

**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 60236  
Date Estimated : 06/12/2021  
Prepared By : Chua Kee Sin

Page No. : 1 of 4

**- ESTIMATE REPAIR FOR -**

Bryan Heng Teng Tien  
117 Bedok North Road  
#05-241

Singapore 460117

**- ACCOUNT - 40000**

Cash Sales - Service  
Singapore

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMY3142T	WBA1V72040V724608	25/05/2016	116d	46262

**DESCRIPTION**

Remove rear bumper include attachment et c

**VALUE**

1,275.00

Painting rear bumper

1,038.00

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

Sundries.

150.00

Total Labour 1: **2,817.00**



Labour 1	:	2,817.00
Parts	:	0.00
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	197.19
Grand Total	:	<b>3,014.19</b>

\*\* 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.

SDM9498Y

Date of Accident

04/12/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... China Taiping Insurance (Sing...

Period of Insurance ..... 17/09/2021 - 16/09/2022

Requested By ..... Chan Sook Ling (Performance ...

Requested Date ..... 06/12/2021 14:56

## 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	06/12/2021 14:44 (SGT)
Date of Accident	04/12/2021 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL ROAD TOWARDS COMPASSVALE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY3142T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BRYAN HENG TENG TIEN
NRIC No	SXXXX964A
Email Address	BRYANHENG7@GMAIL.COM
Mobile Phone No	(Phone) +65-97672617
Alternative Phone No	(Home) +--

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	1496

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V06856/VPC/R00
Cover Note Number	-

### DRIVER

Name of Driver	BRYAN HENG TENG TIEN
NRIC No	SXXXX964A

Date Of Birth	12/05/1996
Occupation	Indoor
Date Of Driving Pass	05/07/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97672617
Alt. Phone Number	(Home) +--
Email Address	BRYANHENG7@GMAIL.COM
Address	APT BLK 117 BEDOK NORTH ROAD
Address complement	#05-241
Postcode	460117
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ANGELA WONG XIN YU
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?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDM9498Y
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-96311511
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

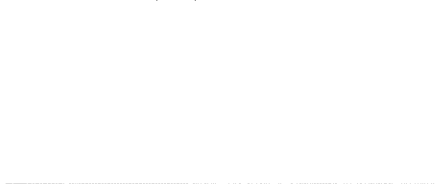
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies 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:

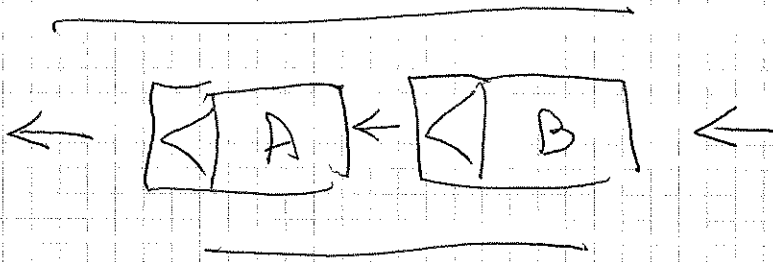


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 04 December 2021, around 2100hrs, my car was stationary at a red light junction. Driver of SDM998Y was stationary behind my vehicle W but she suddenly inched forward and knock onto my rear.

## DECLARATION

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

Policyholder's Signature

Date & Time: 06/12/2021  
12:46PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

6/12/2021

@1246PM