ASS. RECABY: Steve   CS/AIS72	005692/5943
The second secon	GNMENT
From: Date:	Veh No: SGB 566R Yr Regn: 31/19/18
Estimated Cost:	Type: M.Ca. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TE WS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: BMW XT c.c 1499
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 17067 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No: 1200002 (16184)
Policy No.	CNO: W S A) (1/10/30/3 (1/6/64)
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Infrider / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Increer/Jammed/Leaked/Burnt or
Make of Veh:	Modi: Nii / s/R)m / STD A/Rim or
	Tyre Size: F: 225/55817
(Policy Condition)	. R:
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYO I YOKO or
Ball. or Market Value:	Front Rear 1)
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. / mm R/Bal. / mm
IDAG ACCIDENTIFICA	UBal. W mm UBal. W mm
Boar Vos or No	D.O.A. 98/5/99 D.O.I. 28/6/22
3 Vol. Ves or No	Survey held at Performance
Lum Sum: % S val 163 of No	Des. of Damages : Frt I (Rea) I OIS I NIS I UIC I Rooftop or
CA / REV / REP. / 24 HRS	
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction   V V / 3 V / .	
ž.	
Oate/Time, File Pass to? : Prell. Report	Days Of Repair:
The I Deport	Resurvey No. of Trip: Survey Fee:
1) : Final Report  OsterTime, File Return to?	Transportation:
Add F	Fee: : Site Insp (\$ )_s+Rssi
2)	: Interview (\$ ) Photos
Roper Formal:	:Tech, Invs (\$ ) others
Lump Sum / LB.f: (5	: Westend (\$
composition to a sp	YOTAL
· ·	September 14. Se

\* P. Raserved

customer overseas word callback 11/06

BMW Dealer

## **Performance Motors Limited**

A Sime Darby Motors Company Co. Reg. No. 197401559N 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 64796624

(AfterSales)

GST REG. NO : M2 - 0020081 - X

### ESTIMATE

Estimate No.

: b1 62033 Page No. : 1 of 4

Date Estimated

- ESTIMATE REPAIR FOR -

Prepared By

Tan Kay Yang

20 Newton Road

: 02/06/2022

: Inthiran A/L Thurasamy

- ACCOUNT -224093

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01

Singapore 068897

Singapore 3	0	7	9	53	ļ
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REGN. N	0.
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CHASSIS NO.

REGN. DATE

MODEL

MILEAGE

SGB566R

#11-03

WBAJG120303G76704

31/10/2018

X1 sDrive18i

44412

DESCRIPTION  To replace rear bumper and attachments.		850	VALUE 1,275.00
To painting rear bumper.		986	1,038.00
To check electrical wiring system and lighting at the rear section for proper function.		168	177.00
To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.		168	177.00
Sundries.			80.00
	Total Labour 1:		2,747.00

Total	Labour	1:	2,747.00

DESCRIPTION		QTY	PRIC	VALUE
REAR BUMPER TRIM PANEL BOTTOM (BASI	~ Cuj	1	208.45	208.45
DEAD BLIMDED DANIEL PRIMED V		1	907.80	907.80
REAR BUMPER MIDDLE TRIM PANEL (PDC)	- (41	1	266.90	266.90

Total Parts 1.383.15

Steve (LKK) W PL

LKK Auto Consultants hence politic	111, 500	
To resurvey before/sites	Labour 1 M Bel Si	2,747.00 1,383.15
o display damaged part(s) during resurvey  Barts prices are subject to confirmation	Labour 2 :	0.00
nird party survey is on a "Without Prejudice" basis  o illegal modification(s) is an a	Excess :	0.00
	Total GST @ 7% :	289.11
pplementary item(s) must be resurveyed and is subject to final approval from Insurance Company	Grand Total :	4,419.26

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

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

SP01225V0002 / Performance Motors Limited ENTRY DATE & TIME: 31/05/2022 16:17 (SGT) SUBMITTED BY: Chan Sook Ling VERSION: 1 (31/05/2022 16:17 (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

3, Information provided must be as truthful and accurate as possible. Any will interest estation of witholding or material racts may allow insufface companies to reposition 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 31/05/2022 16:17 (SGT) Date of Accident 28/05/2022 10:45 (SGT) **Exact Location of Accident** Singapore JUNCTION OF KAMPONG BAHRU AND NEIL ROAD Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGB566R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KAY YANG NRIC No SXXXX451F **Email Address** KAY\_TAN\_D@YAHOO.COM Mobile Phone No (Phone) +65-96727715 Alternative Phone No (Home) +--

VEHICLE PARTICULARS

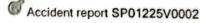
Manufacturer BMW Model X1 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1499

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number VPA/P2200937 Cover Note Number

DRIVER

Name of Driver TAN KAY YANG NRIC No SXXXX451F



Page 1 of 34



Date Of Birth	02/04/1971
Occupation	Indoor
Date Of Driving Pass	04/12/1989
Driving experience	
Gender	32 YEARS AND 5 MONTHS
Mobile Number	Male (Phone) v65 00707745
Alt. Phone Number	(Phone) +65-96727715
Email Address	(Home) +
	KAY_TAN_D@YAHOO.COM
Address	20 NEWTON ROAD
Address complement	#11-03
Postcode	307953
s 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	
a a van ee gaare daar gaa kanaa maan ee maanaan aanaa	•
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
Tod Culture	Oly .
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	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
1 yes, against mism	
A CONTRACTOR OF A CONTRACT	
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
	R VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY
Vehicle Registration Number	SND7793L
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	SONGTA
Contact Number	(Phone) +65-89014671

SONGTA (Phone) +65-89014671

Accident report SP01225V0002

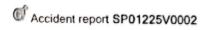
**Contact Number** Address

Address complement

Page 2 of 34



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



#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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.
- 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:

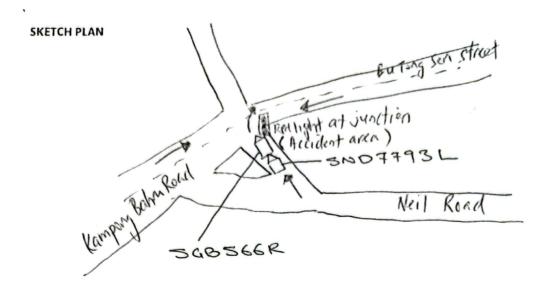
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

9:450m

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

NRIC/FIN No.



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mac at the junction of Neil Read and Kampony Bahm Read
Was at the junction of Neil Read and Kampery Bahm Read heading towards Eu Tong sen street and had stopped at junction as the traffic light has turned Red. This was followed by a bung to my car bumper. A mazala silver car has crushed into the rear of my car.
junction as the traffic light has turned Red. This was
followed by a boing to my car bumper. A mazala
silver car has crashed into the rear of my car.

#### DECLARATION

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

Policyholder's Signature Date & Time:

9. sbam

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No .:

JL Thurasamy Reporting Centre Personnel's Signature imited 303 Ale Darby P candra Road rformance Centre Singapore 159941