Submit Third party.

Car Not In

BMW Dealer

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 64796624 (AfterSales) (Motorrad)

GST REG. NO: M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 60231 Page No. : 1 of 5

Date Estimated : 04/12/2021

Prepared By : Foong Shiuh Jye

- ESTIMATE REPAIR FOR -- ACCOUNT -135

Hong Shi Ling China Taiping Insurance (S) Pte Ltd

Blk 8 Marsiling Drive 3 Anson Road #10-30

#16-00 Springleaf Tower

Singapore 079909

Singapore 730008

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SLM5373E	WBA1V720505G86423	31/03/2017	116d	85444

SLM5373E	WBA1V720505G86423 31/03/2017 116d		85444
	DESCRIPTION		VALUE
	To replace bumper front panel. To remove and install attachments on front right side panel		2,550.00
	To spray paint bumper front panel and front right side panel		1,923.00
	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 at the front section for proper function including adjustment of headlights.		177.00
	Sundries.		80.00
		Total Labour 1:	4,907.00
	DESCRIPTION	QTY PRIC	VALUE
	CLAMP	10 3.35	33.50
	MOUNTING SUPPORT	1 11.25	11.25
	SUPPORT CENTER	1 17.60	17.60
	FRT BUMPER LH INSERT	1 68.30	68.30
	FRT BUMPER RH INSERT	1 68.30	68.30
	FRT BUMPER PANEL PRIMED	1 833.80	833.80
	SET PDC HOLDER FRONT	1 25.75	25.75
	(DG/SL) ADHESIVE SET K6	1 53.05	53.05
		Total Parts :	1,111.55



BMW Dealer

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 (AfterSal 64796624 (Motorrac



GST REG. NO: M2 - 0020081 - X

ESTIMATE

Estimate No. : b1 60231 Page No. : 2 of 5

Date Estimated : 04/12/2021

Prepared By : Foong Shiuh Jye

REGN. NO. CHASSIS NO. REGN. DATE MODEL MILEAGE WBA1V720505G86423 31/03/2017 **SLM5373E** 116d 85444



Labour 1 4,907.00 Parts 1,111.55 Labour 2 0.00 Excess 0.00 Total GST @ 7% 421.30

Grand Total 6,439.85

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

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

Q=60231.

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBG2910A

Date of Accident

01/12/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	China Taiping Insurance (Sing
Period of Insurance	
Requested By	Chan Sook Ling (Performance
Requested Date	02/12/2021 18:49

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$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 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 02/12/2021 18:47 (SGT) Date of Accident 01/12/2021 14:00 (SGT) **Exact Location of Accident** Singapore Additional Location Information SHAW HOUSE CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLM5373E INSURED/POLICYHOLDER Is company? No Name Of Registered Owner HONG SHI LING NRIC No SXXXX020F **Email Address** SERENEHONG40@GMAIL.COM Mobile Phone No (Phone) +65-90622325 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Model 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? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Private use

(Home) +--

BMW

116d

No - Claiming third party Private car Auto 1496

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive

Nο

DMPCSNA00188552104

DRIVER

Name of Driver NRIC No

HONG SHILING SXXXX020F



Date Of Birth 08/08/1984 Occupation Indoor Date Of Driving Pass 10/01/2005

Driving experience 16 YEARS AND 11 MONTHS

Gender

Mobile Number (Phone) +65-90622325 (Home) +--

Alt, Phone Number Email Address

SERENEHONG40@GMAIL.COM Address APT BLK 8 MARSILING DRIVE

Address complement #10-30 Postcode 730008 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

Female

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) O Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? Nο

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 **GBG2910A** Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver Contact Number

(Phone) +65-91050064 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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: 2/12/21

2-30pw

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/12/21

2.20pm

/op

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF		
		Land House Carners
When i got has	ed (Stationary) at Si	The solut black
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- Marie Control of the Control of th		
DECLARATION		
/We declare the foregoing particulars	are true in every respect.	
Die	J.	dr
olicyholder's Signature Pate & Time: 7/12/21	Driver's Signature (If driver is not the policyholder) Date & Time: 2 12 2	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
es/Hwic Stokishirkshi ever 173	2.50 pm.	3

SKETCH PLAN