

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

04 JAN 2021

E S T I M A T E

VEHICLE IN

Estimate No. : b1 57087
Date Estimated : 02/01/2021
Prepared By : Joseph Yaguel

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Pramodh Rai
325 Jurong East Street 31
#12-186

Singapore 600325

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SME2541L	WBAJG120403G76288	24/09/2018	X1 sDrive18i	0

DESCRIPTION

To replace rear bumper panel and attachments, rear spoiler,
rework bootlid, rear right side panel

VALUE

4,250.00

To respray rear bumper, bootlid, rear spoiler, rear
right side panel

3,339.00

To replace rear windscreen glass.

676.00

To conduct water leak tests.

75.00

To supply and install rear windscreen solar film.

531.00

To check electrical wiring system and lighting at the
rear section for proper function.

177.00

Sundries

150.00

vacuum glass debris

224.00

Total Labour 1: **9,422.00**

DESCRIPTION**QTY****PRIC****VALUE**

SCREW SELF TAPPING

2

1.20

2.40

RR BUMPER CARRIER

1

496.35

496.35

RR BUMPER LH CORNER MOUNTING

1

143.35

143.35

RR BUMPER RH CORNER MOUNTING

1

143.35

143.35

REAR BUMPER LH MOUNT (M)

1

162.25

162.25

REAR BUMPER RH MOUNT (M)

1

162.25

162.25

MOUNTING SMART OPENER (M)

1

45.75

45.75

REAR BUMPER PANEL PRIMED (M/PDC)

1

1,191.60

1,191.60

REAR BUMPER TRIM PANEL BOTTOM (M/PP)

1

297.80

297.80

LETTERING S DRIVE 18i

1

97.15

97.15

LETTERING X1

1

64.75

64.75

BUMP STOP

10

3.20

32.00

REAR WINDOW (ESG)

1

851.00

851.00

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SME2541L	WBAJG120403G76288	24/09/2018	X1 sDrive18i	0

DESCRIPTION	QTY	PRIC	VALUE
HOOK AND LOOP FASTENER	10	2.85	28.50
AEROBLADE (SCHWARZ)	1	393.50	393.50
REAR RH LIGHT IN TRUNK LID	1	277.10	277.10
REAR RH LIGHT IN THE SIDE PANEL	1	399.85	399.85
DECOUPING RING PDC TORQUE CONVERTER	4	5.15	20.60
(DG) CLEANER R1 (100ML)	1	26.15	26.15
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR)	2	131.55	263.10
Total Parts :			5,098.80



Labour 1	:	9,422.00
Parts	:	5,098.80
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,016.46
Grand Total	:	15,537.26

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

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

INSURER ENQUIRY


Find

insurer

Vehicle reg. no.

GBD8646P

Date of Accident

01/01/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance**Period of Insurance **17/06/2020 - 16/06/2021**Requested By **Caroline Tan Shirui (Performa...**Requested Date **04/01/2021 15:00****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

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 Submission	02/01/2021 11:31 (SGT)
Date of Accident	01/01/2021 10:35 (SGT)
Exact Location of Accident	Rochor, Singapore
Additional Location Information	ALONG ROCHOR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2541L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PRAMODH RAI
NRIC No	SXXXX026B
Email Address	rai.pramodh@gmail.com
Mobile Phone No	(Phone) +65-97453614
Alternative Phone No	+65-97453614

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	FWD
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2019-00014928-01
Cover Note Number	-

DRIVER

Name of Driver	PRAMODH RAI
NRIC No	SXXXX026B
Date Of Birth	01/02/1987
Occupation	Indoor

Date Of Driving Pass	27/08/2008
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97453614
Alt. Phone Number	+65-97453614
Email Address	rai.pramodh@gmail.com
Address	95 PRINCE CHARLES CRESCENT #22-10
Address complement	-
Postcode	159027
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number 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	Raining
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUNIL
Gender	Male

PASSENGER 2

Name	RANI
Gender	Female

PASSENGER 3

Name	RITU
Gender	Female

PASSENGER 4

Name	ISHAAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8646P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMESH
Contact Number	(Phone) +65-87319176
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

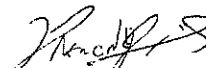
VEHICLE NO: SME 25412
ACCIDENT DATE: 01/01/2021 @ 10:35

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.

NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.



Policyholder's Signature
Date & Time:

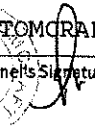
02 01 2021
1005

SM 2011-2012

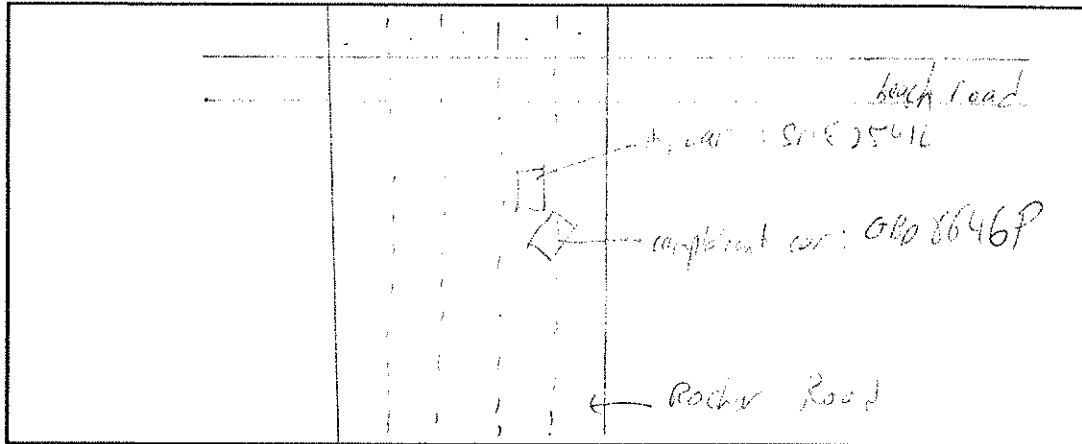
Driver's Signature
(If driver is not the policyholder)
Date & Time:

CHARN'S CUSTOMCRAFT

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


CHARN'S CUSTOMCRAFT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1035H on 01/01/2021, I was stationary at a traffic light at the Rocher Road / Booth Road intersection because the traffic light was showing 'Red'. The weather was moderately heavy rain.

A lorry hit my car from behind, resulting in damage to rear window, light and bumper. There was no impact to lives and also no damage to government property.

I took down the particulars of the driver, his vehicle and snapped photos of the accident scene, together with a video recording. Also, called the police who advised me to lodge a report at the nearest police station (this has also been done).

OWN DAMAGE ()

3RD PARTY CLAIM ☒

REPORTING ONLY ()

OWN WORKSHOP ☒

DECLARATION

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



Policyholder's Signature

Date & Time:

02 01 2021
1005

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: