

**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**

Estimate No. : **b1 57849**  
Date Estimated : **17/03/2021**  
Prepared By : **Brandon Chan Eng Meng**

Page No. : **1 of 5**

**- ESTIMATE REPAIR FOR -**  
**Danny Chan Chia Aun (Chen Jia'an)**  
**55 Mimosa View**

**Singapore 805635**

**- ACCOUNT - 40000**  
**Cash Sales - Service**  
**Singapore**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SKN8824H	WBA3A16070NS37589	25/07/2014	316ia/4	0

DESCRIPTION	VALUE
To replace rear bumper, rear bumper carrier, rear trunk lid , attachment item cause by accident.	3,400.00
To spray paint rear bumper & rear trunk.	1,923.00
To check electrical wiring system and lighting at the rear section for proper function.	177.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	177.00
To transfer lock mechanism from old to new bootlid including conduct check on new bootlid central locking system for proper function.	531.00
To carry out body cavity preservation. (Per panel).	118.00
Sundries	150.00

**Total Labour 1: 6,476.00**

DESCRIPTION	QTY	PRIC	VALUE
BOOTLID	1	1,241.10	1,241.10
RR BUMPER BOTTOM REINFORCEMENT	1	73.05	73.05
REAR BUMPER CENTRE GUIDE	1	56.05	56.05
REAR BUMPER CARRIER (ECE)	1	470.25	470.25
REAR BUMPER PANEL PRIMED BASIS	1	1,184.75	1,184.75
RR BUMPER FLAP TOWING EYE PRIMED	1	43.70	43.70
REAR PDC HOLDER SET	1	25.75	25.75
(S/L) LH PROTECTION FOIL	1	10.75	10.75
(S/L) RH PROTECTION FOIL	1	10.75	10.75
PLAQUE 74MM	1	71.95	71.95
TRUNK LID GASKET	1	76.40	76.40

**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**

Estimate No. : **b1 57849**  
Date Estimated : **17/03/2021**  
Prepared By : **Brandon Chan Eng Meng**

Page No. : **2 of 5**

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
<b>SKN8824H</b>	<b>WBA3A16070NS37589</b>	<b>25/07/2014</b>	<b>316iA/4</b>	<b>0</b>

DESCRIPTION	QTY	PRIC	VALUE
RR BUMPER LH REFLECTOR	1	37.90	37.90
RR BUMPER RH REFLECTOR	1	37.90	37.90
DECOUPLING RING PDC TORQUE CONVERTE	4	5.15	20.60
ULTRASONIC SENSOR BLACK	4	239.25	957.00
(DG/SL) ADHESIVE SET K6	1	53.05	53.05
Total Parts :			<b>4,370.95</b>



Labour 1	:	<b>6,476.00</b>
Parts	:	<b>4,370.95</b>
Labour 2	:	<b>0.00</b>
Excess	:	<b>0.00</b>
Total GST @ 7%	:	<b>759.29</b>
Grand Total	:	<b>11,606.24</b>

\*\* 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.

GBB4132S

Date of Accident

10/02/2021 📅

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance**Period of Insurance ..... **25/08/2020 - 24/08/2021**Requested By ..... **Chan Sook Ling (Performance ...**Requested Date ..... **17/03/2021 14:24****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	10/02/2021 17:06 (SGT)
Date of Accident	10/02/2021 12:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BT TIMAH ROAD (BEFORE MAKEPACE RD)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8824H
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DANNY CHAN CHIA AUN
NRIC No	SXXXX031J
Email Address	DANNYCHANCA@GMAIL.COM
Mobile Phone No	(Phone) +65-98378880
Alternative Phone No	+65-98378880

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
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	Hong Leong
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP313186
Cover Note Number	MP313186

### DRIVER

Name of Driver	CHEONG SZE CHI
NRIC No	SXXXX225E

Date Of Driving Pass	13/10/1998
Driving experience	22 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98378882
Alt. Phone Number	-
Email Address	CHERYLCHEONG@YAHOO.COM
Address	55 MIMOSA VIEW
Address complement	-
Postcode	805635
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No

#### 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 ATTACHMENT 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB4132S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE WEE SENG
NRIC No	SXXXX455G
Contact Number	-
Address	-
Address complement	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... CHEONG SZE CHI  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK AND NECK  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No


**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 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.
  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 based outside of Singapore, for one or more of the above Purposes.

1. VEHICLE NO.: SKN8824H  
 2. INSURER CO.: HL  
 3. ACCIDENT DATE & TIME: 10/02/21 @ 004

  
 Policyholder's Signature / Date & Time  
10/02/21

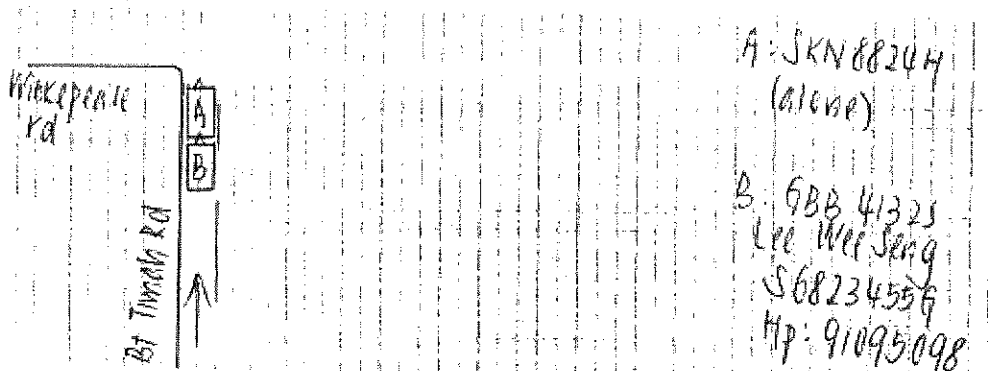
  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
10 February 2021

  
 Witnessed by Reporting Centre Personnel  
Angela Lim 10/02/21

Sketch Plan

PLEASE TURN OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SKN8824H (HL)

Date & Time: 10/02/2021 @ 1204 (clear/dry)

I follow front vehicles to slow down & stop. A moment later, felt an impact and realised motor lorry 6BB 41325 had hit onto the back of my stopped vehicle.

\* I felt some discomfort on my back & neck area and will seek for medical treatment later on.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 10/02/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: (Amk)

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop