

**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

24 FEB 2020

**E S T I M A T E**

Estimate No. : b1 54567  
Date Estimated : 24/02/2020  
Prepared By : Joseph Yaguel

Page No. : 1 of 5

**- ESTIMATE REPAIR FOR -**

Ang Rong Sheng, John  
4 siglap plain

Singapore 455993

**- ACCOUNT - 219**

India Int'L Insurance Pte Ltd  
64 Cecil Street  
#04-05 IOB Building  
Singapore 049711

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SBV6636L	WBA8E32040A553373	23/11/2018	318i	0

DESCRIPTION	VALUE
Replacing front bumper panel and attachments and airduct	2,550.00
Spray front bumper	1,038.00
To check electrical wiring systems at the front section for proper function including adjustments of headlights.	177.00
Sundries	150.00
To supply front emboss number plate.	83.00
<b>Total Labour 1:</b>	<b>3,998.00</b>

DESCRIPTION	QTY	PRIC	VALUE
FRT BUMPER TOWING LUG COVER PRIMED	1	43.50	43.50
FRT SHOCK ABSORBER ECE	1	54.55	54.55
FRT BUMPER PANEL PRIMED (BASIS)	1	987.65	987.65
FRT RH GRILLE (BASIS)	1	107.15	107.15
FRT RH GRILLE (BASIS)	1	107.15	107.15
SUPPORT NUMBER PLATE ECE	1	69.60	69.60
GROMMET	2	0.80	1.60
AIR DUCT RADIATOR	1	105.35	105.35
AIR DUCT FRT BOTTOM	1	100.35	100.35
PLAQUE 82MM	1	71.60	71.60
DECOUPLING RING PDC TORQUE CONVERTE	4	5.10	20.40
<b>Total Parts :</b>			<b>1,668.90</b>

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<b>SBV6636L</b>	<b>WBA8E32040A553373</b>	<b>23/11/2018</b>	<b>318i</b>	<b>0</b>



Labour 1	:	<b>3,998.00</b>
Parts	:	<b>1,668.90</b>
Labour 2	:	<b>0.00</b>
Excess	:	<b>0.00</b>
Total GST @ 7%	:	<b>396.68</b>
Grand Total	:	<b>6,063.58</b>

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

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



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 21 Feb 2020 / 16:42:25

Receipt Date/Time : 21 Feb 2020 / 16:42:25

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200221-002689

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - PC4068Z As at 12 Feb 2020/16:00:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - PC4068Z Enquiry Fee 20200221164133835638	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	xxxxxxxxxxxx6890	Credit Card: Visa/MasterCard		7.45
<b>Total</b>				7.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				7.45
<b>Excess Refundable Amount</b>				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

**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. MA006411**

1. Index Mark and Registration Number of Vehicle SBV6636L
2. Name of Policyholder ANG RONG SHENG JOHN
3. Effective Date of Commencement of Insurance for the purposes of the Act 23/11/2019

Engine No.: 39855462B38B15A  
Chassis No.: WBA8E32040A553373  
Excess (Named Drivers): S\$800.00  
Excess (Unnamed Drivers): S\$1300.00
4. Date of Expiry of Insurance 22/11/2020
5. 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.

ANG RONG SHENG JOHN      ANG KIM H AI      LEE LAY KENG      KRISTIN LIM YU XUAN

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](http://www.gia.org.sg) / [www.lia.org.sg](http://www.lia.org.sg) / [www.sdic.org.sg](http://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 Etika Insurance Pte. Ltd.  
Approved Insurer



Authorised Signature

## 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	13/02/2020 13:15
Date Of Accident	12/02/2020 16:00
Exact Location Of Accident	NUS CARPARK 11 (3 RESEARCH LINK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV6636L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG RONG SHENG JOHN
NRIC No	SXXXX190B
Email Address	JOHN.ANG.RS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84073632
Alternative Phone No	OFFICE-84073632

### Vehicle Particulars

Manufacturer	BMW
Model	318I LED NAV

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	MA006411

Cover Note Number

### Driver

Name of Driver	ANG RONG SHENG JOHN
NRIC No	SXXXX190B
Date Of Birth	02/07/1988
Occupation	INDOOR
Date Of Driving Pass	23/11/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84073632
Fax Number	
Contact Number	OFFICE-84073632
EMail Address	JOHN.ANG.RS@GMAIL.COM

Address	4 SIGLAP PLAIN
Postcode	455993
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

REFER TO ATTACHED SKETCH PLAN.

#### 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	PC4068Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
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)

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.



*Jale*

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

12/12/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

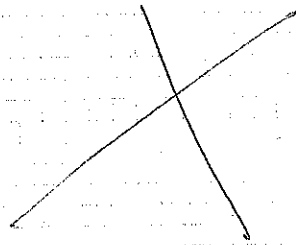
Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage    ☒ Claim TP    ( ) Reporting Only    ( ) Claim OD/TP at other workshop

*Jale*

Workshop Name : \_\_\_\_\_

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR WAS PARKED IN NUS CAR PARK 11. BUS PC40682, ~~ON~~<sup>A</sup> NUS INTERNAL SHUTTLE BUS UNDER COMFORTDELGRO SCRAPPED THE FRONT OF THE CAR WHILE DRIVING BY. THERE WERE DENTS AND SCRAPES ON THE FRONT BUMPER. THE DRIVER LEFT A NOTE WITH HIS VEHICLE NO. I CALLED THE OFFICE OF CAMPUS AMENITIES AND WAS DIRECTED TO RICHARD AT COMFORTDELGRO.

### 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**INTERVIEW FORM**

Name (Driver) : ANG RONG SHENG JOHN

Policy No : MA006411

Vehicle No : SBV 6636 L

Place of Accident : NUS CAR PARK 11 (3 RESEARCH LINK)

Insured Driver's relationship with Insured : SELF

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:  
NONE

Third Party Vehicle No (if any) : PL4068 Z

No of passenger(s) in Third Party Vehicle : ~~0~~ —

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
NA

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
HIT INTO PARKED VEHICLE

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
NO

Traffic Police report (enclosed) : Yes / (No)

**Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)**

Jale  
Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge

13/2/20  
Attended by (Name & Signature) / Date

Workshop Name: MOON MING WATY

ETIQA Insurance Pte Ltd  
One Raffles Quay  
#22-01 North Tower  
Singapore 048583

T +65 63360477  
F +65 63392109

www.etiqa.com.sg  
Company Reg. No. 2013110078

A Member of Maybank Group

Hi,

Car Owner, our bus PC 40682 had asked to report insurance. Please report to your Insurance Company too (to advice, Please reverse to the end to avoid the incident happen again). "You car plate in front have a look!"

Many thanks with best regards.