BMW Dealer

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 (AfterSal 64796624 (Motorrad



GST REG. NO : M2 - 0020081 - x

ESTIMATE

09 JAN 2020

	**				***************************************				
Estimate No.	: b1	54042	Page	No.	:	1	of	5	
Data Dational	. 00	101 10000							

Date Estimated : 08/01/2020 Prepared By : Foong Shiuh Jye

- ESTIMATE REPAIR FOR -- ACCOUNT -

40000 Tan Chin Kiong Cash Sales - Service 76 Lorong Marican Singapore

Singapore 417269

	And the state of t	***************************************				
REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL			MILEAGE
SFZ2686A	WBA1V720X05C07042	13/05/2016	116d			0
	DESCRIPTION		***************************************			7.77 7.777
	To replace bumper front panel and	attachments.				VALUE 1,275.00
						1,270.00
	To spray paint bumper front panel					1,038.00
						•
	To remove old PDC assembly, repla		and			177.00
	reconnect to new bumper including proper function.	conduct checks for				
	propor randian.					
	To check electrical wiring systems a	at the front section				177.00
	for proper function including adjustr					,.00
	•					
	Sundries.					40.00
				Tot	al Labour 1:	2,707.00
	DESCRIPTION			QTY	PRIC	VALUE
	CLAMP			1	3.35	3.35
	RH CLOSED GRID (BASIS)			1	88.00	88.00
	GRILLE MIDDLE BOTTOM			1	125.70	125.70
	FRT BUMPER LH INSERT			1	60.45	60.45
	FRT BUMPER RH INSERT			1	60.45	60.45
	FRONT BUMPER TOWING COVE	R PRIMED		1	39.15	39.15
	FRT BUMPER PANEL PRIMED			1	829.65	829.65
	SET PDC HOLDER FRONT			1	25.75	25.75
	SET PMA HOLDERS FRT/REAR			1	23.25	23.25

DESCRIPTION	QTY PRIC	VALUE
CLAMP	1 3.35	3.35
RH CLOSED GRID (BASIS)	1 88.00	88.00
GRILLE MIDDLE BOTTOM	1 125.70	125.70
FRT BUMPER LH INSERT	1 60.45	60.45
FRT BUMPER RH INSERT	1 60.45	60.45
FRONT BUMPER TOWING COVER PRIMED	1 39.15	39.15
FRT BUMPER PANEL PRIMED	1 829.65	829.65
SET PDC HOLDER FRONT	1 25.75	25.75
SET PMA HOLDERS FRT/REAR	1 23.25	23.25
RH DEFLECTOR LIP	1 20.85	20.85
(DG/SL) ADHESIVE SET K6	1 53.05	53.05
	Total Parts :	1,329.65

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Toll-Free Number (1800-2255269)

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315, Alexandra Road Sime Darby Business Centre Singapore 159944 Fax. 64796601 (AfterSa: 64796624 (Motorrac

(AfterSales) (Motorrad)

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. Date Estimated

Prepared By

: b1 54042

: 08/01/2020

: Foong Shiuh Jye

REGN. NO.

CHASSIS NO.

REGN. DATE

MODEL

MILEAGE

SFZ2686A

WBA1V720X05C07042

13/05/2016

116d

0

Page No. : 2 of 5

Labour 1 2,707.00 Parts 1,329.65 Labour 2 0.00 Excess 0.00 Total GST @ 7% 282.57 Grand Total 4,319.22

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

^{**} PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **



MX1 21300123 COV.Type: CO

CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MA004261

Index Mark and Registration Number of Vehicle 1

SFZ2686A

2. Name of Policyholder TAN CHIN KIONG

Effective Date of Commencement of 3. Insurance for the purposes of the Act

13/05/2019

Engine No.: 33559450B37D15A Chassis No.: WBA1V720X05C07042 Excess (Named Drivers): S\$1000.00 Excess (Unnamed Drivers): S\$1500.00

Date of Expiry of Insurance

12/05/2020

Persons or Class of Persons entitled to drive

(A) THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

TAN CHIN KIONG

TANG FLAINE

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION

THE POLICY DOES NOT COVER:

- (i) USE FOR HIRE OR REWARD.
 (ii) USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
 (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
 (iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

For and on behalf of Etiqa Insurance Pte. Ltd. Approved Insurer

Authorised Signature

MMOV20002772 / Mova Automotive Pte Ltd - Bukit Merah ENTRY DATE & TIME: 07/01/2020 14:02 SUBMITTED BY: Monitha Gunasekaran

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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	07/01/2020 14:02
Date Of Accident	06/01/2020 19:10
Exact Location Of Accident	DRIVEWAY(CARPARK BETWEEN FENGSHAN CC & BLK 116A)
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFZ2686A	

Insured/Policyholder

Name Of Registered Owner TAN CHIN KIONG

NRIC No SXXXX565H

Email Address KIONG18@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-96821929

Alternative Phone No OTHERS-NOPHONE

Vehicle Particulars

Manufacturer BMW

Model 116D 5DR HATCHBACK DSC LED SR AB

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 ETIQA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MA004261

Cover Note Number

Driver

Name of DriverTAN CHIN KIONGNRIC NoSXXXX565HDate Of Birth18/07/1975OccupationINDOOR

Date Of Driving Pass 10/06/1993

Driving Experience 26 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96821929

Fax Number

Contact Number OTHERS-NOPHONE

EMail Address KIONG18@HOTMAIL.COM

76 LORONG MARICAN Address

Postcode 417269

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 : TANG ELAINE NAME:

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHA8139G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

SAY AH SOO Name of Driver NRIC/Passport Number SXXXX096H 90083837 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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)
 - (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")
- 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: 7/1/20

Driver's Signature

(If driver is not the policyholder)

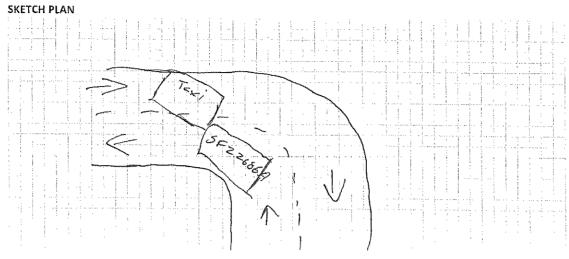
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: 5 F 2 2 6 8 6 A ACCIDENT DATE & TIME: 6 Jan 20 1710 CONTACT NUMBER: 96821929 E-MAIL ADDRESS: Kiong 18 @ hotmail. com LOCATION: Caspark driveway (Bothern Pensshen CC & Carpark BIK 116A)
CONTACT NUMBER: 96821929 E-MAIL ADDRESS: KiONG 18 @ Hotmail. COM
LOCATION: Carpark driveway (Bothern Franzshan CC & carpark BIK 116A)
,
Refer to affectment.
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
Please state:
() Claim Own Policy () Claim OD TP at other workshop () Reporting Only
DECLARATION

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

Policyholder's Signature

Date & Time: 7/1/20 1400

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Sketch Plan Pg. 3

On 6 Jan 2020 at about 7.10pm, I was driving my vehicle SFZ2686A into the HDB carpark driveway (in between Fengshan Community Club / Blk 116A HDB carpark) heading towards the dropoff point for Blk 116. At the left turn beside Blk 116A carpark, I was keeping to my own lane and a Comfortdelgro yellow taxi SHA8139G was heading towards me in the opposite direction. I slowed down upon seeing the taxi. The taxi swerved into my lane and hit my vehicle at the driver side front bumper. The driver subsequently reversed his taxi and we both get out of the car to inspect the damages. We took some photos and exchanged our particulars. The driver is Mr Say Ah Soo S0521096H, taxi SHA 8139G Mobile 90083837.