

**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 61846

Page No. : 1 of 5

Date Estimated : 18/05/2022

Prepared By : Yap Mee Key

**- ESTIMATE REPAIR FOR -**

Koh Shin How (Xu Xinhao)  
Blk 60 Flora Drive  
#02-37

Singapore 508858

**- ACCOUNT - 45912**

EQ Insurance Company Limited  
5 Maxwell Road, #17-00 Tower Block  
MND Complex  
Singapore 069110

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SW54Z	WBA5R12000AK72151	30/04/2019	330i LIM	16710

DESCRIPTION	VALUE
To replace rear bumper.	1,275.00
To respray raer bumper and affected areas.	1,038.00
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.	177.00
Sundries.	80.00

Total Labour 1: **2,747.00**

DESCRIPTION	QTY	PRIC	VALUE
EXPANDING NUT	2	0.65	1.30
PLASTIC INSERT BOLT	2	1.60	3.20
FILLISTER HEAD SCREW (ISA)	2	3.15	6.30
RR BUMPER CARRIER	1	446.75	446.75
RR BUMPER CTR GUIDE	1	138.15	138.15
PDC HOLDER INSIDE LH	1	10.15	10.15
PDC HOLDER OUTSIDE LH	1	11.65	11.65
PDC HOLDER OUTSIDE RH	1	11.65	11.65
RR BUMPER CTR BOTTOM GUIDE	1	65.80	65.80
RR BUMPER (PDC)	1	1,176.40	1,176.40
RR BUMPER TOW HOOK COVER	1	39.35	39.35
RR BUMPER BREATHING COVERING	2	56.80	113.60
Exh.extnsion	1	24.25	24.25

Total Parts : **2,048.55**

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
<b>SW54Z</b>	<b>WBA5R12000AK72151</b>	<b>30/04/2019</b>	<b>330i LIM</b>	<b>16710</b>



Labour 1	:	<b>2,747.00</b>
Parts	:	<b>2,048.55</b>
Labour 2	:	<b>0.00</b>
Excess	:	<b>0.00</b>
Total GST @ 7%	:	<b>335.69</b>
Grand Total	:	<b>5,131.24</b>

**\*\* 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	14/05/2022 12:38 (SGT)
Date of Accident	14/05/2022 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 7 & STREET 45 JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SW54Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH SHIN HOW
NRIC No	SXXXX668H
Email Address	COLD.VINCE@GMAIL.COM
Mobile Phone No	(Phone) +65-90016015
Alternative Phone No	(Home) +--

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	330i
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	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	CN008001

### DRIVER

Name of Driver	KOH SHIN HOW
NRIC No	SXXXX668H

Date Of Birth	30/06/1978
Occupation	Indoor
Date Of Driving Pass	24/06/1996
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90016015
Alt. Phone Number	(Home) +--
Email Address	COLD.VINCE@GMAIL.COM
Address	BLK 60 FLORA DRIVE
Address complement	#02-37
Postcode	506858
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	KOH QIAN XI
Gender	Female

#### PASSENGER 2

Name	KOH CHENG XI
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS9464T
Vehicle Manufacturer	Audi

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ASRI BIN YUNUS
NRIC No	SXXXX820D
Contact Number	(Phone) +65-96649706
Address	64 FLORA DRIVE
Address complement	#03-49
Postcode	506860
Insurance Company Name	-
Nature Of Damage	FRONT
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: 14/5/22 12:00pm

Driver's Signature

(If driver is not the policyholder)

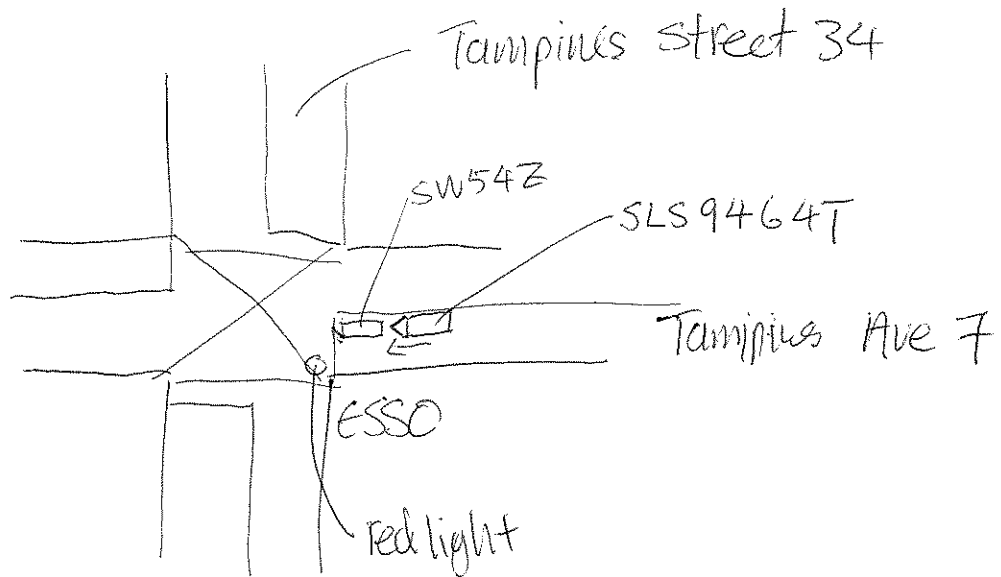
Date & Time:

Reporting Centre Personnel's Signature

Name: Yap mee key

NRIC/FIN No.: 92744629P

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving on Tampines Ave 7 towards tampine central. At around 8.50am at Junction Tampines Street 34, I was waiting for the red light to turn green. While waiting for about 1 min suddenly a red Audi car SLS 9464 bang to my rear bumper with a loud bang. (Photos Attached)

As both of us is rushing for appointment, ~~the~~ the owner agreed to bear the damage with What's app agreement.

## DECLARATION

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

Policyholder's Signature

Date & Time:

14 May 22  
1156 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

mk

Reporting Centre Personnel's Signature

Name: Yap mee kay

NRIC/FIN No.: 62744629P