

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 60986		Page No. : 1 of 6
Date Estimated : 22/02/2022		
Prepared By : Inthiran A/L Thurasamy		

- ESTIMATE REPAIR FOR - Dawn Lim Sock Kiang 6 Sinaran Drive Singapore 307468	- ACCOUNT - 135 China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909
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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMM955Y	WBACR62040LS15802	24/06/2019	X5 xDrive40i	43253

DESCRIPTION	VALUE
To replace front bumper, bonnet, front air duct and to make good left front fender	4,250.00
To respray front bumper, bonnet and left front fender	3,516.00
To carry out body cavity preservation. (Per panel).	118.00
To replace low temperature cooler assembly including conduct pressure test, bleed cooling system and conduct check fo leak.	1,062.00
To replace left headlight.	481.00
To replace right 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
To supply front emboss number plate.	83.00
Sundries.	150.00
Total Labour 1:	10,495.00

DESCRIPTION	QTY	PRIC	VALUE
BLIND RIVET	12	1.20	14.40
RADIATOR	1	1,090.80	1,090.80
COVER, TOP	1	50.35	50.35
Rock guard	1	100.30	100.30

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SMM955Y	WBACR62040LS15802	24/06/2019	X5 xDrive40i	43253

DESCRIPTION	QTY	PRIC	VALUE
HOOD	1	2,240.95	2,240.95
FRT SUPPORT	1	867.75	867.75
FRT BUMPER BOTTOM CARRIER	1	477.30	477.30
LH VERTICAL CONNECTION	1	27.70	27.70
RH VERTICAL CONNECTION	1	27.70	27.70
SUPPORT	2	33.95	67.90
LH BUMPER GUIDE	1	59.10	59.10
LH PEDESTRAIN PROTECTION BRACKET	1	10.80	10.80
RH PEDESTRAIN PROTECTION BRACKET	1	11.95	11.95
GRILLE AIR INLET MIDDLE (M)	1	97.50	97.50
LH GRILLE SIDE OPEN (M)	1	111.05	111.05
RH GRILLE SIDE OPEN (M)	1	111.05	111.05
IMPACT ABSORBER TOP (M)	1	91.30	91.30
LH COVER FOR AIR INLET (M)	1	79.55	79.55
RH COVER FOR AIR INLET (M)	1	79.55	79.55
FRT NUMBER PLATE CARRIER (M)	1	73.40	73.40
LH FOG LAMP SUPPORT (M)	1	72.80	72.80
RH FLAP TOWING LUG PAINTED (SCHWARZ	1	82.20	82.20
LH AIR INLET FINISHER (M)	1	124.05	124.05
RH AIR INLET FINISHER (M)	1	124.05	124.05
LH AIR CURTAIN (M)	1	52.05	52.05
LH FLAP TOWING LUG PAINTED (SCHWARZ	1	82.20	82.20
FRT LH SHOCK ABSORBER (M)	1	54.80	54.80
FRT RH SHOCK ABSORBER (M)	1	54.80	54.80
FRT BUMPER PANEL PRIMED (M)	1	1,943.05	1,943.05
FRT BUMPER TRIM PAINTED	1	315.15	315.15
LH FOG LAMP COVER (M)	1	133.60	133.60
RH FOG LAMP COVER (M)	1	133.60	133.60
PLUG	7	1.45	10.15
FRT GRILLE	1	343.95	343.95
EMBLEM GROMMET	2	0.95	1.90
PLAQUE 82MM	1	72.85	72.85
EMBLEM M	1	47.35	47.35
AIR DUCT BOTTOM	1	114.55	114.55
FRT TOP CONNECTION	1	213.05	213.05
FRT CROSSLINK	1	232.40	232.40
FRT LH SUPPORT PANEL	1	70.30	70.30
FRT RH SUPPORT PANEL	1	70.30	70.30
AIR DUCT RADIATOR TOP	1	68.35	68.35
AIR DUCT RADIATOR BOTTOM	1	68.35	68.35
FRT LH BRAKE AIR DUCT	1	52.05	52.05
LH WHEEL ARCH AIR DUCT BRAKE	1	52.05	52.05
AIR FLAPS TOP (M)	1	315.95	315.95
LH HEADLIGHT LED TECHNOLOGY	1	4,727.25	4,727.25
RH HEADLIGHT LED TECHNOLOGY	1	4,727.25	4,727.25
LH FOG LIGHT LED	1	483.70	483.70
LABEL COOLANT 650+/-15G	1	24.65	24.65
(S/L) ANTI FREEZE 1.5 LITRES	3	20.70	62.10

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMM955Y	WBACR62040LS15802	24/06/2019	X5 xDrive40i	43253

Total Parts : **20,621.25**



Labour 1	:	10,495.00
Parts	:	20,621.25
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	2,178.14
Grand Total	:	33,294.39

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

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

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	18/02/2022 15:15 (SGT)
Date of Accident	17/02/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FRANKEL AVENUE/COLDSTREAM AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM955Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	DAWN LIM SOCK KIANG
NRIC No	SXXXX732H
Email Address	SEAGAL05@GMAIL.COM
Mobile Phone No	(Phone) +65-91262933
Alternative Phone No	(Home) +--

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X5
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	-

DRIVER

Name of Driver	DAWN LIM SOCK KIANG
NRIC No	SXXXX732H

Date Of Birth	05/05/1976
Occupation	Indoor
Date Of Driving Pass	11/05/1994
Driving experience	27 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91262933
Alt. Phone Number	(Home) +--
Email Address	SEAGAL05@GMAIL.COM
Address	41 FRANKEL AVENUE
Address complement	-
Postcode	458172
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 - Major/Minor Rd
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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH4471B
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG JIANKAI VINCE
NRIC No	SXXXX458I
Contact Number	(Phone) +65-90045362
Address	BLK 195 KIM KEAT AVENUE

Address complement	-
Postcode	3101951
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

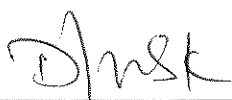
SKETCH PLAN

IMPORTANT NOTICE

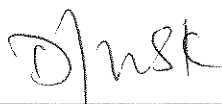
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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:

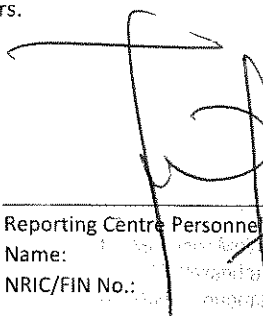
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Hand-drawn sketch of a building layout on graph paper. The sketch shows a rectangular building with a central section labeled "Franklin Ave" and a side section labeled "SMH 44718". A "cold stream" is indicated by a dashed line. A line points to a specific location labeled "5mm 9554".

On 17/2/22 at approx 2pm, I was driving along Frankel Ave, when vehicle SMH 4471 B come out from Coldstream Ave and collided into my car.

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

CHAPMAN, B. 1960. p. 11.

Date & Time:

NRIC/FIN No.:


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMH4471B

Date of Accident

17/02/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **16/11/2021 - 15/11/2022**Requested By **Chan Sook Ling (Performance ...**Requested Date **18/02/2022 15:19****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**