

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

E S T I M A T E

Car in

Estimate No. : b1 57361
Date Estimated : 27/01/2021
Prepared By : Han Kwan Yong

Page No. : 1 of 6

- ESTIMATE REPAIR FOR -

Tuor Christian Daniel
370B Alexandra Road
#01-04 The Anchorage

Singapore 159955

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLB639E	WBA2B32070V259831	28/03/2016	216d CAT	0

DESCRIPTION	VALUE
To replace rear bumper, boot lid, tail panel, trunk floor panel including to pull & straiten both rear chassis, tail panel and trunk floor before cutting and to knock out dented area caused by the accident	11,050.00
To respray front bumper, rear bumper, boot lid, tail panel, rear left fender, rear right fender and boot compartment	5,672.00
To carry out body cavity preservation. (Per panel).	118.00
To carry out body cavity preservation. (For cut panel).	531.00
To remove and install boot compartment carpet and garnish to facilitate repair.	271.00
To remove and install rear windscreen glass to transfer from old to new boot lid	676.00
To conduct water leak tests.	75.00
To replace bootlid smart opener control unit, top and bottom sensor line including program and conduct check for proper function.	661.00
To transfer lock mechanism from old to new bootlid including conduct check on new bootlid central locking system for proper function.	531.00
To replace front exhaust silencer including alignment system and conduct check for leak.	531.00
To replace rear exhaust silencer including alignment system and conduct check for leak.	531.00

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Page No. : **2 of 6**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLB639E	WBA2B32070V259831	28/03/2016	216d CAT	0

DESCRIPTION	VALUE
To replace each diesel particulate filter including alignment and conduct check for leak.	664.00
To check electrical wiring system at the front and rear sections for proper function including adjustment of headlights.	295.00
To supply front emboss number plate.	83.00
Sundries	150.00

Total Labour 1: **21,839.00**

DESCRIPTION	QTY	PRIC	VALUE
# CLAMPING BUSH	1	54.60	54.60
# RUBBER MOUNTING	2	17.70	35.40
V BAND CLAMP	1	43.25	43.25
GASKET	1	9.85	9.85
# EXCHANGE EXHAUST PIPE CATALY	1	1,694.80	1,694.80
# REAR SILENCER	1	1,015.05	1,015.05
EXCH DIESEL PARTICULATE FILTER EU5	1	3,746.35	3,746.35
TAILPIPE TRIM BLACK CHROME	1	113.85	113.85
# HOLDER EXHAUST SYSTEM	2	58.95	117.90
TRUNK LID	1	1,216.40	1,216.40
# Trunk floor	1	445.65	445.65
# INTERIOR TAIL TRIM	1	281.90	281.90
# TAIL PANEL	1	358.80	358.80
# REAR BUMPER PANEL PRIMED (PD	1	1,050.65	1,050.65
# RR BUMPER LH SIDE GUIDE	1	61.65	61.65
RR BUMPER RH SIDE GUIDE	1	61.65	61.65
# REAR BUMPER CARRIER	1	460.40	460.40
SUPPORT	1	45.75	45.75
# RR BUMPER LH INNER SIDE GUID	1	61.65	61.65
RR BUMPER RH INNER SIDE GUIDE	1	61.65	61.65
GROMMET	2	0.80	1.60
PLAQUE 74MM	1	71.95	71.95
STRIKER BOOT LID	1	59.80	59.80
# LOCK TRUNK LID	1	195.75	195.75
# ACTUATION UNIT	1	615.15	615.15
REAR FLAP TOWING EYE PRIMED	1	43.25	43.25
REAR BUMPER HEAT INSULATOR	1	60.90	60.90
# TRUNK LID SEALING	1	97.85	97.85
SENSOR WIRE FOR SMART OPENER TOP	1	46.55	46.55
SENSOR WIRE FOR SMART OPENER BOTTOM	1	51.20	51.20
CONTROL UNIT SMART OPENER	1	499.50	499.50
BLIND RIVET AVIBVLB	70	0.55	38.50
SCREW (SF PLUS M5X15)	20	0.55	11.00

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLB639E	WBA2B32070V259831	28/03/2016	216d CAT	0

DESCRIPTION	QTY	PRIC	VALUE
(DG/SL) BODY ADHESIVE K5B (195ML)	2	336.75	673.50
(DG) BODYWORK ADHESIVE K5A (50ML)	1	116.15	116.15
(DG) CLEANER R1 (100ML)	2	26.15	52.30
(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR)	2	131.55	263.10
PUNCH RIVET N4	30	0.55	16.50
(DG/SL)ADHESIVE PRIMER VP 206 (30ML)	1	27.85	27.85
(S/L) SEAM SEAL 300ML	5	33.80	169.00
Total Parts :			14,048.60



Labour 1	:	21,839.00
Parts	:	14,048.60
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	2,512.13
Grand Total	:	38,399.73

** 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.

SKA2600U

Date of Accident

26/01/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance**Period of Insurance **17/03/2020 - 08/04/2021**Requested By **Chan Sook Ling (Performance ...**Requested Date **27/01/2021 16:13****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	27/01/2021 16:10 (SGT)
Date of Accident	26/01/2021 08:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	ALONG AYE (MCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB639E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TUOR CHRISTIAN DANIEL
Passport No/FIN	GXXXX279U
Email Address	FAMCHTUOR@GMAIL.COM
Mobile Phone No	(Phone) +65-93388408
Alternative Phone No	(Home) +65-90624369

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	KIM KYUNGHEE
Passport No/FIN	GXXXX402M
Date Of Birth	23/10/1969
Occupation	Indoor

Date Of Driving Pass	29/11/2015
Driving experience	5 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90624369
Alt. Phone Number	-
Email Address	FAMCHTUOR@GMAIL.COM
Address	370B ALEXANDRA ROAD
Address complement	#01-04 THE ANCHORAGE
Postcode	159955
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	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE 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	SKA2600U
Vehicle Manufacturer	Porsche
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KOON PARK
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM4839Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KIM KYUNGHEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLB639E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.



Policyholder's Signature
Date & Time:



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

26/01/21 (4.49pm)



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

Refer to Police Report no: T/202/0126/2061

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)

26/01/21 (4.49pm)

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2021 15:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KIM KY	Address: APT BLK 370B ALEXANDRA ROAD #01-04 THE ANCHORAGE SINGAPORE 159955		
ID Type / ID No.: FIN NO / G5990402M	Contact No.: Home/Office: 90624369 Mobile:		
Nationality: KOREAN, NORTH	Email:		
Sex: Female	Age: 51	Date of Birth: 23/10/1969	Type of Informant: Driver
Race: Korean	Language: English		Institution / School Name:
Occupation: Housewife	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/01/2021 08:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA2600U	Car	PORSCHE	PANAMERA GTS	Black		0
SLB639E	Car	BMW	216D ACTIVE TOURER D/AB LED	Silver		0
SMM4839Z	Car	HONDA	SHUTTLE 1.5G CVT	Blue		0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210126/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKA2600U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KIM KY	ID No.	G5990402M
Related Vehicle	SLB639E (Car)	Contact No.	90624369
Hospital/Clinic	NUH WARD 1 @ JURONG	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/01/2021	Date Discharge	26/01/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON STATED DATE TIME AND LOCATION

ON 26/01/2021 AT ABOUT 0800 HRS .I WAS BEARING A VEHICLE PLATE NUMBER A (SLB639E) AND THE OTHER TWO PARTY WAS BEARING A VEHICLE PLATE NUMBER B (SMM4839Z), AND C (SKA2600U).I WAS TRAVELLING ALONG AYE(MCE) GOING HOME. AS I WAS ABOUT TO EXIT THE HIGHWAY, I NOTICE ALL THE VEHICLE WAS STOPING DUE TO TRAFFIC LIGHT AHEAD OF US, AND I WAS AT A STATIONARY MOOD AND OUT SUDDEN I FELT AND IMPACT FROM THE REAR



**SINGAPORE
POLICE FORCE**



T/20210126/2061

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20210126/2061

CONTINUATION OF REPORT

OF MY VEHICLE,THE VEHICEL C (SKA2600U) COLLIDED ONTO ME AND ,AFTER THE IMPACT MY CAR COLLIDED THE VEHICLE INFRONT OF ME B (SMM489Z).THERE WHERE DAMAGES ON MY CAR AND I WAS CONVEY BY THE AMBULANCE AND WAS SENT TO HOSPITAL.THEREFORE I AM MAKING A POLICE REPORT AND FOR INSURANCE PURPOSE .



SINGAPORE
POLICE FORCE



T/20210126/2061

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210126/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/01/2021 15:08

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____