

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

25 JUN 2019

E S T I M A T E

Estimate No.	: b1 51680	Page No.	: 1 of 5
Date Estimated	: 25/06/2019		
Prepared By	: Inthiran A/L Thurasamy		

<p>- ESTIMATE REPAIR FOR - Gerald Faust Kim Seng Road #22-03 Singapore 239432</p>	<p>- ACCOUNT - 40000 Cash Sales - Service Singapore</p>
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKL691L	F095724	08/03/2012	335i/4 (A)	0

DESCRIPTION	VALUE		
To replace front bumper, attachments and headlamp washer jet.	1,275.00		
Painting front bumper.	1,275.00		
To check electrical wiring systems at the front section for proper function including adjustments of headlights.	177.00		
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct checks for proper function.	177.00		
To replace right headlight.	481.00		
Sundries.	80.00		
Total Labour 1:	3,465.00		
DESCRIPTION	QTY	PRIC	VALUE
FRT BUMPER PANEL TRIM (LINES SRA)	1	1,027.25	1,027.25
RH COVER SPRAY NOZZLE PRIMED	1	43.25	43.25
PLAQUE 82MM	1	71.25	71.25
RH TELESCOPING NOZZLE	1	159.85	159.85
HEADLIGHT RH (XENON/ADAPTIVE)	1	2,501.25	2,501.25
Total Parts :			3,802.85

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E S T I M A T E

Estimate No.	: b1 51680	Page No. : 2 of 5
Date Estimated	: 25/06/2019	
Prepared By	: Inthiran A/L Thurasamy	

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKL691L	F095724	08/03/2012	335i/4 (A)	0

Labour 1	:	3,465.00
Parts	:	3,802.85
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	508.75
Grand Total	:	<u>7,776.60</u>

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

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

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	24/06/2019 16:03
Date Of Accident	21/06/2019 20:45
Exact Location Of Accident	JOO CHIAT ROAD OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL691L
Insured/Policyholder	
Name Of Registered Owner	GERALD FAUST
NRIC No	S2771908B
Email Address	GERALD1402@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91278438
Alternative Phone No	OTHERS-91278438

Vehicle Particulars

Manufacturer	BMW
Model	335I-3.0 (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	5086355665-02
Cover Note Number	08/09/2018 - 07/09/2019

Driver

Name of Driver	GERALD FAUST
NRIC No	S2771908B
Date Of Birth	14/02/1967
Occupation	INDOOR
Date Of Driving Pass	21/03/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91278438
Fax Number	
Contact Number	OTHERS-91278438
EEmail Address	GERALD1402@GMAIL.COM

Address	8 MINBU ROAD #28-06 97 MEYER ROAD #31-06 THE MEYERISE S(437918)
Postcode	308162
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	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)	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

MY VEHICLE WAS PARKED WITHIN JOO CHIAT ROAD OPEN SPACE CARPARK. I PARKED AND LOCKED MY VEHICLE. EVERYTHING WAS FINE AND INTACT WHEN I LEFT FOR DINNER. ABOUT 1.5 HOURS LATER, WHEN I RETURN BACK TO MY VEHICLE, I SAW A NOTE ON MY FRONT WINDSCREEN THAT VEHICLE B HAD HIT ONTO MY PARKED VEHICLE. I CONTACTED VEHICLE B DRIVER AFTERWHICH. NO ONE WAS INJURED.

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	SLN1433L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WOO
NRIC/Passport Number	
Contact Number	97880495
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

NHTC Income Motor Service Centre

21619

Vehicle No: SKL691L

Report Date: 24-6-2019 Start Time: 4:13 PM

Report No: MT _____ D.O.A: _____

Make Model: BMW 335i

Reporting Type: TP End Time: _____

SKETCH PLAN

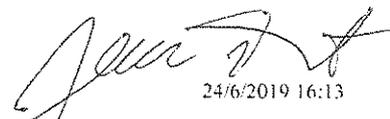
IMPORTANT NOTICE

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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

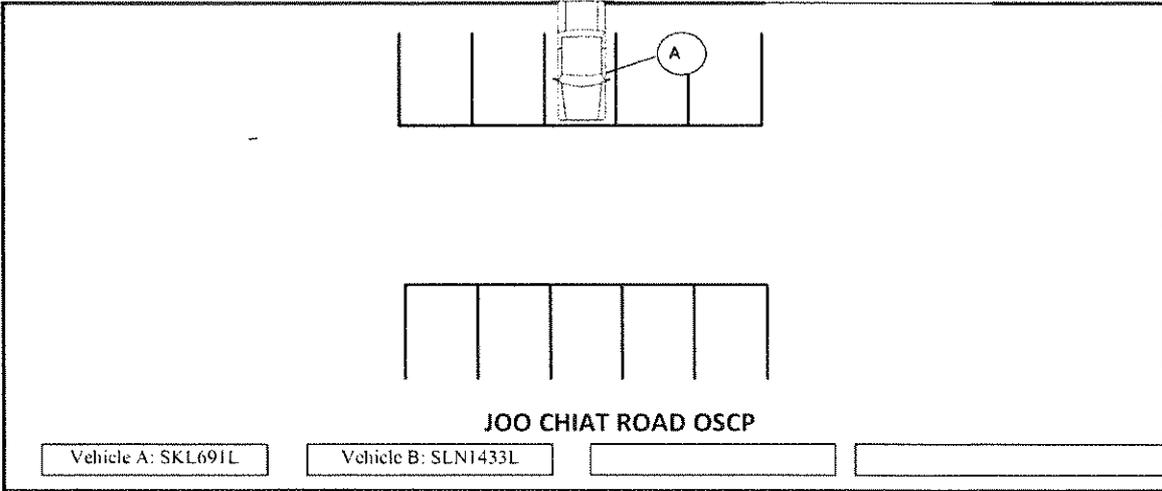

24/6/2019 16:13
Policyholder's Signature
Date & Time:

24/6/2019 16:13
Driver's Signature (If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Sketch Plan Pg. 2

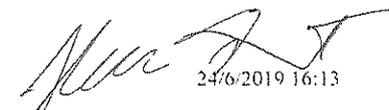
SKETCH PLAN



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DECLARATION

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


24/6/2019 16:13

Policyholder's Signature
Date & Time:

24/6/2019 16:13

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



Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

58228 1133 • F 463 8222 0249

Mr. Woo
Sorry that I scratch your bumper
just now. Please contact me for
compensation - 97880495, or
leave me a message. Thanks.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 5844452 P**

Name
GERALD FAUST

Birth Date: **14 Feb 1967**
Issue Date: **21 Mar 2013**
Valid Till **20 Mar 2018**

002163055J




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2771908B**



Name
GERALD FAUST

Race
CAUCASIAN

Date of birth
14-02-1967

Country/Place of birth
GERMANY

Sex
M

52771908B

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	21 Mar 2013
Class 2A	Motorcycles between 201 cc and 400 cc	21 Mar 2013
Class 2	Motorcycles > 400 cc	21 Mar 2013
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Mar 2013

941151



NRIC No. **S2771908B**



Nationality
GERMAN
Date of issue
01-08-2016

Address
**8 MINBU ROAD
#28-06
SINGAPORE 308162**



NP 428A