,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 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 (AfterSa 63190533/530 (Motorra

(Motorrad) (AfterSales) (Motorrad) Fax. 64796601 64796624

### SERVICE TAX INVOICE

Repair Order No. : B1 1384807

: 02/08/2019

Cust. Svc. Advisor: Joseph Yaguel

Invoice Date

Payment Terms

Page No.

Invoice Number : 2148204 / WSB 11/09/2019

1 of 3

30 Days From Invoice

Sharon Heng Invoice By

CUSTOMER INFORMATION -

Mcdm Wenny Tan

Blk 564 Hougang Street 51

#13-430

Date IN

INVOICE TO -121

AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

#08-16 Chartis Building

Singapore 079120

Singapore 530564

REGN. NO. **SKE1819S** 

CHASSIS NO. EG22916

P A R T S

REGN. DATE 31/08/2018 MODEL

X1 SDRIVE18I

MILEAGE 13588

----LABOUR 1---NETT To replace rear bumper and attachments, rear boot lid 3,400.00 and attachments, tail end panel and interior tail trim etc including to pull and straighten trunk floor and knock out dented area caused by the accident. To remove and install body parts in order to carry out painting job. 3.079.00 To respray rear bumper, rear boot lid, tail end panel and trunk floor panel etc. To tow accident vehicle to PML workshop. 195.00 75.00 To conduct water leak tests. 487.00 To remove and install rear windscreen glass to facilitate the repair job. 451.00 To replace rear silencer and clamping bush including alignment system and conduct checks for leak. To remove and install rear hat-tray, rear seat, carpet 742.00 and roof top lining to facilitate repairs. 150.00 To check electrical wiring systems and lightings at the rear section for proper function. 451.00 To carry out body cavity preservation. (For cut panel). Sundries 150.00 To mount accident vehicle on speed bench to facilitate pulling & 564.00 re-alignment of body/chassis according to BMW specification INS CLAIMS: ACCIDENT REPAIR. DIRECT SETTLEMENT. 0.00 DATE OF ACCIDENT: 27.7.2019, 3RD PARTY CAR: SCR9982B. YOUR REF NO: NIL. VEHICLE WAS SURVEYED BY MR TAUFIKH FROM LKK AUTO CONSULTANTS PTE LTD ON 1.8.2019 AT 3.00 PM. AUTHORISED REPAIR BY MR VIC ALPEH FROM LKK ON 1.8.2019 VIA E-MAIL. 0.00 PROPOSE LOSS OF USE = \$100X10. THE AMOUNT IS SUBJECTED TO INSURANCE COMPANY COMFIRMATION.

Total Labour 1:

9,744.00

Retail

Price Qty

NETT

, BMW Dealer

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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

Repair Order No. : **B1** 1384807

Page No. : 2 of 3
Invoice Number : 2148204 / WSB

: 02/08/2019 Date IN Invoice Date : 11/09/2019

Payment Terms : 30 Days From Invoice Cust. Svc. Advisor: Joseph Yaguel

	Invoice By :	S	haron Heng	
TAILPIPE TRIM BLACK CHROME		1	110.55	110.55
RR BUMPER LH CORNER MOUNTING		1	141.90	141.90
EMBLEM GROMMET		2	0.80	1.60
BMW PLAQUE WITH ADHESIVE FILM		1	71.25	71.25
BOOTLID		1	1,230.50	1,230.50
INTERIOR TAIL TRIM		1	315.65	315.65
TAIL PANEL		1	401.75	401.75
RR BUMPER CARRIER		1	493.85	493.85
LETTERING S DRIVE 18I		1	96.15	96.15
LETTERING X1		1	64.10	64.10
BOOTLID SEALING		1	165.55	165.55
REAR BUMPER HEAT INSULATION		1	69.55	69.55
RR BUMPER RH CORNER MOUNTING		1	141.90	141.90
BLIND RIVET AVIBVLB		10	0.55	5.50
SCREW (SF PLUS M5X15)		5	0.55	2.75
PUNCH RIVET N4		20	0.55	11.00
(DG) CLEANER R1 (100ML)		1	26.15	26.15
(S/L) SEAM SEAL 300ML		1	33.80	33.80
BLIND RIVET AVIBVLB		30	0.55	16.50
REAR BUMPER PANEL PRIMED (M/PDC)		1	1,185.70	1,185.70
REAR BUMPER TRIM PANEL BOTTOM (M/PD		1	297.80	297.80
MOUNTING SMART OPENER (M)		1	45.30	45.30
LOADING SILL COVER		1	143.95	143.95
EXPANDING RIVET		6	2.50	15.00
THERMAL PROTECTION LUGGAGE COMP. FL		1	48.90	48.90
STORAGE TROUG. LUGGAGE TRUNK FLOOR		1	224.20	224.20
(DG/SL) SOUND DEADENER 1160X700MM		1	105.55	105.55
EXPANDING RIVET WHITE		19	1.85	35.15
BLIND RIVET NUT M6		5	2.55	12.75
(DG/SL) GLASS PRIMER 30ML (VP206)		1	27.85	27.85
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR)	1	2	131.55	263.10
(DG) CLEANER R1 (100ML)		1	26.15	26.15
BUMP STOP		6	3.50	21.00
EXPANDING RIVET WHITE		1	1.85	1.85
REAR SILENCER		1	1,465.05	1,465.05
SILENCER CLAMPING BUSH		1	54.30	54.30
		То	tal Parts	: 7,373.60

) BMW Dealer

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### SERVICE TAX INVOICE

3 of 3 Page No. Repair Order No. : B1 1384807

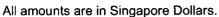
Invoice Number : 2148204 / WSB

: 02/08/2019 Date IN Invoice Date : 11/09/2019

30 Days From Invoice Cust. Svc. Advisor: Joseph Yaguel Payment Terms :

> Sharon Heng Invoice By

Labour Charges	:	9,594.00	Total Labour & Parts Charges	: S\$	17,117.60
Parts Charges	:	7,373.60	Less Insurance Excess	: S\$	0.00
Lubricant/Misc	:	150.00	Invoice Total Amount Exclude GST	-	17,117.60
,			GST @ 7%	: S\$	1,198.23
			Invoice Total Amount Include GST	: S\$	18,315.83
Computer generated	invoice	. No signature is required.	Amount Payable Include GST :	S\$	18,315.83



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.





# RELEASE VOUCHER (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

We/I, Perfumance Mefas Ltd ("the workshop") hereby confirm that we
nave reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltc
wv てんぱん from しょく ("name of surveyor") with respect to the amount claimed fo
S\$ \\S\I\S\S\S\ (repair costs), S\$ \\ \OOU \- \OO (loss of use/rental) S\$ (search fees
for vehicle no. $\frac{5kE18195}{}$ that was damaged pursuant to the accident which occurred
on 17.7.2019 date) along KPE Towards ECP P79K. (location) involving
vehicle no/s SCR9981B/
This is pursuant to the inspection conducted on $\frac{1.8->0.19}{}$ (date) at "the workshop".
We/I confirm that we/I are/am authorized by the owner <u>Newy Tay</u> ("third party claimant"
of vehicle no. $\leq k - 18 / 9 \leq$ to make the claim as set out in the above paragraph and we/l have fu
authority to settle the matter on his/her behalf in a manner that we/l deem fit. We/l enclose herein the letter of
authority given by "the third party claimant".
dutionly given by the third party diamidine.
We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/of expense that they will or have already incurred in the event that "the third party claimant" after the above sain agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to $\frac{\text{SKE-1819}}{\text{SME}}$ (vehicle no.) as a result the against
of the accident.
We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third part
claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and withou
admission of liability basis.
·
This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdication over any dispute arising out of the same.
Dated thisday of(month) 20(year)
tent
Signed by AIG appointed surveyor  Chopped & Signed Dyenerows shop"  Chopped & Darby Performance Centre
Singapore 159941

1000



# <u>AUTHORIZATION TO ACT</u> (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I,W	ENNY	YAN					("the	third	party	claimant")
of BL	K 564	HOUGAH	G S7. 51	Ħ	13-430	\$	(530	564)		(address),
owner	of	SKE	18195		(vehicle		no.)	her	eby	authorize
	stame	ance M	utors	Ltd	<u> </u>					
("the w	orkshop	o") to act f	for me w	rith r	espect to r	ny d	claim	for re	pair co	osts and/or
rental a	and/or lo	ss of use	("claim"	) for	my vehicle	e no	SYE	1819	2.	that was
damag	ed pursi	uant to the	e accide	nt wh	nich occurr	ed (	on	1-7-)	<u> </u>	date) along
KD.	E ton	vardy E	CP P	٦٩,	K					(location)
		le no/s								ccident").
. •		erto settier orkshop.	ment of n	ny ci	aim with p	aym	ient c	neque	e/s deii	ng made in
I furthe	er ackno	owledge t	hat any	sett	lement the	e w	orksh	op m	ay rea	ach on my
		_	_					·	-	asis insofar
as the	driver/ov	wner/insur	ers of th	e oth	ner vehicle.	/s is	conc	erned	l.	
	Date	this	da	y of <sub>.</sub>	(	mor	nth) 2	0	_(yea	r)
	Ør.	war /					<u> </u>	L		
Signed t	by "the th	ird party cla	imant"		Sig	ned	by "the	e works	shop"	otors Limited

303 Alexandra Road Sime Darby Performance Centre Singapore 159941

<b>TEAM</b>	<u></u>
TEAM	

# AIG THIRD PARTY EXPRESS SETTLEMENT FOR ACCIDENTS ON OR AFTER 1<sup>ST</sup> JUNE 2008 (PAYMENT BREAKDOWN)

Vehicle No:	2KE 18	19	2		_		
			Mo	Model:	BMW		
Date of Accident:	Date of Accident: 27.7.2019						
Global Sum Settle	ment: [	1	Yes	[ ]	No		
Repair Estimate	··· ] <b>t</b>	: \$		86-38		-	
Final Repair Cost		: \$		5 KZ 83		$\dashv$	
Loss of Use		: \$		000-00			10 days at \$ 100 per day
Rental (if any)		: \$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	000 200	<u> </u>	<del>  -</del>	days
LTA / GIA Search	Fee	: \$					
Others		: \$				$\dashv$	
		: \$				$\dashv$	
Final Settlement S	Sum	: \$	103	28.218	-	-	
Is Third Party Wo		1				1 NO	(Kindly indicate below)
							(%)
BOLA Application: Yes / No B) For GIA Registered Workshop: BOLA Scenario No:  BOLA Liability: (%) Assessed Liability (*): (%)  * Assessed Liability to be filled only for chain collisions and for cases where BOLA does							
Remarks							
Payment Instruction: Payee's Breakdown							
_	ance Motor				: \$	18	23-218
2) Wen	Wenny Tan		: \$		000-00		
3)	<del></del>				: \$		
Signed by	appointed st	ırvey	or		Da	ıte	

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)



# Your booking confirmation JOZSUE

1 message

<booking@singaporeair.com.sg>
To: desleendecinda@gmail.com

Sun, 7 Apr 2019 at 22:45

This is an automatically generated message. Please do not reply to this address.

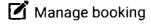
# Your booking is confirmed

### **Booking Reference JOZSUE**



Dear Ms Desleen Decinda Yeo Ying Fang,

You're all set for your trip! This email has all the details of your booking on singaporeair.com, and your e-ticket and receipt are attached. Remember to print these, or be sure you have easy access to them when you travel.





### **Itinerary**

	us: Confirmed NOMY LITE(K)
SQ 962 SIN 16:25 CGK 17:10  Airbus 28 Jul (Sun) 28 Jul (Sun) Industrie Singapore, Changi , Terminal 2  A350-900  Singapore	, Terminal 3
Airlines Flying time: 1hrs 45mins	
Cabin class: Economy (K)	

2. Jakarta to Singapore - Total travel time: 1hrs 50mins

Status: Confirmed ECONOMY LITE(K)

Dear Sir/Mdm,

I am the driver of SKE 1819S when the accident took place on Saturday  $27^{th}$  July 2019 at around 645pm. My brother and grandmother were passengers.

I will be overseas in Jakarta from Sunday 28<sup>th</sup> July till Friday 2<sup>nd</sup> August but the accident report needs to be made on Monday 29<sup>th</sup> July 2019. My brother, Owen Yeo, will thus be making the accident report on my behalf.

Thanks and regards,

Desleen Yeo

#### 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 witholding 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

ACCI	DENT	SIAI	FMFNI

 Date Of Report
 29/07/2019 17:21

 Date Of Accident
 27/07/2019 18:45

Exact Location Of Accident KPE TOWARDS ECP P79K

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SKE1819S

Insured/Policyholder

Name Of Registered Owner WENNY TAN

NRIC No

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90283793

Alternative Phone No OTHERS-93852981

**Vehicle Particulars** 

Manufacturer BMW Model X1

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

Are you claiming under your own insurance policy

for repair to your vehicle?

OP

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number UNAVAILABLE

Cover Note Number

**Driver** 

Name of Driver YEO YING FANG DESLEEN

NRIC No

Date Of Birth 17/12/1990
Occupation INDOOR
Date Of Driving Pass 15/01/2013

Driving Experience 6 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81896128

Fax Number

Contact Number

EMail Address DESLEENDECINDA@GMAIL.COM

Address BLK 564 HOUGANG STREET 51 #13-430

Postcode 530564

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

venicie

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? YES

Foreign Vehicle Registration Number SCR9982B (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

2

NO

3

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : YEO YING LONG OWEN OCKMINDO

GENDER: : MALE

Passenger 2 NAME: : ONG KIM ING

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** 

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SCR9982B

Vehicle Make/Model/Colour KIA CERATO BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SONG LIANGKAI LEONARD

NRIC/Passport Number

Contact Number 97505153

Address 229 COMPASSVALE WALK #14-410

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

540229

AIG ASIA PACIFIC INSURANCE PTE. LTD.

**FRONT** 

2

NAME:

GENDER:

### 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

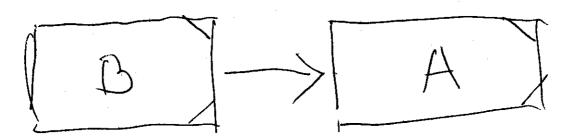
Reporting Centry

ecsonnel's Signature

Name: NRIC/FIN No.

Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centre

Singapore 159941



KPE towards ECP

B: 5CR9982B

### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

was on KPE lone 1. Car in Front braked sharply, our can also
braked accordingly. Was about to move off again when our
cer got hit at the back.
I am submitting the report for Perleen Yes as the wint
overes on 25 July

### DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

-for

29/07/19 4:40PM

Reporting Centre Personnel's Signature

Name: Performance Motors Limited NRIC/FIN No.: 303 Alexandra Road

Sime Darby Performance Centre Singapore 159941