

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 60555**
Date Estimated : **10/01/2022**
Prepared By : **Foong Shiuh Jye**

Page No. : **1 of 5**

- ESTIMATE REPAIR FOR -

Xu Shuzheng
56 Edgedale Plains
#03-11

Singapore 828822

- ACCOUNT - 158

Lonpac Insurance Bhd
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SNA2765S	WBA72AG040CG04380	15/06/2021	520i Sedan	12

DESCRIPTION

To replace front bumper including to knock out dented area caused by the accident

VALUE

1,275.00

To respray front bumper

1,038.00

To replace left headlight.

481.00

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.

150.00

Total Labour 1:

3,298.00

DESCRIPTION

LH RUBBER STRIP (BASIS)
LH GRILLE COVER
IMPACT ABSORBER TOP (ECE)
FRT BUMPER PANEL PRIMED (PDC)
FRONT GRILLE (BASIS)
GRID CENTRE (BASIS)
LH GRILLE AIR INLET OPEN (BA
AIR FLAPS TOP
AIR FLAPS BOTTOM
AIR DUCT RADIATOR BOTTOM
LH HEADLIGHT LED AHL

QTY

PRIC

VALUE

1	38.25	38.25
1	83.60	83.60
1	75.00	75.00
1	1,405.95	1,405.95
1	351.40	351.40
1	97.50	97.50
1	83.60	83.60
1	287.25	287.25
1	273.55	273.55
1	78.10	78.10
1	4,654.85	4,654.85

Total Parts :

7,429.05

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SNA2765S	WBA72AG040CG04380	15/06/2021	520i Sedan	12



Labour 1	:	3,298.00
Parts	:	7,429.05
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	750.89
Grand Total	:	<u>11,477.94</u>

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

** PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

Q- 60555


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SKV2547E

Date of Accident

05/01/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **04/09/2021 - 03/09/2022**Requested By **Chan Sook Ling (Performance ...**Requested Date **05/01/2022 15:54****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	05/01/2022 15:51 (SGT)
Date of Accident	05/01/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	462 CRAWFORD LANE #01-61 S 190462
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA2765S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	XU SHUZHENG
NRIC No	SXXXX262C
Email Address	TONYXUPH@GMAIL.COM
Mobile Phone No	(Phone) +65-90097658
Alternative Phone No	(Home) +--

VEHICLE PARTICULARS

Manufacturer	BMW
Model	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
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	C0119110

DRIVER

Name of Driver	DU HONG MEI
NRIC No	SXXXX511F



Date Of Birth	26/12/1972
Occupation	Indoor
Date Of Driving Pass	23/12/2014
Driving experience	7 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90673107
Alt. Phone Number	-
Email Address	MUYUMELANIE@GMAIL.COM
Address	56 EDGEDALE PLAINS
Address complement	#03-11 RIVER ISLES
Postcode	828822
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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
Road Surface	Wet

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?	No

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	SKV2547E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

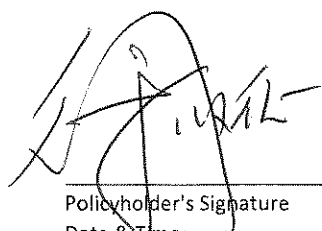
SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.



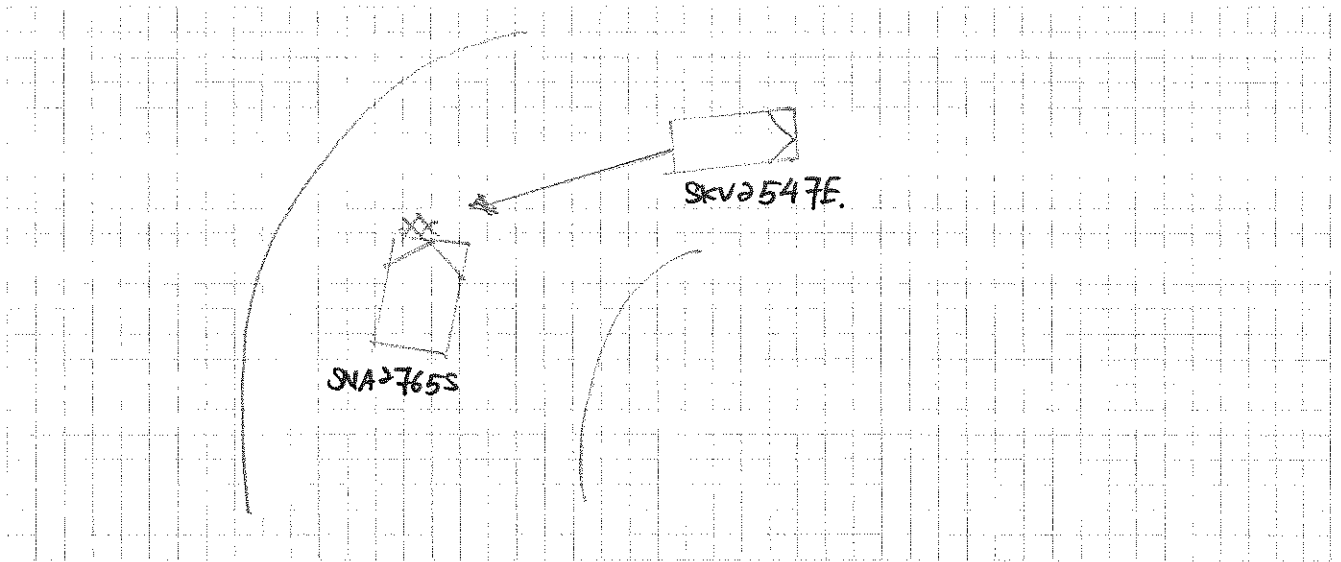
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN

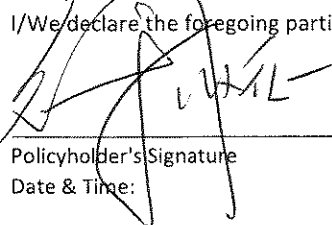


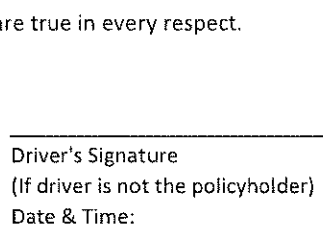
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

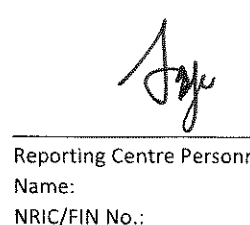
My wife DU HONGMEI WAS driving SNA2765S at the said location around 11:02AM on Jan. 5, 2022 to look for a parking lot. When she spotted there were no available car lot, and saw the car SKV2547E was reversing, so she stopped the car and wait, there were enough space for the reversing car to pass. the car SKV2547E hit the car SNA2765S during reversing, and scratched the front.

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.: