

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

10 MAY 2019

E S T I M A T E

Estimate No. : b1 51145 Page No. : 1 of 4
Date Estimated : 10/05/2019
Prepared By : Inthiran A/L Thurasamy

- ESTIMATE REPAIR FOR -
Perma Shipping Line Pte Ltd
Continental Tower 3 Temasek Avenue
#15-01
Singapore 039190

- ACCOUNT - 40000
Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKU242C	0F90097	29/06/2015	X4 xDrive 35i	0

DESCRIPTION	VALUE
To replace rear bumper and attachments.	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	QTY	PRIC	VALUE
REAR BUMPER SET MOUNTING PARTS (VAL	1	38.55	38.55
REAR BUMPER PANEL PRIMED (X LINE)	1	1,444.50	1,444.50
REAR BUMPER CLADDING (PDC/SCHWARZ)	1	212.35	212.35
UNDERSIDE GUARD PRIMED REAR (X LINE	1	268.40	268.40

Total Parts : **1,963.80**

Labour 1	:	2,570.00
Parts	:	1,963.80
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	317.37
Grand Total	:	4,851.17

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8034277B**
 Name: **TAN CHOON HIONG (CHEN JUNXIONG)**
 Birth Date: **29 Oct 1980**
 Issue Date: **15 Jan 2003**

1000128786G




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8034277B



Name: **TAN CHOON HIONG (CHEN JUNXIONG)**
陈俊雄
 Race: **CHINESE**
 Date of birth: **29-10-1980** Sex: **M**
 Country of birth: **SINGAPORE**

S8034277B

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

PASS DATE

Class 2B	Motorcycles =< 200 CC	10 Dec 2001
Class 3A	Motor cars without clutch pedals =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals =< 2500 kg	29 Nov 2005

S / No. 9000045580

Licence No: S8034277B



428A

465104



NRIC No. **S8034277B**



Date of issue: **18-11-2010**

Address: **370 ALEXANDRA ROAD #03-02 SINGAPORE 159953**

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	06/05/2019 17:33
Date Of Accident	06/05/2019 14:25
Exact Location Of Accident	339 THOMSON RD SINGAPORE 307677
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU242C
Insured/Policyholder	
Name Of Registered Owner	PERMA SHIPPING LINE PTE LTD
Co Reg No	200722721K
Email Address	JASONTAN_80@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97440445
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	BMW
Model	X3-3.0i
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081279704-02
Cover Note Number	

Driver

Name of Driver	TAN CHOON HIONG
NRIC No	S8034277B
Date Of Birth	29/10/1980
Occupation	INDOOR
Date Of Driving Pass	29/11/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97440445
Fax Number	
Contact Number	
E-Mail Address	JASONTAN_80@YAHOO.COM.SG

Address 3 TEMASEK AVENUE
 #15-01 CENTENNIAL TOWER
 Postcode 039190
 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
 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. 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 SKETCH PLAN

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 SHA7945C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver ABD RAHIM BIN SUPARI
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

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 willful 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' law firms/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' law firms/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 law firms/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.

TAN CHOON HONG

06/05/2019 15:13

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



Describe Circumstances of the Accident

BLACK CAR : SHA7945C

WHITE CAR : SKU242C

DESCRIPTION :

I'm Turning out from Thomson Medical Centre towards the main road, Thomson road and there is roadwork on the left side (1st lane) I stop due to on coming traffic and after few second, one taxi directly behind me, bang into back of my car.

Declaration

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

TAN CHRON HONG
06/05/2019 15:13

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel