	013615/RHd3 1 7838
ASS	IGNMENT
From: Date:	Veh No: EK 13132 Yr Regn: 2013 / MAY
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry /. Taxl / Prime Mover /
DO IPI WS ITP RES I OD RES I EVA I INV I MV	Truck / Trailer or
o Inspect Vehicle No: FK [3137]	Make: B.M.W X6XDRIVE35I8/R c.c 2579
Workshop m/s Preformance	Colour WHTE A/C: Insured / Std / NI / NA
203 MCXANDRA RD	Sp.Reading 130244 T/Radio: Insured / Std / NI / NA
sured: CT(Eng/No:
olicy No.	C/No: WOAFG 220XOL597359 .
aims No.	Gen. Cond: Good / all Poor Burnt
m Insured: Excess:	Steering: Inordeal Jammed / Leaked / Burnt or
Client's Record)	Brake; Morder / Jammed / Leaked / Burnt or
ke of Veh:	Modi: Nil / SRIP / STD A/Rim or
	Tyre Size: F: 275 40820
Policy Condition)	R:
mark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or .
i. or Market Value:	<u>Front</u> Rear
AC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm R/Bal. 6 mm
A / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
t Repairs: days Res.: Yes or No	D.O.A. 04/12/2020 D.O.I. 21/12/2020
om Sum: % · 3 Val.: Yes or No	Survey held at PERFORMANCE
	Des. of Damages : Frt Rear 1 O/S / N/S / U/C / Rooftop or
A / REV / REP. / 24 HRS Vehicle: IN/C	TII
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Report 1 mut 22K	
Finalised amount of \$ 4,339.10	/ 3 days of repair is confirmed
È RED: 1709.10;28%	
ale/Time, File Pass to? : Prell. Report	Days Of Repair: 3
: Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	. Transportation:
Add	Fee: :Site Insp (\$)s+Rssi
	: Interview (\$) Photos
ep Formai:	: Tech, Invs (\$) Others
unip Stan / LE.A: (\$)	:Weellend (\$
rated) desired to an ex-	TOTAL
	; 10/KC)

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

(AfterSales) (Motorrad)

GST REG. NO : M2 - 0020081 - X

ESTIMATE

08 DEC 2020

ここくくころうこ

6,052.51

Estimate No. 56806 Page No. : 1 of 4 : b1 Date Estimated : 08/12/2020 Prepared By : Joseph Yaguel - ESTIMATE REPAIR FOR -40000 ACCOUNT -Loo Seow Shan (Lu Xiaoshan) Cash Sales - Service 48 Jalan Remis Singapore Singapore 468116 REGN. NO. CHASSIS NO. REGN. DATE MODEL MILEAGE EK1313Z WBAFG220X0L597359 21/05/2013 X6 xDrive35i 0 DESCRIPTION To replace rear bumper including attachment. LKK Auto Consultants hence notify 1,275.00 the Repairer of the following: To resurvey before/after spray painting Painting rear bumper To display damaged part(s) during resurvey Parts prices are subject to confirmation To check electrical wiring sys tem and lighting at the rear \$ Third party survey is on a "Without Prejudice" basis ection for proper function. No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and Sundries. is subject to final approval from Insurance Company 40.00 Acknowledged by Repairer Signature: Total Labour 1: 2,530.00 Date: DESCRIPTION QTY PRIC VALUE RR BUMPER CARRIER 768.15 768.15 MOUNT BUMPER REAR CENTRE ? 1 246.40 246.40 RR BUMPER LH FLAP TOWING EYE X 36.80 36.80 RR BUMPER RH FLAP TOWING EYE X 36.80 36.80 RR BUMPER BOTTOM TRIM PANEL (SCHWAR & - SHOCK ABSORBER REAR LEFT ? 258.80 258.80 64.95 64.95 SHOCK ABSORBER REAR RIGHT ? 64.95 64.95 RR BUMPER (PRIMED) de 1,649.70 1,649.70 Total Parts 3,126.55 Claims OD / / Uninsured losses / Direct Settlement Regn No. 21/12/2020 01038 Labour 1 2,530.00 90010068 Parts Surveyor's Tel Authorised 3,126.55 Authorised Date Labour 2 Time 0.00 Excess RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No 0.00 Total GST @ 7% Surveyor's E-mail 395.96 3 days No. of Working Days Recommend Grand Total

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

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

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

- 3. Information provided must be as itulinia and accorded as possible. Any wind miscopresentation of white the first 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 inverseded 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.

DA AND DELLA CONTRACTOR OF CONTRACT	
Date of Submission	10/12/2020 09:23 (SGT)
Date of Accident	04/12/2020 17:38 (SGT)
Exact Location of Accident	Sembawang, Singapore
Additional Location Information	SEMBAWANG ROAD
Country/State of Loss	Singapore

BENETATE SOME SAWAIT VEDICE ES

DETAILS	BOWNVERIGEE
Vehicle Registration Number	EK1313Z
INSURED/POLICYHOLDER	
ls company?	No
Name Of Registered Owner	LOO SEOW SHAN
NRIC No	SXXXX783F
Email Address	JACLOO@ME.COM
Mobile Phone No	(Phone) +65-98355384
Alternative Phone No	+65-98355384
VEHICLE PARTICULARS	
Manufacturer	BMW
Model	X6
Variant	
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private car
INSURANCE COMPANY	
Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA064611/1
Cover Note Number	G, 100 101 1/1

DRIVER

Name of Driver TAY BOON CHAI NRIC No SXXXX790G Date Of Birth 08/12/1975 Occupation Indoor



Page 1 of 16

: Interview (\$

] Photos

80.00

e Of Driving Pass	23/09/1996
Ving experience	24 YEARS AND 3 MONTHS
gender	Male
Mobile Number	(Phone) +65-98222862
Alt. Phone Number	-
Email Address	JACLOO@ME.COM
Address	48 JALAN REMIS
Address complement	-
Postcode	468116
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	·
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	(#)
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	LOO SEOW SHAN
Gender	Female
PASSENGER 2	
Name	SHANE TAY
Gender	Female
PASSENGER 3	
Non-control	
Name	SAGE TAY
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	(m)
OUR CHARTANOS OF ACCURENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACH.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

EDETAILS OF OTHER VEHICLE PROPERTY II

The same of the sa	
nicle Registration Number	SKC6236B
Pricle Manufacturer	Hyundai
Linicle Model	•
Lohicle Variant	<u>\$</u> *
Vehicle Colour	Gray
Vehicle Category	Private car
uame of Driver	RAMESH S/O TAMILARATH
NRIC No	SXXXX749F
Contact Number	(Phone) +65-94877712
Δddress	~ 3
Address complement	= 3
Postcode	*
Insurance Company Name	China Taiping Insurance
Nature Of Damage	
Details of property damaged in accident	₩3
No. Of Passenger (Including Driver)	-

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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, involces, 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

ate & Time:

201120 12.36 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

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

Policyholder's Signature

2011, 15-3/ bu

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID:	783F
Vehicle No:	EK1313Z
Vehicle to be Exported:	No No
ntended Deregistration Date:	21 Dec 2020
Vehicle Make:	B.M.W.
Vehicle Model:	X6 XDRIVE35I AWD SR DSC NAV HUD LED
Primary Colour:	White
Manufacturing Year:	2013
Engine No:	04778439N55B30A
Chassis No.:	WBAFG220X0L597359
Maximum Power Output:	225.0 kW (301 bhp)
Open Market Value:	\$7 3,552.00
Original Registration Date:	21 May 2013
First Registration Date:	21 May 2013
Transfer Count:	2
Actual ARF Paid:	\$104,394.00
enterpress revenue Main-wa Dinicili (c	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 May 2023
PARF Rebate Amount:	\$62,636.00
enventureire mei 2004 van Envere en 1904 en 1905 van 1904 en 1904 en 1905 van 1904 en 1904 en 1904 en 1904 en	2004
COE Expiry Date:	20 May 2023
OE Category:	E - Open Category
COE Period (Years):	10
QP Paid:	\$62,000.00
COE Rebate Amount: Total Rebate Amount:	\$14,954.00 \$77,590.00

ОК



Features

3.0L Inline 6 Twin Power Turbo Charged, 8 Speed Transmission, 302Bhp And 400Nm Torque, Hill Descent Control, Adaptive LED Headlights, 360 Camera. View specs of the BMW X6



