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 (Motorrad

GST REG. NO : M2 - 0020081 - X

# ESTIMATE

Estimate No.

: b1 61365

Date Estimated

: 01/04/2022

Page No. : 1 of 5

Prepared By

- ESTIMATE REPAIR FOR -

: Chua Kee Sin

Hankook 2254517 94Y VS1E2\* HRS (1PC)

left front

- ACCOUNT -40000

Chin Wing Chong

Blk 476 Siglap Road

#01-45

Cash Sales - Service

Singapore

# Singapore 454946

101014 - 140 -	REGN		NO.
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CHASSIS NO.

REGN. DATE

MODEL

MILEAGE

325.00

SKG1168B	WBA7K120107H65219 11/06/2021 116i Hatch	7916
	DESCRIPTION  Replace left side mirror assembly includ e remove attachment etc and carryout repair on front bumper.left front side fender and front left door	VALUE 3,400.00
	Painting left mirror cover,left front side fender,left front door and front bumper	2,882.00
	To check electrical wiring system at the front section for proper function including adjustment of headlights.	177.00
	To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.	177.00
	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). left front	94.00
	Sundries.	150.00

	Tota	al Labour 1:	7,736.00
DESCRIPTION	QTY	PRIC	VALUE
ALLOY RIM 7.5X17 DOUBLE SPK 549	1	930.80	930.80
HUB CAP WITH CHROME EDGE	1	29.80	29.80
LH GRID LATERAL (LUXURY/SPORT)	1	111.40	111.40
LH SIDE TRIM GRILLE (SPORT)	1	95.55	95.55
LH OUTSIDE MIRROR HEATED WITH MEMOR	1	545.70	545.70
LH MIRROR GLASS HEATED WIDE ANDLE	1	416.95	416.95
LH AUXILIARY TURN INDICATOR MIRROR	1	63.15	63.15
LH OUTSIDE MIRROR COVER CAP PRIMED	1	128.10	128.10



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Page No. : 2 of 5

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CHASSIS NO.

REGN. DATE

MODEL

MILEAGE

SKG1168B

WBA7K120107H65219

11/06/2021

116i Hatch

7916

DESCRIPTION

REPAIR KIT CABLE EXTERIOR MIRROR

QTY

PRIC 70.45 VALUE 70.45

Total Parts

2,391.90



Labour 1 : 7,736.00 Parts 2,391.90 Labour 2 0.00 Excess 0.00 Total GST @ 7% 708.95

Grand Total : 10,836.85

<sup>\*\*</sup> THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY\*\*

<sup>\*\*</sup> PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE \*\*



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

01 Apr 2022 / 18:24:56

Receipt Date/Time:

01 Apr 2022 / 18:24:49

## Tax Invoice/Receipt

Receipt No.: ITNET-00000-220401-003684

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No. Result of Insurance Enquiry - YQ3488X		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at 01 Apr 2022/09:33:00 Insurance Co: ERGO INSURANCE PTE. LTD. 1 Insurance Enquiry - YQ3488X Enquiry Fee 20220401182357258934		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	542125XXXXXX4416	eNETS	Credit Card	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

## THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

SP0122410006 / Performance Motors Limited ENTRY DATE & TIME: 01/04/2022 18:17 (SGT) SUBMITTED BY: Chan Sook Ling VERSION: 1 (01/04/2022 18:17 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 01/04/2022 18:17 (SGT) **Date of Accident** 01/04/2022 09:33 (SGT) **Exact Location of Accident** Cross St, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKG1168B INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **CHIN WING CHONG** NRIC No. SXXXX492J **Email Address** CHINKEITH8888@HOTMAIL.COM Mobile Phone No. (Phone) +65-97651505 Alternative Phone No. (Home) +--

VEHICLE PARTICULARS

Manufacturer **BMW** Model 116i 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 Transmission CC

INSURANCE COMPANY

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

Liberty Insurance Pte Ltd Comprehensive No C0119160

Private car

Auto

1499

DRIVER

Name of Driver NRIC No

**CHIN WING CHONG** SXXXX492J

Date Of Birth 06/03/1973 Occupation Indoor **Date Of Driving Pass** 10/06/1997 Driving experience 24 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-97651505 Alt. Phone Number (Home) +--**Email Address** CHINKEITH8888@HOTMAIL.COM Address BLK 476 SIGLAP ROAD Address complement #01-45 Postcode 454946 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 Side Swipe 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? Νo DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Νo 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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Vehicle Category

Vaname of Driver

Vaname of Driver

Vaname of Driver

Vehicle Category

Vaname of Driver

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### 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.:

SKETCH PLAN			
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DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT		and comment of the control of the co
Car A is no	oving etrical	L CL = -1 L +0.00	
Cross Street		y Carle Cook	201
my lane	and Hit w	CarA.	
	<u> </u>		
	944FM4		
		ANNO AND	
DECLARATION  I/We declare the foregoing particulars	are true in every respect.		
7		( )	nor
Policyholder's Signature Date & Time:  Olloy 22	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	4618
Ceres Constant Constant			