ASS. RECT BY: STEVE CS/LUTTI	00 49 45/EY43				
ASSI	CHMENT				
From: Date:	Veh No: SMS 9399 L Yr Regn: 201120				
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD ITPIWS ITP RESIOD RESIEVA I INVINV	Truck / Trailer or				
To Inspect Vehicle No:	Make: BMW 320 c.c 1998				
at Workshop m/s	Colour A/C: Insured / Std / NI / NA				
of	Sp.Reading 12799 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No. DMPG22001440	CNO: WRASF31050 FH. 55452				
Claims NoCDMPG22000972	Gen. Cond: Good / Fair / Poor / Burnt				
Sum Insured: Excess: 700	Steering: Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or				
Make of Veh:	Modi: Nil / S(Rim / STD A/Rim or Tyre Size: F: 06/55 R 17				
	Tyre Size: F:				
(Policy Condition)	. R:				
Remark: The veh had commenced its N/S O/S	BS I DUN I EXNOVA I GY I FS I LIZA I MIDI OHTSU I PIR I SUMI				
repair at the time of inspection.	TOYO I YOKO or				
Bal. or Market Value:	Front Rear				
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 5 mm , R/Bal. 5				
GIA / PR Seen: Consistent? : Yes or No	UBal. 5 mm UBal. 5 mm				
Est Repairs: days Res.: Yes or No	D.O.A. 21/5/27				
Lum Sum: % 3 Val.: Yes or No	Survey held at Performance				
Cold Cold	Des. of Damages: Fit Rear OIS NIS UIC Rooftop or				
CA / REV / REP. / 24 HRS	FYOM K.F. Structure affected due to collision.				
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction					
MY-175A					
Final fig \$22,926,90 (Pad 9206 1)	5 25%)				
7/7/22 Final fig \$23,836.89 (Red 8296.1)	0, 25%)				
¥ .					
Cale/Time, File Pass to? : Prell. Report	Days Of Repair: 10				
Final Benert	Resurvey No. of Trip: Survey Fee:				
Oate/Time, File Return 107	Transportation:				
hhΔ	Fee: : Sife Insp (\$)s+Rssi				
2) 7/7/22-typist	: Interview (\$) Photos				
Repet Former: Merimen	: Tech, Invs (\$) Others				
Lump 8 can / 1.8.1: (* \$23,836.89)	:Weellend (%				
	TOTAL				

m pealer

Estimate No.

Performance Motors Limited

61912

A Sime Darby Motors Company Co. Reg. No. 197401559W GST Reg. No M2-0020081-x Toll-Free Number (1800-2255269)



: b1

Date Estimated : 24/05/2022

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)



Page No. : 1 of 5

GST REG. NO : M2 - 0020081 - X

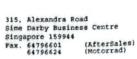
ESTIMATE

- ESTIM	ATE REPAIR FOR -	- ACCOUNT - 136	
Poon Yin		Ergo Insurance Pte Ltd 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985	
Singapore	669615		
REGN. NO.	CHASSIS NO. REGN. DA	TE MODEL	MILEAGE
SMS9399L	WBA5F32050FH55452 20/01/20	20 320i Sedan	34115
	DESCRIPTION ,		VALUE
	To replace front bumper, right front fender and all	damage attachment. \$50x 2	710 5,100.00
	To respray front bumper, right front fender.		1897 1,923.00
	To tow accident vehicle to PML workshop.		150.00
	To carry out body cavity preservation. (Per panel).		1/2 118.00
	To replace electromechanical power steering inclu program, initialize steering column adjustment and check for proper function.		841 885.00
	To check steering geometry and conduct wheel ali accordance with BMW specifications. (1x).	gnment in	504 531.00
	To remove and install front suspension to facilitate jacking of chassis and mounting of car on celette bench.	(יופון ען	1,062.00
	To remove and install brake discs, brake pads and calipers including brake test and conduct check for leak.	brake	<u>J</u> 1,003.00
	To replace tyre and wheel rim including balancing.		89 94.00
	To remove and install front suspension for inspection and replace damaged parts.	Cphir)	<i>1571</i> 2,655.00
	To remove old PDC assembly, replace damaged pareconnect to new bumper including conduct check proper function.	arts and for	/ bf 177.00
	To replace right headlight.		457 481.00
	To check electrical wiring system at the front section	n	168 177.00

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



GST REG. NO : M2 - 0020081 - X ESTIMATE

Estimate No Date Estima Prepared By	ated : 24/05/2022	ing			. : 2 of 5	
REGN. NO.	CHASSIS NO. WBA5F32050FH55452	REGN. DATE 20/01/2020	MODEL 320i Sedan		MILEA(34115	
	DESCRIPTION					VALUE
	for proper function including adjusti	nent of headlights.				
	Sundries.				150	300.0
				Total Labour	1:	14,656.0
			QT	Y PRIC		VALU
	DESCRIPTION		<u>Q1</u>	1 1,404.00	Charles of Park State (1,404.0
Ì	FRT AXLE SUPPORT RWD	MOUNT 1		1 286.15		286.1
I	RH TENSION STRUT WITH HYDR RH WISHBONE BOTTOM W/RUBE	SER MOUNTIN	l.	1 343.35		343.3
	RH SWIVEL BEARING CAMBER C	ORRECTION 1		1 548.95		548.9 499.0
	FOT DU CADDIED			1 499.05		411.
	FRT STABILIZER WITH RUBBER I	MOUNTING !		1 411.70 1 234.95		234.
1	FRT SUPPORT BEARING			1 105.15		105.
1	FRT RH SWING SUPPORT			1 537.95		537.9
F	FRT RH SPRING STRUT			1 45.35		45.3
,	ADDITIONAL DAMPER FRT			1 14.05		14.0
	SPRING PAD LOWER FRT BRAKE DISC VENTILATED 30	7X24 !		1 256.85		256.8
	ALLOY RIM 7.5X18 DOUBLE SPK	782 CUT		1 1,069.35		1,069.3
1	FRT RH SIDE PANEL BRACKET 1	· J		1 60.60		60.6 815.6
	FRT RH SIDE PANEL / 00	•		1 815.60		83.8
	LH RETAINING FRAME			1 83.85		83.8
	DU DETAINING FRAME	NE PDC/P / (O .	1 83.85 1 1,089.85		1,089.8
1	FRT BUMPER PANEL PRIMED (LI		N	1 3,397.70		3,397.7
	RH HEADLIGHT LED AHL	cui		Total Parts		11,288.3
		Ste	eve (LKK)	90-M	M	
		26	15/22, 11-99c with under conge	Excil-	?	
P*************************************				PIP		
the	K Auto Consultants hence notify Repairer of the following:	8 41 (1	with under compe)	MBE	19	
	display damaged part(s) during resurvey		Labour Parts	1	: 1	4,656.00 1,288.30
THE RESERVE AND PERSONS ASSESSMENT OF THE PE			Pails			
	prise prices are subject to confirmation		- ASS 413		1	
	ins prices are subject to confirmation. unity survey is on a "Without Prejudice" basi	5	Labour		•	0.00
	prise prices are subject to confirmation		Labour Excess		1	0.00 0.00 1,816.10

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

^{**} PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

SJ04225***UUU I / JF Knights Pte Ltd ENTRY DATE & TIME: 25/05/2022 09:45 (SGT) SUBMITTED BY: Sitt SJ04225P0001 / JP Knights Pte Ltd SUBMITTED B1. 3111 VERSION: 1 (25/05/2022 12:00 (SGT))



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

becomestion provided must be as truthful and accurate as possible. Associated and the process of the provided must be as truthful and accurate as possible. 2. This Form must be extracted by the companies to repudiate a language of the companies of the companies to repudiate a language of the companies of the companies to repudiate a language of the companies of the companies to repudiate a language of the companies of the companies to repudiate a language of the companies of the c 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.
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 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 6. This report will, for a fee, be made available upon application by interested parties.
5. Any false report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Companies.
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6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Centre in the Insurance Centre in the Centre in the

ACCIDENT STATEMENT

25/05/2022 09:45 (SGT) Date of Submission 24/05/2022 12:35 (SGT) Date of Accident Onan Rd, Singapore Exact Location of Accident Additional Location Information Singapore

DETAILS OF OWN VEHICLE

SMS9399L Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

Is company? **POON YIN YIN** Name Of Registered Owner S6813418H NRIC No kwaek06@gmail.com Email Address (Phone) +65-97374501 Mobile Phone No +65-97374501 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **3201 LED HL** Model Exact purpose for which vehicle was being used at time of

Private use Are you claiming under your own insurance policy for repair to Yes your vehicle? Private car

Vehicle Category Auto Transmission 1998

INSURANCE COMPANY

ERGO Insurance Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMPG22001440 **Policy Number** Cover Note Number

DRIVER

KWA ENG KIAT Name of Driver S2556907E

Accident report SJ04225P0001

Page 1 of 24

Date Of Birth 06/02/1963 Occupation Indoor **Date Of Driving Pass** 14/09/1993 28 YEARS AND 8 MONTHS Driving experience Gender Male Mobile Number (Phone) +65-97374501 Alt. Phone Number **Email Address** kwaek06@gmail.com Address 49 HILLVIEW AVENUE #04-04 Address complement Postcode 669615 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name UNKNOWN Gender 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 ON THE 24/05/2022 AT AROUND 1235HRS, I VEHICLE A BEARING REGISTRATION NUMBER SMS9399L WAS COMING FROM ONAN ROAD CARPARK LOT 12. AS I WANTED TO MOVE OUT, I CHECKED FOR TRAFFIC AND SAW VEHICLE B BEARING REGISTRATION NUMBER SHB3011T AT A SAFE DISTANCE AWAY MOVING SLOWLY, SO I MADE MY EXIT FROM THE LOT. AS I WAS TURNING OUT, I NOTICED VEHICLE B SUDDENLY ACCELERATED AND COLLIDED ON TO MY FRONT RIGHT WHEEL & BUMPER SECTION, CAUSING DAMAGE TO BOTH AREAS. I BRAKED IMMEDIATELY & STOPPED. HOWEVER, VEHICLE B DIDN'T EVEN HORN, BRAKE, AVOID OR STOP DURING THE INCIDENT, VEHICLE B CONTINUED TO MOVE FORWARD UNTIL ABOUT 50 METRES AWAY AND STOPPED. THIS IS EVIDENCED BY THE CONTINUOUS SCRATCH MARK ON THE LEFT SIDE OF VEHICLE B FROM FRONT TO BACK. THE COLLISION DAMAGED MY CAR RIGHT WHEEL AND AXLE WHICH IS A RESULT OF HIGH-SPEED IMPACT. I HAD TO ACTIVATE TOWING SERVICE TO PERFORMANCE MOTOR WORKSHOP THEREAFTER. ATTACHMENT(S) Are accident photos available for attachment? Yes

Was there any video captured by Car Camera? Was there any audio recorded?

Yes



Page 2 of 24

DETAILS OF OTHER VEHICLE PROPERTY 1

The state of the s	
Registration Number	SHB3011T
	Hyundai
LICID MIDGO	Ae ioniq
chicle Validit	•
Vehicle Coloui	
Vahicle Category	Taxi
Name of Driver	TAN KIM TAH
NRIC No	S1350438E
Contact Number	•
Address	-
Address complement	-
Postcode	-
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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy fiability on the part of the insurance
- 5. Any faise 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 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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) w he 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' law yers/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;
- (ii) 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')

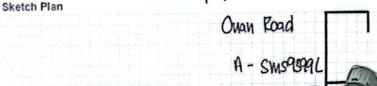
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

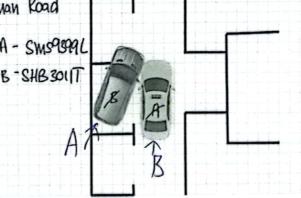


Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date 8 Time 24 05 2022 1615

Witnessed by Reporting Centre





ON THE 24/05/2022 AT AROUND 1235HRS, I VEHICLE A BEARING REGISTRATION NUMBER SMS9399L WAS COMING FROM ONAN ROAD CARPARK LOT 12. AS I WANTED TO MOVE OUT, I CHECKED FOR TRAFFIC AND SAW VEHICLE B BEARING REGISTRATION NUMBER SHB3011T AT A SAFE DISTANCE AWAY MOVING SLOWLY, SO I MADE MY EXIT FROM THE LOT.

AS I WAS TURNING OUT, I NOTICED VEHICLE B SUDDENLY ACCELERATED AND COLLIDED ON TO MY FRONT RIGHT WHEEL & BUMPER SECTION, CAUSING DAMAGE TO BOTH AREAS. I BRAKED IMMEDIATELY & STOPPED. HOWEVER, VEHICLE B DIDN'T EVEN HORN, BRAKE, AVOID OR STOP DURING THE INCIDENT, VEHICLE B CONTINUED TO MOVE FORWARD UNTIL ABOUT 50 METRES AWAY AND STOPPED. THIS IS EVIDENCED BY THE CONTINUOUS SCRATCH MARK ON THE LEFT SIDE OF VEHICLE B FROM FRONT TO BACK. THE COLLISION DAMAGED MY CAR RIGHT WHEEL. AND AXLE WHICH IS A RESULT OF HIGH-SPEED IMPACT. I HAD TO ACTIVATE TOWING SERVICE TO PERFORMANCE MOTOR WORKSHOP THEREAFTER

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 24/05/2002 1615

Witnessed by Reporting Centre
Personnel

C Accident report SJ04225P0001

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