yes	[]	No		
Repair.	Estimate	6	: \$	4,689.86			5-1
Final R	epair Cost		: \$	15 S. P. LO.	29.10	15	
Loss of	Use		: \$	360		3 days at	\$120 per day
Rental ((if any)		: \$	_	00	days	
LTA/C	GIA Search Fee		: \$	2.0)		
Others:			: \$		/		
			: \$	- /			
Final Settlement Sum		: \$	Ц је	11-10			
Is Thir	d Party Worksh	op GIA Register				(Kindly indicate	halami
A)							200.00
D)	For Non GIA Registered Workshop: Agreed Liability(%) BOLA Applicable: Yes/ No				(70)		
B)	For GIA Reg	istered Worksho	p:	BOL	A Scena	ario No:	
	BOLA Liabil	ity:(%)	Asses	ssed Lia	bility (*):	(°/s)
	* Assessed Li not apply.	ability to be filled	only for	chain co	llisions	and for cases whe	re BOLA does
Remark	S		10			*	
	P-MILES						
Pavmen	t Instruction: Pay	reals Dural 3					
90	t Instruction: Fay	vee's Breakdown					
)	Performance Motors Ltd			:\$ 3	1829-10		
()		ance Mot			. 0	2.0	
)		temant 1			: \$	360.00	
			.000	-		- 00	

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)

Date

Signed by appointed surveyor



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-19-066145

Date of Request:

26/04/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

26/04/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

SJN3024U

Accident Date

26/04/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	
SJN3024U	AIG Asia Pacific Insurance Pte. Ltd.	11/02/2019-10/02/2020	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.



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

TAX INVOICE

Our Ref No:

GR-19-066145

Date of Request:

26/04/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date

26/04/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

SJN3024U

Accident Date

26/04/2019

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



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report <u>correctly</u> the details of the accident to speed up the dams process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Diver.
- 3. Information provided must be as <u>triffield and accurate</u> as possible. Any will resempte entation or witholding of material facts may allow insurance companies to repudate policy liability.
- 4. The same and acceptance of this Form by insurance companies is not an adhession 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.

arcres.ard.	
	ACCIDENT STATEMENT
Date Of Report	26/04/2019 11:18
Date Of Accident	26/04/2019 09:00
Exact Location Of Accident	BRADELL HILL SLIP ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP280G
Insured/Policyholder	
Name Of Registered Owner	AMIT HEMANT MODY
NRIC No	S6865484Z
Email Address	AMITMODYH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90888114
Alternative Phone No	OTHERS-90888114
Vehicle Particulars	
Manufacturer	BMW
Model	X1-2.0 SDRIVE 201 (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
Fine! Policy	NO
Policy Number	5097464540-01
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	AMIT HEMANT MODY
NRIC No	S 686 548 4Z
Date Of Birth	31/12/1968
Occupation	INDOOR
Date Of Driving Pass	14/03/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE

(LOCAL) +65-90888114

AMITMODYH@GMAIL.COM

OTHERS-90888114

Address.

10H BRADDELL HILL #19-30

Postcode

579727

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 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

2

Number of Passengers (Including Driver)

Passenger 1

NAME

: PASSENGER

GENDER:

FEMALE

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

I STOPPED MY VEHICLE AT THE SLIP ROAD TO CHECK FOR VEHICLES ON THE MAIN ROAD WHEN VEHICLE B HIT INTO THE REAR PORTION OF MY VEHICLE.

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

SJN3024U

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

FRONT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98381929

Address

Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan Pg. 1

Report No. 167

m. 264 17.

2168075

East Less

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the dysain of the account to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver
-) ordinately provided must be as truthful and accurate as possible. Any will increase exercises or extraording of material facts may altie may and compacts to resudiate policy betiley
- 4. The result and acceptance of this Form by insurance companies is not an admission of policy habits on the part of the insurance
- 5. Any false reporting may be referred to the Pubce for investigation.
- 6. The report will be forwarded by the incurers of the GIA Records Management Centre established by the General Insurance Association of Simpagere (GRA) for protriving and that copies of this report will for a fee be made available upon application by interested parties.
- 1. By the lodgement of this report to the insurans, you hereby consent to the archiving of this report at the service and to copies of the report being made avaluable abresant
- 6. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that
 - (s) My insurer: my workshop and the General traurance Association of Sunsappre (GSA) maybre permitted to uplied, user, Sociose and/or process my personal detailpersonal information set out in this florm) and any other personal information provided by me or possessed by my insurer icollectively the "Personal Information"; and disclose and sanster such Personal Information to all incularity who have incured vehicles) shipping in this accident (all incurents) who have incured vehicles is involved in this accident shall be cofectively referred to as the 'Insurers'; the Insurers' tenvers'(au firms, the Monetars Authority of Simpleons and any relevant government esencyleuthorty (such as the police), for the purposess) of
 - Intracesting francting and/or deating with my claims including the settlement of the claims and any necessary investigations. reliating to the claums.
 - It investigating the accident and/or my claims.
 - We derive our and/or dealing with my instructions or responding to any enquiries by ma-
 - (iii) administering my claims (including the making of correspondence, statements, vivorces, reports or notices to me. which could migrie discretize of certain personal data about the to bring about delivery of the same as well as on the excernal cover of envelopes/mail packages); and/or
 - I'vi complying with applicable law in administering, processing, handling and/or dealing with my claims coeffectively the "Purposes":
 - 5) all insurers) who have insured vehicles) implied in this accident and the insurers. Sewers law firms, mayore permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- ty ims fleroonal information may can be discosed by any of the insurers and/or GIA to their third party service providers or exents. including their lawvers liew firms: which may be sited cutside of Singapora, for one or more of the above Purposes.
- id; my Personal information will also be collected and used to comple claims history for the purpose of figure detection, investigation and all future claims.
- er the information so collected under (if) above may be shared / disclosed.
- c) to all insures and/or any other third parties that assets in evaluating, investigating, controlling or managing fauld, requestion tow enforcement and divernment apencies as reasonable recurred for the purposes stated, or
- is for complying with recurreness under any regulations, law or court orders.

26/4/2019 11:17

Driver's Silonature IV dituer is hat the policyhoider Date & Time

26/4/2019 11:17

Reporting Centre Person Name. Enc Woo Jun Klad

NRC Fe No 5992753

Diete & Tena

3.73

SKETCH PLAN **GRADDELL HILL SLIP ROAD** Value to 4.00 50240 Value N. N. P. 2004 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DISTOPPED MY VEHICLE AT THE SLIP ROAD TO CHECK FOR VEHICLES ON THE MAIN ROAD WIEN VEHICLE BIRIT INTO THE REAR PORTION OF MY VEHICLE.

DECLARATION

Vittle declare the foregoing particulars are true in every respect.

26-42019-11.17

26/4/2019 11:17

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

Reporting Centre Personnel's Signature Name Enc Woo Jun Klat NRRC/ Fin No. 5892753



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number

5097464540-01

The Policyholder

: AMIT HEMANT MODY

10H BRADDELL HILL #19-30 BRADDELL VIEW

SINGAPORE 579727

Period of Insurance

: 24 Jan 2019 To 23 Jan 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

: 5\$966.53 Premium (inclusive GST)

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

AMIT HEMANT MODY

Named Driver (1)

: N/A

: N/A

Capacity

: 2000cc

Named Driver (2)

Registration Year

Make/Model

: BMW/X1

2013

Registration Number

: SLP280G

Off-peak Car

No

Chassis Number

WBAVL920X0VX86808

Insure with COE

Repair at Owner's Preferred Workshop: No

: S\$600

NCD Entitlement NCD Protection

50% Yes

Excess (Section 1) Excess (Section 2)

: N/A

Windscreen Excess

: \$\$100

Additional Excess

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover

Transport Allowance

: No

Accessories

: \$\$2,000.00

Excess Waiver

: No

Memo A: N/A

Endorsement Operative: M4

Agency

: SPEEDO CAPITAL PTE. LTD. (00000615301)

Date of Issue

: 26 Jan 2019 17:22 hrs

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Pull. may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6865484Z



AMIT HEMANT MODY



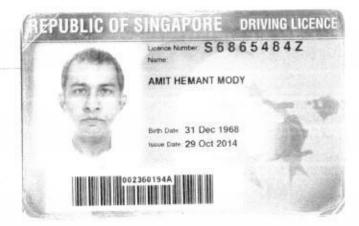
INDIAN

Date of birth 31-12-1968 Country/Place of birth

TANZANIA

M

1 855d846/I



5394924



Date of laws 26-11-2014

10H BRADDELL HILL #19-30 SINGAPORE 579727

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 14 Mar 2008 of the driver; and other motor vehicles =< 2500kg

NP 428A