

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

18 MAR 2020

E S T I M A T E

Estimate No. : b1 54839

Page No. : 1 of 5

Date Estimated : 18/03/2020

Prepared By : Foong Shiuh Jye

- ESTIMATE REPAIR FOR -

Lau Pei Kin
7 Pasir Ris Drive 4
#04-05

Singapore 519459

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKZ226Z	WBAHS72080P896331	15/04/2016	X1 sDrive20i	0

DESCRIPTIONVALUE

Replace rear bootlid, rear bumper and attachment.

2,550.00

Painting rear bumper and rear bootlid.

2,006.00

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

118.00

To check electrical wiring systems and lightings at the
rear section for proper function.

177.00

To replace bootlid smart opener control unit, top and
bottom sensor lines including program and conduct checks for
proper function.

661.00

Sundries.

150.00

Total Labour 1:

5,662.00DESCRIPTIONQTYPRICVALUE

BOOTLID

1

1,236.65

1,236.65

REAR LH BUMPER MOUNT

1

161.40

161.40

REAR RH BUMPER MOUNT

1

161.40

161.40

RR BUMPER CARRIER

1

496.35

496.35

MOUNTING SMART OPENER

1

45.55

45.55

RR BUMPER LH CORNER MOUNTING

1

142.65

142.65

RR BUMPER RH CORNER MOUNTING

1

142.65

142.65

REAR BUMPER PANEL PRIMED

1

903.40

903.40

REAR TRIM UNDERRIDE PROTECTION PRIM

1

176.55

176.55

REAR BUMPER BOTTOM TRIM PANEL (LINE

1

242.70

242.70

EMBLEM GROMMET

2

0.85

1.70

BMW PLAQUE WITH ADHESIVE FILM

1

71.60

71.60

LETTERING X1

1

64.45

64.45

PLUG BLACK D=5MM

7

0.95

6.65

SENSOR WIRE FOR SMART OPENER TOP

1

46.30

46.30

SENSOR WIRE FOR SMART OPENER BOTTOM

1

50.90

50.90

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKZ226Z	WBAHS72080P896331	15/04/2016	X1 sDrive20i	0

Total Parts : **3,950.90**



Labour 1	:	5,662.00
Parts	:	3,950.90
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	672.90
Grand Total	:	10,285.80

** 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 : 18 Mar 2020 / 15:49:10

Receipt Date/Time : 18 Mar 2020 / 15:49:10

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200318-002342

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 - GBG9221J As at 17 Mar 2020/13:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBG9221J Enquiry Fee 20200318154822261511	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxx6890	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				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) (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/00609040
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SKZ226Z
Chassis No.	: WBAHS72080P896331
2) Name of Policy Holder	: Lau Pei Kin
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 15/04/2019 00:00
4) Date/Time of Expiry of Insurance	: 14/04/2020 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any named person under the policy who is driving on the Policyholder's permission. (b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, 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. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.	
*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\$ 300.00 (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	: Lau Pei Kin
Named driver	: None
Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.	

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: 08/03/2019

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur (Chief Underwriting Officer)

Direct Asia Insurance (Singapore) Pte Ltd
20 Anson Road #08-01 Twenty Anson Singapore 079912
www.DirectAsia.com

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	18/03/2020 10:33
Date Of Accident	17/03/2020 13:40
Exact Location Of Accident	TAMPINES AVE 9 TOWARD AVE 6 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ226Z
Insured/Policyholder	
Name Of Registered Owner	LAU PEI KIN
NRIC No	SXXXX634J
Email Address	777KENNY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96215361
Alternative Phone No	OFFICE-84385388

Vehicle Particulars

Manufacturer	BMW
Model	X1-2.0 SDRIVE20I (A)

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/00609040

Cover Note Number

Driver

Name of Driver	LAU PEI KIN
NRIC No	SXXXX634J
Date Of Birth	06/01/1975
Occupation	INDOOR
Date Of Driving Pass	09/05/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96215361
Fax Number	
Contact Number	OFFICE-84385388
E Mail Address	777KENNY@GMAIL.COM

Address	7 PASIR RIS DRIVE 4 #04-05
Postcode	519459
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE

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

ON 17 MARCH 2020 , AROUND 1.40 PM I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN ALONG TAMPINES AVE 9 TO TURN LEFT TO TAMPINES AVE 6 , AFTER TRAFFIC LIGHT TURNED GREEN I WAS MOVING FORWARD SLOWLY FOR PEDESTRIANS TO CROSS THE ROAD ON TAMPINES AVE 6 THAT WAS THE MOMENT WHEN WE FELT OUR CAR BEING HIT FROM THE BACK .

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	GBG9221J
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	NOORFADHILA BINTE ROSLAN

NRIC/Passport Number	SXXXX029F
Contact Number	
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 untruthful representation 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 lodging 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 investigation 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:

17/3/20 1650

Driver's Signature

(If driver is not the policyholder)

Date & Time

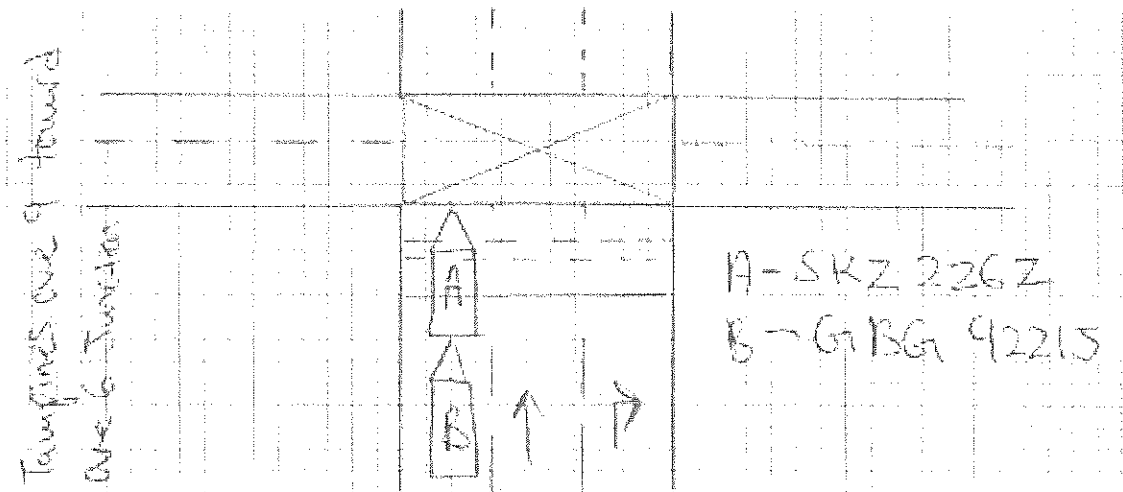
Reporting Centre Personnel's Signature

Name

NRIC/BN No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17 MAR 2020 AROUND 1:40 PM I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN ~~ON~~ ALONG TAMPIERES AVE 9, TO TURN LEFT TO TAMPIERES AVE 6.

AFTER TRAFFIC LIGHT TURNED GREEN I WAS MOVING FORWARD SLOWLY FOR THE PEDESTRIANS TO CROSS THE ROAD ON TAMPIERES AVE 6 THAT WAS THE MOMENT WHEN WE FELT OUR CAR BEING HIT FROM THE BACK.

DECLARATION

If we declare the foregoing particulars are true in every respect.

Policyholder's Signature: _____
Date & Time: 12/1/2010 10:50

Driver's Signature _____
(If driver is not the policyholder)
Date & Time 02/17/20 10:52

Resulting Centre Personnel's Signature
Name: _____
NRCC/INAC