

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 58948
Date Estimated : 12/07/2021
Prepared By : Chua Kee Sin

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -

Yeo Kwee Chew
24 Luxus Hillview

Singapore 804501

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SGZ462E	WBAYH120405P18374	30/12/2019	X2 sDrive18i	39060

DESCRIPTION	VALUE
Replace rear bumper include remove attachment etc	1,275.00
Painting rear bumper	1,038.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	177.00
To check electrical wiring system and lighting at the rear section for proper function.	177.00
Sundries.	150.00

Total Labour 1: **2,817.00**

DESCRIPTION	QTY	PRIC	VALUE
Abrasion gua	1	2.70	2.70
Abrasion gua	1	2.70	2.70
HOLDER I CAM	1	23.30	23.30
REAR BUMPER RH SIDE GUIDE (M)	1	73.95	73.95
REAR BUMPER TOWING EYE COVER PRIMED	1	51.95	51.95
REAR BUMPER PANEL PRIMED (M PDC/ICA	1	1,191.60	1,191.60
REAR BUMPER TRIM PANEL BOTTOM PAINT	1	514.10	514.10
SET MOUNTING PDC/PMA SENSOR REAR	1	61.00	61.00
EXPANDING RIVET WHITE	24	3.55	85.20
REAR RH REAR REFLECTOR	1	39.05	39.05

Total Parts : **2,045.55**

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SGZ462E	WBAYH120405P18374	30/12/2019	X2 sDrive18i	39060



Labour 1	:	2,817.00
Parts	:	2,045.55
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	340.38
Grand Total	:	<u>5,202.93</u>

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

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



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Jul 2021 / 08:36:03

Receipt Date/Time : 13 Jul 2021 / 08:36:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210713-000339

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHB5206K				
As at 10 Jul 2021/13:46:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB5206K Enquiry Fee 20210713083506252531	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	542125XXXXXX4416	eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



**SINGAPORE
POLICE FORCE**



T/20210711/2071

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20210711/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2021 18:17	Vide Report No.:	Station Diary No.: 76
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Informant's Particulars

Name of Informant: YEO KWEE CHEW			Address: 24 LUXUS HILL VIEW SINGAPORE 804501		
ID Type / ID No.: NRIC NO / S6912614F			Contact No.: Home/Office: Mobile: 90187335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 17/04/1969	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/07/2021 14:40	Type of Location:
Location: LUXUS HILL VIEW				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Hit and Run				Anyone conveyed by ambulance: No

Details of Vehicle Involved

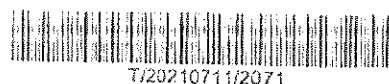
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ462E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210711/2071

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20210711/2071

CONTINUATION OF REPORT

Vehicle Owner			
Name	YEO KWEE CHEW		ID No. S6912614F
Related Vehicle	NIL		Contact No. 90187335
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

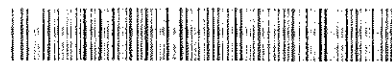
Brief Details.

On 11/07/2021 at about 1334hrs, I received a WhatsApp message from my neighbor Tel: 98564211 that there is some damage on my vehicle's rear side.

At about 1443hrs, I went out of my house to make a check and discovered that my vehicle's rear right side have damage. There was no notes or any contact number left behind. As such I make a check on my house CCTV and discovered that on 10/07/2021 at about 1346hrs, a SMRT maroon taxi with glue advertisement sticker on the side have collided onto my vehicle. Through the video, I could only roughly tell that the taxi's car plate is 5205.



**SINGAPORE
POLICE FORCE**



T/20210711/2071

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20210711/2071

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:

F /

Sgt 2 ONG JING YING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/07/2021 18:17

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168



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	12/07/2021 10:17 (SGT)
Date of Accident	10/07/2021 13:46 (SGT)
Exact Location of Accident	24 Luxus Hill View, Singapore 804501
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ462E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KWEE CHEW
NRIC No	SXXXX614F
Email Address	kcyeo@claholdings.com
Mobile Phone No	(Phone) +65-90187335
Alternative Phone No	+65-90187335

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
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
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119790881
Cover Note Number	-

DRIVER

Name of Driver	YEO KWEE CHEW
NRIC No	SXXXX614F



Date Of Birth	17/04/1969
Occupation	Indoor
Date Of Driving Pass	05/11/1986
Driving experience	34 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90187335
Alt. Phone Number	+65-90187335
Email Address	kcyeo@claholdings.com
Address	24 LUXUS HILL VIEW
Address complement	-
Postcode	804501
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WILL BE SEND VIA EMAIL
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5206K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	-

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:

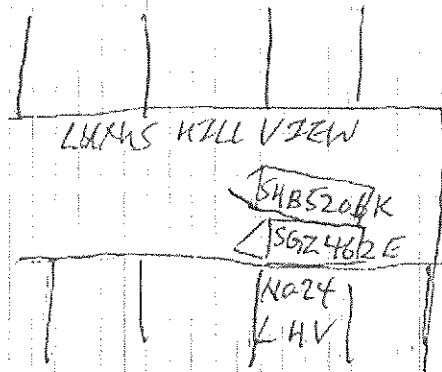
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 12/7 10:41 AM

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

Reporting Centre Personnel's Signature
Name: Joelle Tan
NIC/FIN No.: AMK AutoPoint Pte Ltd
12.07. 2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO THE POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time:

12/JUL
10.01 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

Jodelle Tan

AMK AUTOPOINT PTE LTD
12.07.2021

