#### BMW Dealer

# **Performance Motors Limited**

To check electrical wiring system and lighting at the

rear section for proper function.

Sundries.

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)



177.00

150.00

GST REG. NO : M2 - 0020081 - X

#### ESTIMATE

Estimate No.	: b1 62907		Page No. :	1 of 5
Date Estimated	: 15/08/2022			
Prepared By	: Han Kwan Yong			
- ESTIMATE RE	PAIR FOR -	- ACCOUNT -	40000	

Tony Tan Kim Chin

39 Jalan Limau Purut

Cash Sales - Service
Singapore

Singapore 468213

REGN. NO.	CHASSIS NO. WBAJA520X0G454773	REGN. DATE 28/03/2017	MODEL 530iA	MILEAGE 49059
	DESCRIPTION  To replace rear bumper, boot lid, ca	rhon spoiler and to	knock out	VALUE
	dented are	rborr opolici and to i	CHOCK OUT	2,975.00
	To respray rear bumper and boot lic	I		2,076.00
	To carry out body cavity preservatio (Per panel).	n.		118.00
	To transfer lock mechanism from old including conduct check on new bod for proper function.		system	531.00
	To remove old PDC assembly, replaced reconnect to new bumper including proper function.	• ,	and	177.00

	То	tal Labour 1:	6,204.00
		THE DANGER I.	0,204.00
DESCRIPTION	QTY	PRIC	VALUE
TAILGATE ALUMINIUM	1	1,845.85	1,845.85
# REAR BUMPER CARRIER	1	909.65	909.65
# EXHAUST SUPPORT	1	118.00	118.00
REAR BUMPER COVER (M)	1	280.80	280.80
# REAR BUMPER CENTRE GUIDE (M)	1	215.85	215.85
# REAR BUMPER PANEL PRIMED (M)	1	1,627.00	1,627.00
LETTERING 530I	1	65.60	65.60
PLAQUE 74MM	1	72.85	72.85
# LETTERING M5	1	83.80	83.80
GROMMET	2	0.80	1.60
# M PERFORMANCE REAR SPOILER C	1	1,617.15	1,617.15
UNDERBODY PANELLING REAR	1	49.70	49.70

## **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 15994 Fax. 64796601 (AfterSal 64796624 (Motorrad (AfterSales) (Motorrad)



GST REG. NO: M2 - 0020081 - X

ESTIMATE

Estimate No. Date Estimated

: b1 62907

: 15/08/2022

Prepared By

: Han Kwan Yong

REGN. DATE

MODEL

MILEAGE

REGN. NO. SJ03313U CHASSIS NO. WBAJA520X0G454773

28/03/2017

530iA

49059

Page No. : 2 of 5

DESCRIPTION

TRUNK LID GASKET (DG/SL) ADHESIVE SET 1K 80ML QTY PRIC 1 131.25 1 107.55

VALUE 131.25 107.55

Total Parts

7,126.65

Labour 1 ; 6,204.00 Parts 7,126.65 Labour 2 0.00 Excess 0.00 Total GST @ 7% 933.15

Grand Total : 14,263.80

<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 \*\*

SP0X228F0005-01 / Performance Motors Limited ENTRY DATE & TIME: 15/08/2022 14:32 (SGT) SUBMITTED BY: Inthiran a/I Thurasamy VERSION: 2 (16/08/2022 14:42 (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 Actual Driver
  3. 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 15/08/2022 14:32 (SGT) Reported by Driver Date of Accident 13/08/2022 11:17 (SGT) **Exact Location of Accident** Singapore Additional Location Information JURONG TOWN HALL ROAD BEFORE AYE EXIT

Country/State of Loss

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJQ3313U INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner TONY TAN KIM CHIN

NRIC No SXXXX352D **Email Address** tonytanchenjinshen@gmail.com Mobile Phone No. (Phone) +65-98305225 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 530i Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

No - Claiming third party Private car

Manual 1998

Sompo Insurance Singapore Pte. Ltd.

KERWIN TAN JUN YI SXXXX642G 06/06/1997 Indoor

Accident report SP0X228F0005

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes

27/04/2018

468213

Chain Collision

Raining

Wet

Νo

Yes

No

Yes

No

Yes

No

Marine Parade Neighbourhood Police Centre

300 Marine Parade Road Singapore 449296

(Phone) +65-18004428999

(Fax) +65-62447678

Nο

No

Child

4 YEARS AND 4 MONTHS

kerwinjunyi.tan@gmail.com

39 JALAN LIMAU PURUT

(Phone) +65-97225332

FILE TOO LARGE

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

GBG2532H

Accident report SP0X228F0005

Page 2 of 40

Vehicle Variant
Vehicle Colour

Vehicle Category
Commercial vehicle
Name of Driver
Contact Number
Address
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

- Commercial vehicle
-

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YQ4995S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

#### **INJURED PERSONS DETAILS**

#### INJURED 1

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Date & Time:

Driver's Signlature
(If driver is not the policyholder)
Date & Time:

15/08/22 (10.05am)

Name: NRIC/FIN No.:

#### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

15/08/22 (10.05am)

Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:





1 of 3

Report No. T/20220815/2160

Police Station Of Origin: Marine Parade N.P.C. 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N )22:17:08	Aade:	Vide Report No.:	Station Diary No.: 54						
Informa	nz s Partici	<b>7.37%</b>								
	Informant: TAN JUN		Address: 39 JALAN LIMAU PURUT SINGAPORE 468213							
ID Type	/ID No.: D / S97196		Contact No.: Home/Office: Mobile: 97225332							
National	- continuentialism		Email;							
Sex: Male	Age: 25	Date of Birth: 06/06/1997	Type of Informant: Driver							
Race: Chinese			Language: English	Institution / School Name: NTU						
Occupation:			Driving Licence Information: Class 2B.3 Date of Expiry:							

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2022 11:15	Type of Location: Straight Road
Location:	WN HALL ROAD			
JUKUNG 10				
Weather: Heavy rain		Road Surface: Wel	PROCESS BY THE PROPERTY OF THE	Road Speed Limit: Traffic Volume:
Traffic Flow: Dual Camag	e Way	Traffic Control: Not Controlled		Heavy
Type of Colli	sion: ving Vehicles - Hea			Anyone conveyed by ambulance:

Details of Vahiel	e Involved			· · · · · · · · · · · · · · · · · · ·
Verage No. 2 Typ	e Make TOYOTA	Nodel Cokit IDVNA Silver	Slightly 0	
GBG2532H Lon			Dameged	
SJ03313U   Car	EMW	530) LED Blue NAV HUD	Slightly 0 Damaged	
		MSPT		

Completed Vi	incle insurance				
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	distractive systems		SOLVERNAN	11375   28/09/2021	2711 C (21F) S
CONTRACTOR !	TENET SOMPO IN	SURANCE PILE.	I INCIMILANT	MAIN FAMILIES.	
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Police Station Of Origin: Marine Parade N.P.Č 300 Marine Parade Road SINGAPORE

Tel No: 1800-4428999



2 of 3

Report No. T/20220815/2160

CONTINUATION OF REPORT

On the 13 August 2022, at about 11 7hrs, at Jurong Town Hall Rd before AYE exit I was rear ended by GBG2532H. My vehicle was last seen in satisfactory condition on 13 August 2022 at 1110hrs from Jurong East Mall. I would like to add that I do have a dashcam. There are not any other property loss besides the damage sustained. There are not any other property loss besides the damage sustained, I was outpatient for 3 days.

I am lodging this report for record purposes and insurance/medical claims.



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SPOX228F0005 Vehicle Registration No: SJQ3313U Name(as shown in NRIC) : MR TONY TAN KIM CHIN NRIC/FIN/Passport No : S1523352D (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( ) Contact (Tel) : \_\_\_\_\_ Mobile No.: 98305225 **Email Address** : 13 / 08 / 2022 Time of Accident : \_\_\_11.17 hrs Date of Accident Place of Accident : JURONG TOWN HALL ROAD BEFORE AYE EXIT Insurance Company: SOMPO INSURANCE SINGAPORE PTE. LTD. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To attach Police Report No: T/20220815/2160

Policyholder / Driver's Signature

Date:

16/08/22 (2.32pm)

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.:

Date:

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBG2532H

**Date of Accident** 

13/08/2022

Reset

# % RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	Lonpac Insurance Bhd
Period of Insurance	
Requested By	Inthiran a/l Thurasamy (Perfo
Requested Date	15/08/2022 10:59

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13** 

Total Amount Due (GST Inclusive): \$\$2

**General Insurance Association** 

Records Management Centre GST Registration No: **M400017735**