

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

E S T I M A T E

8 SEP 2019

Estimate No. : b1 52569
Date Estimated : 02/09/2019
Prepared By : Chua Kee Sin

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -
Dylan Ng Foo Eng (Huang Furong)
2 Toh Yi Drive
#08-163

- ACCOUNT - 40000
Cash Sales - Service
Singapore

Singapore 590002

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLK7609Z	NU32256	25/01/2017	318iA/4Dr	0

DESCRIPTION

Replace front bonnet, left front side fender, front bumper and
remove attachment etc include knock on accident dent

VALUE

3,825.00

Spray painting front bonnet, left front fender and front
bumper

3,221.00

To check electrical wiring systems at the front section
for proper function including adjustments of headlights.

177.00

To carry out body cavity preservation.
(Per panel).

236.00

To replace left headlight.

481.00

Sundries.

150.00

Total Labour 1: **8,090.00**

DESCRIPTION

DESCRIPTION	QTY	PRIC	VALUE
BONNET	1	1,274.80	1,274.80
FRT LH SIDE PANEL	1	702.65	702.65
FRT LH 2 SIDE PANEL BRACKET	1	34.95	34.95
FRT LH TOP SUPPORT SIDE PANEL	1	20.00	20.00
FRT RH TOP SUPPORT SIDE PANEL	1	20.00	20.00
FRT LH BOTTOM MOUNTING SIDE PANEL	1	20.00	20.00
FRT RH BOTTOM MOUNTING SIDE PANEL	1	20.00	20.00
LH FOG LAMP SUPPORT	1	41.85	41.85
FRT BUMPER PANEL PRIMED (SPORT LINE	1	1,037.05	1,037.05
FRT LH GRILLE (SPORT)	1	128.60	128.60
LH HEADLIGHT LED TECHNOLOGY	1	3,068.40	3,068.40

Total Parts : **6,368.30**

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLK7609Z	NU32256	25/01/2017	318iA/4Dr	0



Claims OD / 3rd Party / Uninsured losses / Direct Settlement

Regn No. _____ Claim No. _____
Date&Time _____ Excess S\$ _____
Surveyor's Name _____ Sign _____
Surveyor's Tel _____ Authorised Yes / No _____
Authorised Date _____ Time _____
RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No
Surveyor's E-mail _____
No. of Working Days Recommend _____

Labour 1	:	8,090.00
Parts	:	6,368.30
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,012.08
Grand Total	:	15,470.38

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

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


 Licence Number: **S7521013B**
 Name: **NG FOO ENG**
(HUANG FURONG)
 Birth Date: **10 Jul 1975**
 Issue Date: **01 Oct 2003**


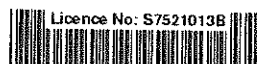
IDENTITY CARD NO. **S7521013B**


Name: **DYLAN NG FOO ENG**
(HUANG FURONG)
黄富荣
 Race: **CHINESE**
 Date of birth: **10-07-1975** Sex: **M**
 Country/Place of birth: **SINGAPORE**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Oct 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Apr 1997


NP 428A



5648188



NRIC No. **S7521013B**



Date of issue: **13-09-2016**

Address:
APT BLK 2 TOH YI DRIVE
#08-163
SINGAPORE 590002



Thanks 13:34

Dylan, my car has banged into your stationary car as I was reversing. The time is about 10.50pm at car park near Blk 3. 15:38

Ok can. 15:40 ✓✓

Can help to check with your workshop tomorrow on the estimated cost of repair for your car? Thanks. 15:42

Ok will ask them 15:43 ✓✓

Thanks 15:43

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	01/09/2019 15:57
Date Of Accident	31/08/2019 23:00
Exact Location Of Accident	2 TOH YI DR BLOCK 2 SINGAPORE 590002
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7609Z
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Insured/Policyholder

Name Of Registered Owner	DYLAN NG FOO ENG (HUANG FURONG)
NRIC No	S7521013B
Email Address	DYLANNG18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96844944
Alternative Phone No	OFFICE-96844944

Vehicle Particulars

Manufacturer	BMW
Model	318I-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	5106940920
Cover Note Number	

Driver

Name of Driver	DYLAN NG FOO ENG (HUANG FURONG)
NRIC No	S7521013B
Date Of Birth	10/07/1975
Occupation	INDOOR
Date Of Driving Pass	19/04/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96844944
Fax Number	
Contact Number	OFFICE-96844944
EMail Address	DYLANNG18@GMAIL.COM

Address	BLK 2 TOH YI DRIVE
	#08-163
Postcode	590002
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	COLLIDED INTO PARKED VEHICLE
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

REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EMAIL TO MOTOR
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX4513S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG GHEE HOCK, TIMOTHY
NRIC/Passport Number	S7147806H
Contact Number	98768539
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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 : SLX4513S

WHITE CAR : SLK7609Z

DESCRIPTION :

my vehicle is parked in the parking lot, when i return to collect my vehicle there was a note from SLX4513S stating that he hit onto my stationary parked vehicle while he is reversing

Declaration

We declare the foregoing particulars are true in every respect

BY/LIAN NG FOO ENG/HUANG FURONG
01/09/2019 15:41
Policyholder's Signature / Date &
Time

BY/LIAN NG FOO ENG/HUANG FURONG
01/09/2019 15:41
Driver's Signature / If driver is not the policyholder / Date
& Time

Witnessed By: Reporting Centre
Personnel

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 insurers) 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
 - (f) 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
 - (g) for complying with requirements under any regulations, laws or court orders

DUAN NG FOO ENG (HUANG FURONG)
01/08/2019 15:44
Policyholder Signature + Date & Time

DUAN NG FOO ENG (HUANG FURONG)
01/08/2019 15:44
Insurer Signature (if owner is not the policyholder) + Date & Time

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo





Income

Third Party Insurer Enquiry

Our Ref No: GR-19-143633

Date of Request: 02/09/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/09/2019
Enquiry By Caroline Tan Shirui
TP Vehicle No. SLX4513S
Accident Date 31/08/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLX4513S	AIG Asia Pacific Insurance Pte. Ltd.	27/03/2018-26/03/2020	65-6419-3000
SLX4513S	AIG Asia Pacific Insurance Pte. Ltd.	28/03/2018-27/03/2020	65-6419-3000

Thank You.

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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-19-143633

Date of Request: 02/09/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 02/09/2019
Enquiry By Caroline Tan Shirui
TP Vehicle No. SLX4513S
Accident Date 31/08/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	
GST Amount	1.87
Total Amount Due (GST Inclusive)	0.13
	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque