

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 60013**
Date Estimated : **16/11/2021**
Prepared By : **Brandon Chan Eng Meng**

Page No. : **1 of 6**

- ESTIMATE REPAIR FOR -

Gary Tan Kim Swee
154 Everitt Road

Singapore 428686

- ACCOUNT - 40000

Cash Sales - Service
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMM30R	WBA5A32060D334394	28/05/2014	520ia	75428

DESCRIPTIONVALUE

To replace rear bumper, rear LH fender, rear LH door, attachment item
cause by
accident and knocking dent at rear end panel.

7,650.00

To spray paint rear bumper, rear LH fender, rear LH door, tail end
panel,
rear LH wheel housing.

3,999.00

To replace rear exhaust silencer including alignment
system and conduct check for leak.

531.00

To remove and install rear suspension, rear axle and
control system to facilitate the work on celette bench
including replace damaged parts.

2,655.00

To check steering geometry and conduct wheel alignment in
accordance with BMW specifications. (1x).

531.00

To replace tyre and wheel rim including balancing. (1x).

94.00

To transfer lock mechanism from old to new door including
conduct check on new door power window system for proper
function. (1 door).

531.00

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 carry out body cavity preservation.
(For cut panel).

531.00

To carry out body cavity preservation.
(Per panel).

118.00

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMM30R	WBA5A32060D334394	28/05/2014	520ia	75428

DESCRIPTION	VALUE
Sundries.	150.00

Total Labour 1:	17,144.00
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DESCRIPTION	QTY	PRIC	VALUE
ECCENTRIC BOLT	1	16.65	16.65
PLASTIC NUT FOR COARSE THREADED PIN	10	0.85	8.50
EXHAUST TRIM CHROME	2	137.85	275.70
REAR SILENCER	1	1,230.40	1,230.40
HEXAGON NUT WITH COLLAR M14X1.5-10	1	6.45	6.45
ECCENTRIC FLAT WASHER	1	5.15	5.15
COMBINATION NUT M14X1.5	1	5.80	5.80
RR INTEGRAL LINK	1	152.25	152.25
TRACK STRUT WITH RUBBER MOUNT	1	243.55	243.55
RR LH WISHBONE	1	608.85	608.85
HEX BOLT WITH WASHER M12X1.5X67-10.	1	14.80	14.80
RR LH WHEEL CARRIER	1	1,308.80	1,308.80
ALLOY RIM 8Jx17 MULTI SPOKE 456	1	912.15	912.15
HUB CAP WITH CHROME EDGE (BMW)	1	29.80	29.80
RR LH DOOR	1	1,792.30	1,792.30
EXTENSION FOR REAR LH WHEEL WELL	1	435.45	435.45
REAR LH WHEELHOUSE INNER HALF	1	615.10	615.10
SIDE FRAME INSIDE REAR LH	1	469.95	469.95
WHEEL ARCH OUTER REAR LH	1	410.10	410.10
RR RH FENDER	1	2,052.85	2,052.85
REINFORCEMENT PLATE C PILLAR RH	1	54.00	54.00
REINFORCEMENT PLATE ROCKEL PANEL RH	1	54.00	54.00
Set of mount	1	63.55	63.55
RR BUMPER BOTTOM CENTRE GUIDE	1	140.70	140.70
RR BUMPER CARRIER	1	775.95	775.95
ADAPTOR	1	109.95	109.95
REAR BUMPER CENTRE GUIDE	1	197.00	197.00
RR LH MOUNT	1	194.20	194.20
REAR BUMPER PRIMED (PDC)	1	1,579.85	1,579.85
REAR LH BUMPER HEAT INSULATOR	1	94.20	94.20
REAR LH WHEEL HOUSING COVER	1	161.85	161.85
REAR DOOR SEAL	1	170.55	170.55
RR LH LIGHT IN THE SIDE PANEL	1	628.55	628.55
BLIND RIVET AVIBVLB	11	0.55	6.05
SCREW (SF PLUS M5X15)	1	0.55	0.55
PUNCH RIVET N5	13	0.55	7.15
(DG) BODYWORK ADHESIVE K5A (50ML)	1	116.15	116.15
(DG) CLEANER R1 (100ML)	1	26.15	26.15
PUNCH RIVET N4	13	0.55	7.15

Total Parts :	14,982.15
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Labour 1	:	17,144.00
Parts	:	14,982.15
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	2,248.83
Grand Total	:	<u>34,374.98</u>

** 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.

SKW8786L

Date of Accident

14/11/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **19/11/2020 - 18/11/2021**Requested By **Chan Sook Ling (Performance ...**Requested Date **15/11/2021 15:46****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	15/11/2021 15:42 (SGT)
Date of Accident	14/11/2021 17:35 (SGT)
Exact Location of Accident	Fullerton Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM30R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GARY TAN KIM SWEE
NRIC No	SXXXX484E
Email Address	GARY.TAN@DSE-SG.COM
Mobile Phone No	(Phone) +65-96309632
Alternative Phone No	+65-85338550

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 3003166267 SMP
Cover Note Number	-

DRIVER

Name of Driver	JOEL GARY TAN
NRIC No	SXXXX994E



Date Of Birth	04/06/1996
Occupation	Indoor
Date Of Driving Pass	14/09/2018
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85338550
Alt. Phone Number	-
Email Address	SPADESTARS@GMAIL.COM
Address	154 EVERITT ROAD
Address complement	-
Postcode	428686
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

Type of Accident	Collision - Change/cross lane
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GARY TAN KIM SWEE
Gender	Male

PASSENGER 2

Name	ESTHER CHIA FOO SHE
Gender	Female

PASSENGER 3

Name	JAMIE ESTHER TAN
Gender	Female

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

SEE ATTACHED SKETCH PLAN

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	SKW8786L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN LIP LIN
NRIC No	SXXXX253I
Contact Number	(Phone) +65-91175215
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.
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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:

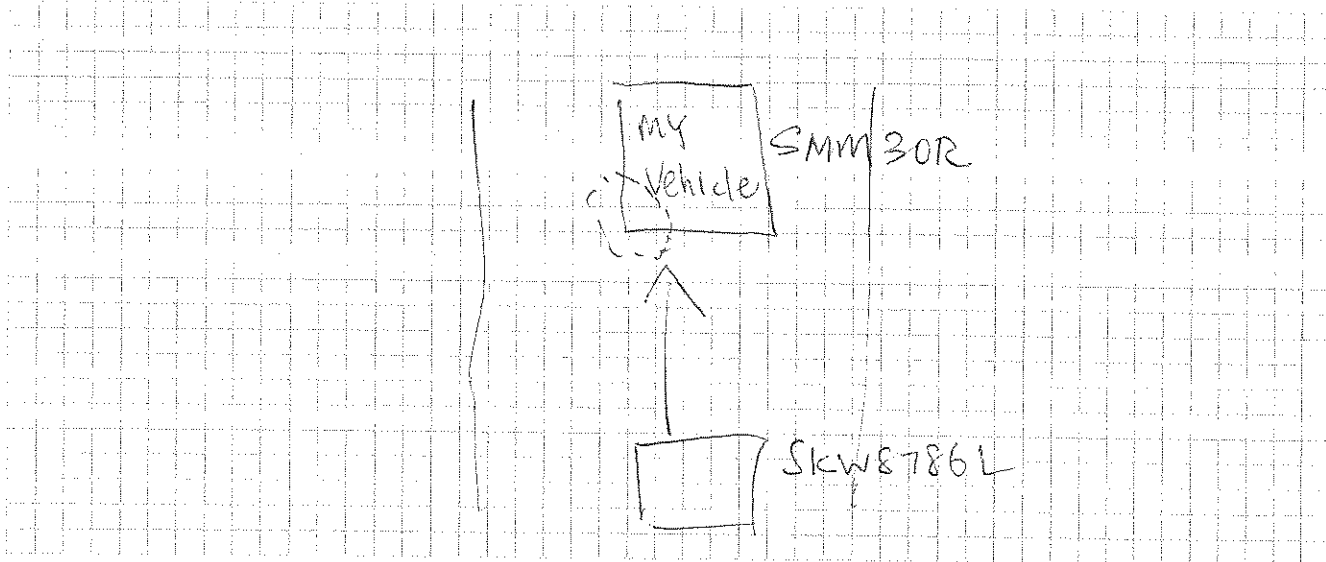
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

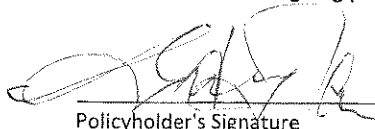



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At Fullerton Road, approximately 5.35pm, I had a collision with another vehicle, a Subaru. ~~The~~ The vehicle, SKW8786L ~~has~~ collided into my rear.

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:
 NRIC/FIN No.: