	SOMENT 8372
From: Estimated Cost: OD ITP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SMG 3093G at Workshop m/s PERFORMANCE	Veh No: SME 30936 Yr Regn: 7018 1568 Type M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: B.M.W 5207 LED NAV c.c 1998 Colour GREY A/C: Insured / Std / NI / NA Sp. Reading 13 m/L T/Radio: Insured / Std / NI / NA
of 303, MUCANARA RA) Insured: CTI Policy No. Claims No.	Sp.Reading 13016 T/Radio: Insured / Std / N17 NA Eng/No: C/No: WBASA 120 60WG 60354 Gen. Cond: Good / Faid/ Poor / Burnt
Sum Insured: Excess: (Client's Record) Make of Veh:	Steering: norder / Jammed / Leaked / Burnt or Brake: norder / Jammed / Leaked / Burnt or Modi: Nil /SIRim / STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: 245 45R18 R: 2 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: Consistent?: Yes or No	Front R/Bal. R/Bal. R/Bal. R/Bal.
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT	D.O.A. 22 21 D.O.I. 04/08/21 Survey held at PERFORMANCE Des. of Damages: Frt Rear O/S N/S U/C Rooftop or
Date / Time Action / Instruction Report Libert - 90 K	The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
n	: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation:
2)		Add Fee: Site Insp (\$)S + RS,

__S + RS,___SI : Interview (\$) Photos :Tech. Invs (\$ Others Report Format:

Weekend (\$ Lump Sum / I.B.I: (\$ TOTAL

Survey & repeater

4 08 Q 10am

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. 64795601 (AfterSa: 64796624 (Motorrad



GST REG. NO: M2 - 0020081 - X

ESTIMATE

Estimate No. Date Estimate Prepared By	: b1 59059 d : 26/07/2021 : Inthiran A/L	Thurasamy		Page No	o. : 1	of 4
- ESTIMATE Lee Boon Pho: 37 Punggol F: #05-29 Singapore 828	ield Drive		- ACCOUNT Cash Sales Singapore	7 - 40000 - Service		
REGN. NO. SME3093G	CHASSIS NO. WBAJA12060WE60359	REGN. DATE 26/09/2018	MODEL 520i			MILEAGE 70463
	CRIPTION eplace rear bumper and attach		· · · · · · · · · · · · · · · · · · ·		Acres on descriptions of the	VALUE 250 1,275.00
To cl rear To re recor	ainting rear bumper. heck electrical wiring system at section for proper function. move old PDC assembly, replaneet to new bumper including or function. ries.	ace damaged parts	the Rep To resu To disp Parts p Third p No illeg Supple is subje Acknowle	to Consultants hence not pairer of the following: rivey before/after spray painting lay damaged part(s) during resurces are subject to confirmation arty survey is on a "Without Pregal modification(s) is allowed mentary item(s) must be resurvect to final approval from Insural edged by Repairer	irvey i judice" basis	186 1,038.00 (68 171.00 (68 171.00 7 80.00
			Date:	Total Labo	our 1:	2,747.0
DESC	RIPTION			QTY PRIC		VALU
REAR REAR REAR	BUMPER CARRIER S BUMPER BOTTOM REINFO BUMPER TRIM STRIP BUMPER PANEL PRIMED (F BRBODY PANELLING REAR	/	•	1 582.55 1 75.90 1 105.70 1 1,627.25 1 41.20		582.5 75.9 105.7 1,627.2 41.2
	Claims OD / 3rd Party / Unins Regn No. Date&Time カゲル&/といる	Claim No.	ct Settlement	Total Par	ts :	2,432.6
	Surveyor's Name Surveyor's Tel QONUNO Authorised Date RESURVEY PARTS PHOTO BY SE	Time		Labour 1 Parts Labour 2 Excess Total GST @ 7%	:	2,747.0 2,432.6 0.0 0.0 362.57
	Surveyor's E-mail No. of Working Days Recommend	3 days		Grand Total		5,542.17

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

^{**} PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 22/07/2021 18:53 (SGT) Date of Accident 22/07/2021 13:20 (SGT) Exact Location of Accident Singapore Additional Location Information **HOLLAND ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SME3093G

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **LEE BOON PHOR** NRIC No S1149837Z Email Address Marcusli1982@yahoo.com Mobile Phone No (Phone) +65-86887666 Alternative Phone No +65-86887666

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer **BMW** 520i 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 the second state of the second second second second second Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5119030504 Cover Note Number

DRIVER

Name of Driver LEE CHEN HONG MARCUS NRIC No S8223910C

Date Of Birth 03/08/1982 Occupation . Outdoor **Date Of Driving Pass** 27/02/2004 Driving experience 17 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-86887666 Alt. Phone Number **Email Address** Marcusli1982@yahoo.com Address 37 PUNGGOL FIELD Address complement #05-29 Postcode 828809 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Collision - Head to Rear Type of Accident ... 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) 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? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes

Yes

To submit to workshop

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 GBJ3773G

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 SUHAIMI BIN SULAIMAN

 NRIC No
 S7932823E

 Contact Number
 (Phone) +65-81255550

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

Mε

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of materia tacts 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)

l 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)
 - (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: 12 60 26

(FOOHA)

Reporting Centre Personnel's Signature

Name NRIC/FIN No.:

Shan 5990349

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DECLARATION I/We declare the foregoing particulars are true in Policyholder's Signature Driver's S	P. My are also and not hit against For property appears to the state of the state

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	837Z
/ehicle No:	SME3093G
Vehicle to be Exported:	No
ntended Deregistration Date:	05 Aug 2021
Vehicle Make:	B.M.W.
Vehicle Model:	5201 LED NAV
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	21755371B48B20A
Chassis No.:	WBAJA12060WE60359
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$51,075.00
Original Registration Date:	26 Sep 2018
First Registration Date:	26 Sep 2018
Transfer Count:	Ö
Actual ARF Paid:	\$63,935.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Sep 2028
PARF Rebate Amount:	\$47,951.00
MANAGE SOM DESIGNATION	25 Sep 2028
COE Expiry Date:	B - Car above 1600cc or 97kW (130bhp)
COE Category:	10 B - Car above 1800cc or 97kW (1300np)
COE Period(Years):	\$31,307.00
QP Paid:	\$31,307.00 \$22,349.00
COE Rebate Amount:	\$22,349.00 \$70,300.00

The information contained herein is correct as at 05 Aug 2021

BMW 5 Series 520i

Overview Fina	ancial Accessories Sir	milar Research	Photos Map
Price	\$150,800		
Depreciation ⑦	\$18,300 /yr View models with similar depre	Reg Date	13-Feb-2018 (6yrs 6mths 7days COE left)
Mileage	54,000 km (15.5k /yr)	Manufactured ⑦	2017
Road Tax ⑦	\$1,210 /yr	Transmission	Auto
Dereg Value ⑦	\$77,669 as of today (change)	OMV ⑦	\$50,380
COE ⑦	\$48,011	ARF ⑦	\$62,684
Engine Cap	1,998 cc	Power	135.0 kW (181 bhp)
Curb Weight ⑦	1,605 kg	No. of Owners ⑦	1
Type of Vehicle	Luxury Sedan 🕟		