

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

09 JUL 2019

E S T I M A T E

Estimate No. : b1 51884
Date Estimated : 09/07/2019
Prepared By : Inthiran A/L Thurasamy

Page No. : 1 of 4

- ESTIMATE REPAIR FOR -

Low Siow Tiong
38 Upper Boon Keng Road
#23-618

Singapore 382003

- ACCOUNT - 40000

Cash Sales - Service
Singapore

| REGN. NO. | CHASSIS NO. | REGN. DATE | MODEL | MILEAGE |
|-----------|-------------|------------|----------|---------|
| SKQ4609Z | GA69247 | 28/11/2014 | 428IA GC | 0 |

DESCRIPTION

To replace front bumper and attachments.

VALUE

1,275.00

Painting front bumper.

1,038.00

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

Sundries.

80.00

Total Labour 1: **2,747.00**DESCRIPTION

LICENCE PLATE BASE ECE
FRT BUMPER PANEL PRIMED (SRA)
SET MOUNTING PDC/PMA SENSOR FRT
FRT LH GRILLE (LUXURY)
FRT RH GRILLE (LUXURY)
(DG/SL) ADHESIVE SET K6

QTYPRICVALUE

| | | |
|---|----------|----------|
| 1 | 69.25 | 69.25 |
| 1 | 1,078.65 | 1,078.65 |
| 1 | 75.30 | 75.30 |
| 1 | 128.60 | 128.60 |
| 1 | 128.60 | 128.60 |
| 1 | 53.05 | 53.05 |

Total Parts : **1,533.45**

| | | |
|----------------|---|-----------------|
| Labour 1 | : | 2,747.00 |
| Parts | : | 1,533.45 |
| Labour 2 | : | 0.00 |
| Excess | : | 0.00 |
| Total GST @ 7% | : | 299.63 |
| Grand Total | : | 4,580.08 |

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

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

**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-19-110226

Date of Request: 09/07/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 09/07/2019
Enquiry By Melanie Setiawati
TP Vehicle No. SLR5052E
Accident Date 09/07/2019

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SLR5052E | AIG Asia Pacific Insurance Pte. Ltd. | 25/07/2018-24/07/2019 | 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
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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-19-110226

Date of Request: 09/07/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 09/07/2019
Enquiry By Melanie Setiawati
TP Vehicle No. SLR5052E
Accident Date 09/07/2019

| 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. S7307020A



Name

LOW SIOW TIONG
(LIU SHAOZHONG)

刘绍仲

Race

CHINESE

Date of birth

23-02-1973

Sex

M

S7307020A

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE — DRIVING LICENCE



Licence Number: S7307020A

Name

LOW SIOW TIONG
(LIU SHAOZHONG)

Birth Date: 23 Feb 1973

Issue Date: 13 Sep 2004



001284142J



NRIC No. S7307020A



Date of issue

14-05-2005

29 AMBER ROAD #17-03
SINGAPORE 439942

NRIC No: S7307020A

Date: 03/01/2017

3721832

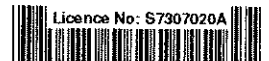
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Class 3 Motor Cars of unladen weight not exceeding 3900 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

01 Dec 1990

NP 428A



Licence No: S7307020A

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

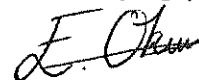
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

| | |
|---|---|
| Certificate No. | : MT/00545096 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SKQ4609Z |
| Chassis No. | : WBA4A52030GA69247 |
| 2) Name of Policy Holder | : Low, Siow Tiong |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 29/11/2018 00:00 |
| 4) Date/Time of Expiry of Insurance | : 28/11/2019 23:59 |
| 5) Persons or Classes of Persons Entitled to Drive | |
| (a) Any person who is named on the policy who is driving on the Policyholder's permission. | |
| The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving. | |
| 6) Limitations as to use* | |
| Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. | |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading. | |
| Sum Insured | : Market Value |
| Own Damage Excess | : S\$ 0.00 (before any applicable GST) |
| Windscreen Excess | : S\$ 100.00 (before any applicable GST) |
| Choice of workshop | : My Workshop/ My Authorised Distributor Workshop |
| Finance company / Hire Purchase | : |
| Main driver | : Low, Siow Tiong |
| Named driver | : None |
| Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered. | |

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 16/10/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

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 | 09/07/2019 10:49 |
| Date Of Accident | 09/07/2019 09:10 |
| Exact Location Of Accident | SEAVIEW BASEMENT C/P |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKQ4609Z |
| Insured/Policyholder | |
| Name Of Registered Owner | LOW SIOW TIONG |
| NRIC No | S7307020A |
| Email Address | SIOWTIONG@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97476370 |
| Alternative Phone No | OTHERS-97476370 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | BMW |
| Model | 428 |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT/00545096 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOW SIOW TIONG |
| NRIC No | S7307020A |
| Date Of Birth | 23/02/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/12/1990 |
| Driving Experience | 28 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97476370 |
| Fax Number | |
| Contact Number | OTHERS-97476370 |
| Email Address | SIOWTIONG@HOTMAIL.COM |

| | |
|---|----------------------|
| Address | 29 AMBER ROAD #17-03 |
| Postcode | 439942 |
| 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) | 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

VEHICLE B (SLR 5052 E) REVERSE AND HIT VEHICLE A (SKQ 4609 Z) FRONT REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 | SLR5052E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | JACK |
| NRIC/Passport Number | |
| Contact Number | 97341008 |
| 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 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 lodgment 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 a/foresaid.
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
 - (ii) for complying with requirements under any regulations, laws or court orders.

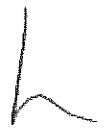

Policyholder's Signature

Date & Time: 9/7/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

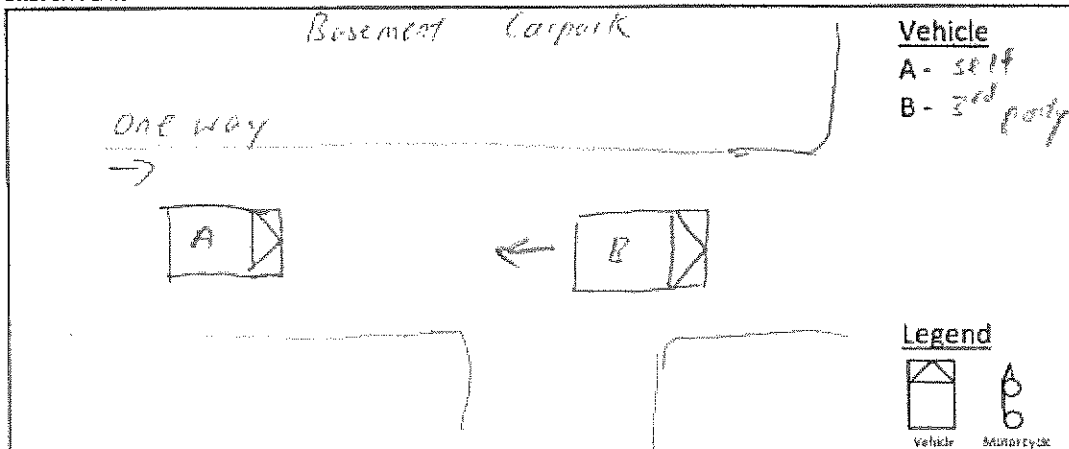

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm driving out of The Sea View basement carpark. the car in front is driven by a visitor to the condo. He stopped after passing the T junction.

I expected that he needed to reverse and turn right, so I left a one car length for him and stopped.

But it turn out he didn't notice me at all and over-reversed, as he wanted to see the Block size at the roof.

his car is SUV. I saw a few minor scratches my car front bumper cave in at the license plate area.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your Insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 9/7/19

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.: