ASS. REC. BY: RYSIL - REF: CS CT12100	2886 RH+ +3			
ASSIC	GNMENT			
From: Date:	Veh No: SMV9342J Yr Regn: 2020 100			
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /			
OD INTEL WEST PRES ! OD RES ! EVA ! INV ! NIV	Truck/ Trailer or			
To Inspect Vehicle No: SMV 93420	Make: B.M. W 3181 LED HT . C.C 1998			
at Workshop m/s PERFORMENCE	Colour GREY A/C: Insured / Std / NI / NA			
of 303, Alexanorex Rn.	Sp.Reading 06168 T/Radio: Insured / Std / NI / NA			
Insured: CT1 SR89A.	Eng/No:			
Policy No. DMPCSH W00071472002	CMO: WBA 7204040F187-273.			
Claims No. SNM210201141/CO2/LEWIC	Gen. Cond: Good / Falt / Poor / Burnt			
Sum Insured: . Excess:	Steering: Morder / Jainmed / Leaked / Burnt or			
(Client's Record)	Brake: (Inorder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil / STRIm / STD A/Rim or			
	Tyre Size: F: 225 SoR 17			
(Policy Condition)) R:			
Remark: The veh had commenced its . N/S O/S repair at the time of inspection.	BS I DUN I EXNOVA I GY I FS I LIZA I MIC I OHTSU PIR I SUMI I			
II D V	TOYO/YOKO or			
Bal. or Market Value: 1664	Fron! Rear			
IDAC Accident Rport: Consistent? ; Yes or No	R/Bal. Mm R/Bal. mm			
GIA / PR Seen: Consistent? : Yes or No	UBal. Mm UBal. mm			
Est. Repairs: days Res.: Yes or No	D.O.A. 25 62 21 D.O.I. 08 03 21 Survey held at PERFORMEN CE			
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS Vehicle: IN / OU	ala rost			
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction				
Repur Mit-91K				
Finalise \$7379.45, 50	aw			
(Red: 1291.80) 1490)				
Dale/Time, File Pass to? : Prell. Report	Days Of Repair:			
Final Report	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
2) Add F	ee: Site Insp (\$) _s+Rssi			
TIP	: Interview (\$) Photos			
Repert Format:	: Tech, Invs (\$) otisra			
Lump Sum / LE. 1 (\$ +329.45)	:Westend (%			
* *	TOTAL			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			

SP01212Q0003 / Performance Motors Limited ENTRY DATE & TIME: 26/02/2021 15:54 (SGT) SUBMITTED BY: Chan Sook Ling VERSION: 1 (26/02/2021 15:54 (SGT))

C

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.

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
Date of Accident
Exact Location of Accident
Additional Location Information

Additional Location Information Country/State of Loss 26/02/2021 15:54 (SGT) 25/02/2021 10:50 (SGT) 40 Jln Lapang, Singapore 418992

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMV9342J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

SHARIFAH AISHAH BTE SYED JAHOOR ALI ALBAHAR

SXXXX122G

SHARIFAH@BCCDISTRIBUTIONS.COM

(Phone) +65-98536512

(Home) +65-0

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

BMW

318i

Private use

No - Claiming third party

Private car

Comprehensive

Axa

No

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

SHARIFAH AISHAH BTE SYED JAHOOR ALI ALBAHAR

SXXXX122G

17/03/1963

Indoor



Date Of Driving Pass
Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

07/02/1983

38 YEARS

(Home) +65-0

(Phone) +65-98536512

40 JALAN LAPANG

SHARIFAH@BCCDISTRIBUTIONS.COM

Hit and run / Vandalism / Damaged whilst parked

Female

418992

Yes

No

Clear

Dry

Nο

No

Yes

0

No

No

No

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver NRIC No

Contact Number

Address

Address

Address complement

Postcode

SR89A

BMW

X6

White Private car

CHAN CHI LOI

SXXXX382C

(Phone) +65-96609783

-

62270



Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

LEFT

-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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.
- 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:

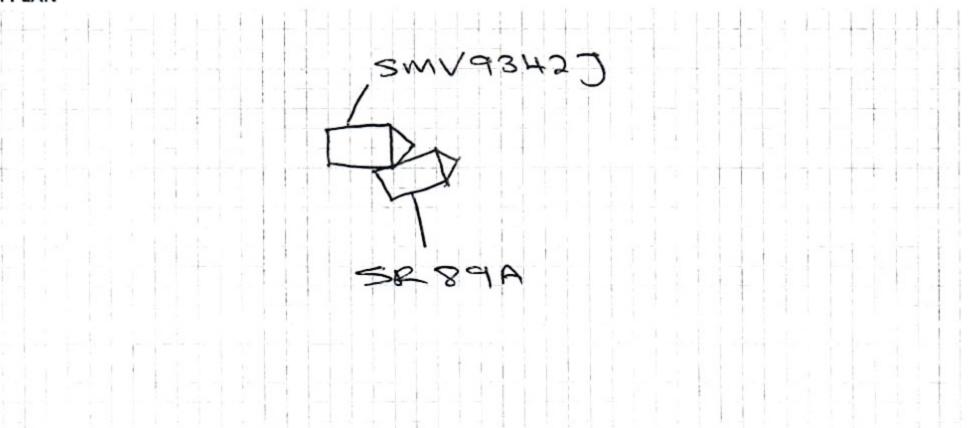
Reporting Centre Personnel

Name: inthira

NRIC/FIN NB griorma

(Sime [riomiance Centre 5 danore 159941

Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

mu venicle was parted at the side of the road in thort
of my house and vehicle no. SR89A was attempting to
move in front of my car to give way is another
car prin front of his vehicle, in doing so, his left side
of the car grazed my front right of my carad
dumaged it.

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 Sime Darby Pe NRIC/FIN Nosingap e Spignature

Hello,

I have accidentally scratched the tight side of your car. I am extremely, so, my about it. I am Mr. Chan.

Please call me at 96609783

or call my car work shop CHp: 98185151,

look for Glen). I will touch up the

Scratch on Your car.

Thank you.

25/02/2021 10.50 pm.

Survey & repair
8/03@10au

Page No. : 1 of 5

BMW Dealer

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 East Coast Centre Singapore 438180 Fax. 64747770

280, Kampong Arang Road East Coast Centre

Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Fax. 64796601 (AfterSales) 64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No.

: b1 57690

Date Estimated

: 02/03/2021

Prepared By

: Inthiran A/L Thurasamy

- ACCOUNT -

135

China Taiping Insurance (S) Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

QTY

PRIC

999.40 815.60

82.80

1,073.45

Total Parts

Singapore 079909

singapore 418992

40 Jalan Lapang

- ESTIMATE REPAIR FOR -

DECNI NO

CUACCTC NO

DESCRIPTION

FRT RH SIDE PANEL STATE OF THE RETAINING FRAME

FRT BUMPER PANEL PRIMED (LINE PDC/P SCA /

Sharifah Aishah Bte Syed Jahoor Ali Albah

DECM DATE

MODET.

MILEAGE

VALUE

999.40

815.60

1,073.45

2,971.25

82.80

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE	s
SMV9342J	WBA72DY040FJ87273	28/10/2020	318i	0	
	DESCRIPTION				VALUE
,	To replace front bumper, fender righ	t and attachments.		/1700 3	2,550.00
	To painting front bumper and fende	r right.		/1700 2 /1730	1,923.00
	To check electrical wiring system at for proper function including adjustr			150	177.00
	To remove old PDC assembly, replaced reconnect to new bumper including proper function.		and	/150	171.00
a a	To replace tyre and wheel rim inclu	ding balancing. (1x).		/ 80	94.00
	To check steering geometry and co accordance with BMW specification		ent in	451	581.00
	To carry out body cavity preservation (Per panel).	on.		/ /~	118.00
	Sundries			3	80.00
				Total Labour 1:	5,650.00

BMW Dealer

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 East Coast Centre Singapore 159941 Fax. 64747770

280, Kampong Arang Road Singapore 438180

Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944

(AfterSales) Fax. 64796601 64796624 (Motorrad)

GST REG. NO : M2 - 0020081 - X

ESTIMATE

Page No. : 2 of 5 Estimate No. 57690 : b1

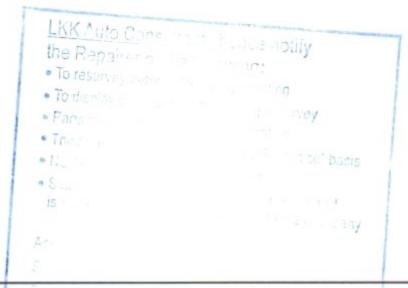
: 02/03/2021 Date Estimated

: Inthiran A/L Thurasamy Prepared By

MILEAGE REGN. DATE MODEL REGN. NO. CHASSIS NO.

0 28/10/2020 318i WBA72DY040FJ87273 SMV9342J

Claims OD (3rd Party) / Uninsured	losses / Direct Settlement			
Regn No.	Claim No.			
Date&Time 08 03 >1 @ 10 20	Excess S\$			
Date&Time D8 03 71 € 10 20 Surveyor's Name	Sign			
vevor's Tel 90010068	Authorised Yes / No			
- Date	Time			
Y PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No				
revirs E-mail				
Trong Days Recommend	5 days			





5,650.00 Labour 1 Parts 2,971.25 Labour 2 0.00 0.00 Excess

Total GST @ 7% 603.49

Grand Total 9,224.74

- ** THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**
- ** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

