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Port regard

Bow Dealer

Performance Motors Limited

A Sime Darby Motore Company Co. Reg. No. 197401555W GST Feg. No M2-0020081-N Toll-Free Number (1800-2255269)

303, Alexandra Road Sime Darby Performance Centre Singapore 159941 Fax. 64747770

260, Earpong Arang Foad East Coast Centre Singapore 438160 Fax. 63449773

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



GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 59873 Date Estimated : 27/10/2021 Prepared By : Foong Shiuh Jye	Page No. : 1 of 5
- ESTIMATE REPAIR FOR - Khoe Hong Oan 37 Greenfield Drive Singapore 457941	- ACCOUNT - 158 Lonpac Insurance Bhd 300 Beach Road #17-04/07 The Concourse Singapore 199555
DEGN. D.	TE MODEL MILEAGE
REGN. NO. CHASSIS NO. REGN. DA SDD125E WBA7E02070G245475 25/06/2	ME NOBEL
DESCRIPTION To replace front bumper, bonnet, right front fende support including to knock out dented area caused by the	230
To respray front bumper, bonnet and right front fe	7060 0000
To carry out body cavity preservation (2X)	<i>774</i> 236.00
To replace right headlight.	45f 481.00
To remove old PDC assembly, replace damaged reconnect to new bumper including conduct chec proper function.	parts and life 177.00 k for
To check electrical wiring system at the front section for proper function including adjustment of headli	
Sundries.	150.00
	Total Labour 1: 8,692.00
# FRT RH SIDE PANEL ALUMINIUM # FRT RH 1 SIDE PANEL BRACKET ALUMINIUM BONNET / 10 EXPANDING RIVET FRT BUMPER BOTTOM CARRIER # VERTICAL CONNECTION LH # VERTICAL CONNECTION RH # RH GUIDE BOTTOM # GUIDE TOP RH # RH SUPPORT FOG LAMP # IMPACT ABSORBER TOP # FRT BOTTOM IMPACT ABSORBER	QTY PRIC VALUE 1 1,304.95 1,304.95 1 35.30 35.30 1 3,043.10 3,043.10 12 0.50 6.00 1 483.45 483.45 1 18.30 18.30 1 18.30 18.30 1 59.10 59.10 1 59.10 59.10 1 54.50 54.50 1 91.30 91.30 1 127.80 127.80
FRT BUMPER CARRIER RH PROTECTIVE STRIP BOTTOM / CAT	1 879.00 879.00

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

ESTIMATE

Estimate N Date Estim Prepared B	ated : 27/10/2021				Page No.	: 2	of 5
REGN. NO.	CHILDRO III		MODEL 730Li				MILEAGE 23814
	BUMPER GUARD CENTRE FRT BUMPER PANEL PRIMED (PDC/PMA # FRT BUMPER TOWING LUG COVER MIDDLE GRILLE AIR INLET (PURE EXCE # RH GRILLE AIR INLET (PURE EXCE # RH GRILLE AIR INLET (PURE EX # RH INSULATED FRT RH GRILLE (PURE EXCELLENCE) AIR FLAPS TOP EMBLEM GROMMET REAR PLAQUE 82MM AIR DUCT BOTTOM # RH HEADLIGHT MOUNTING # FRT RH WHEEL ARCH COVER FRT COVERING CROSS MEMBER (ECE) RH BRAKE AIR DUCT AIR DUCT RADIATOR TOP # AIR DUCT RADIATOR BOTTOM # Air duct brake, wheel arch R RH COVER BOTTOM # SEAL ENGINE HOOD FRT RH HEADLIGHT LED AHL HIGH (ICON LIC RH FOG LAMP LED ULTRASONIC SENSOR BLACK DECOUPING RING PDC TORQUE CONVI	CUT CUT CUT CUT CUT	nec On-/L EXCEN-	1 /1			76.45 76.45 1,620.95 57.70 83.60 100.30 101.25 282.85 373.35 1.70 71.95 11.00 100.85 221.85 145.45 29.25 52.05 78.10 78.10 78.10 52.05 71.60 40.05 5,886.55 473.70 502.40 10.30
	LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting	1,9.30cm	PIP So	BIL	- sy		
	To display damaged part(s) during resurvey Parts prices are subject to confirmation In hird party survey is on a "Without Prejudice" basis In oillegal modification(s) is allowed Supplementary item(s) musi be resurveyed and In subject to final approval from Insurance Company		Part Labo Exce	our 2	@ 7%	: : : :	8,692.00 16,856.50 0.00 0.00 1,788.40
E1.POVIA	nowledged by Repairer Signature:		Gran	nd Tot	al		27,336.90

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

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



IMPORTANT NOTICE

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

 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 witholding of material facts may allow insurance companies to repudiate. 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation of withouting of material must be as truthful and accurate as possible. Any wiful misrepresentation of withouting of material must be sufficient to the policy final must be referred to the Police for Investigation.

 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

27/10/2021 19:12 (SGT) Date of Submission 26/10/2021 18:02 (SGT) Date of Accident Tanjong Rhu, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SDD125E Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? KHOE HONG OAN Name Of Registered Owner S2183233B NRIC No KHOEHO@GMAIL.COM Email Address (Phone) +65-98153466 Mobile Phone No +65-98153466 Alternative Phone No

VEHICLE PARTICULARS

BMW Manufacturer 730LI LED NAV HUD SR RCP Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Private car Vehicle Category Auto Transmission

INSURANCE COMPANY

Lonpac Insurance Bhd Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy Z21VP05029264 Policy Number Cover Note Number

DRIVER

CC

KHOE HONG OAN Name of Driver S2183233B NRIC No

Accident report SM0M21AR0003

Page 1 of 15

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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	25/12/1962 Indoor 23/04/1980 41 YEARS AND 6 MONTHS Male (Phone) +65-98153466 +65-98153466 KHOEHO@GMAIL.COM 37 GREENFIELD DRIVE - 457941 Yes
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
_	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	SMH324U Private car



Page 2 of 15

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 Formmust 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.
- 8. 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 ladgement 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer , my w orkshop 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' law yers/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
- (i) 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' law yers/law firms, may/are permitted to collect, use, discippe and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Pgracual Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Repor Personnel

Sketch Plan

Time

SMH 3241

Accident report SM0M21AR0003

Page 4 of 15

Describe Circumstances of the Accident	1110/2
LICENSE PLATE: SOD 135 Z. ACCIDENT DATE & TIME: 6,02 PM	26
CONTACT NUMBER: 98153466 E-MAR ADDRESS: Whoen Of LOCATION: 720540 KHU & D.	GMC11. Com
LOCATION: TANTUNG KHURD.	J
Those exciting the cur park (S'PORT Swimm and making a right turn toward Meyer Dealise an incoming car (SMH3244) making hight turn toto the curpark of the same thy attention was focused on incoming behing ar (not realizing he stop his car at the terms of the tappact.	nuc (trus) d not his time,
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBM	IT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFOR	
Please state:	engles Oct
(Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop (//Rei	parting Only
Declaration We defiare the foregoing particulars are true in every respect.	
22/10/24	11
Policyholder's Signature / Date 8 Driver's Signature (If driver is not the policyholder) / Date Witnessed by Time 12.27 AN 8 Time	Soffin Centre
Time 12.35 pm & Time Personnel	