

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 62954
Date Estimated : 17/08/2022
Prepared By : Han Kwan Yong

Page No. : 1 of 6

- ESTIMATE REPAIR FOR -

Lai Kim Voon
141 Marsiling Road
#08-2070

Singapore 730141

- ACCOUNT - 85

Liberty Insurance Pte Ltd
51 Club Street
#03-00 Liberty House
Singapore 069428

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMV8939U	WBA6V120005S24996	26/10/2020	216i Gran Tourer	76918

DESCRIPTION	VALUE
To replace front bumper, right front fender and to knock out front right wheel house	3,400.00
To respray front bumper, right front fender and front right wheel house	2,454.00
To carry out body cavity preservation. (Per panel).	118.00
To remove and install front suspension for inspection and replace damaged parts.	2,655.00
To replace electromechanical power steering including program, initialize steering column adjustment and conduct check for proper function.	885.00
To check steering geometry and conduct wheel alignment in accordance with BMW specifications. (2x).	1,062.00
To replace tyre and wheel rim including balancing. (1x).	94.00
To replace right headlight.	481.00
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 at the front section for proper function including adjustment of headlights.	177.00
Sundries.	150.00

Total Labour 1: **11,653.00**

DESCRIPTION	QTY	PRIC	VALUE
BLIND RIVET	6	0.95	5.70

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMV8939U	WBA6V120005S24996	26/10/2020	216i Gran Tourer	76918

DESCRIPTION	QTY	PRIC	VALUE
RH WISHBONE WITH RUBBER MOUNTING	1	290.45	290.45
RH WISHBONE BRACKET W/RUBBER MOUNTI	1	194.85	194.85
# WHEEL HUB WITH BEARING	1	519.00	519.00
FRT RH CARRIER	1	513.90	513.90
FRT RH SPRING STRUT	1	327.60	327.60
FRT SUPPORT BEARING	1	238.50	238.50
# STEERING GEAR ELECTRIC	1	5,594.40	5,594.40
COLLAR BOLT WITH COMPRESSION SPRING	1	19.80	19.80
ALLOY RIM 7.5X17 MULTI SPK 547	1	977.35	977.35
HUB CAP WITH CHROME EDGE	1	31.30	31.30
FRT RH FENDER	1	639.70	639.70
RH EXTENSION WHEEL HOUSING STRUT	1	173.00	173.00
RH CROSS SUPPORT SIDE PANAL	1	33.85	33.85
FRT BUMPER RH INSERT	1	14.20	14.20
LH VERTICAL STRUT	1	49.50	49.50
# RH ADAPTER BOTTOM	1	82.10	82.10
FRT CROSSLINK	1	114.85	114.85
# FRT LH BOTTOM DEFORMATION EL	1	91.60	91.60
# FRT RH BOTTOM DEFORMATION EL	1	91.60	91.60
FRT BUMPER BOTTOM CARRIER	1	156.00	156.00
FRT RH SIDE PANEL TOP MOUNTING	1	19.00	19.00
LH ROD	1	24.65	24.65
RH ROD	1	24.65	24.65
FRT LH TOP DEFORMATION ELEMENT	1	106.75	106.75
FRT RH TOP DEFORMATION ELEMENT	1	106.75	106.75
# RH FOG LAMP SUPPORT	1	80.55	80.55
GRATE CENTRE CLOSED (LINES/PDC)	1	161.55	161.55
FRT BUMPER TOP CARRIER	1	400.80	400.80
RH MOULDING (LUXURY)	1	69.15	69.15
# RH FINISHER	1	50.90	50.90
IMPACT ABSORBER TOP	1	59.60	59.60
# TRIM STRIP CENTRE (LUXURY)	1	75.30	75.30
# FRT BUMPER FLAP TOWING EYE P	1	43.95	43.95
RH VERTICAL STRUT	1	49.50	49.50
# FRT BUMPER PRIMED PANEL (PMA	1	929.20	929.20
RH GRID LATERAL (LINES/PDC)	1	96.95	96.95
FRT RH GRILLE (LUXURY)	1	214.85	214.85
GROMMET	2	0.80	1.60
# RH SUPPORT HEADLIGHT ARM	1	134.25	134.25
# LH BOTTOM ADAPTER	1	102.30	102.30
# MOUNTING WASHER FLUID RESERV	1	24.95	24.95
RH SUPPORT	1	155.70	155.70
# FRT RH WHEEL ARCH COVER	1	138.40	138.40
AIR DUCT	1	276.05	276.05
# UNDERBONNET SCREEN	1	191.95	191.95
PLAQUE 82MM	1	72.85	72.85
# WASHER FLUID RESERVIOR	1	136.80	136.80
# RH HEADLIGHT LED TECHNOLOGY	1	2,399.10	2,399.10
RH FOG LIGHT LED	1	490.95	490.95

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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMV8939U	WBA6V120005S24996	26/10/2020	216i Gran Tourer	76918

DESCRIPTION	QTY	PRIC	VALUE
ULTRASONIC SENSOR BLACK	2	254.05	508.10
DECOUPLING RING PDC TORQUE CONVERTER	2	5.30	10.60
Total Parts :			17,316.95



Labour 1	:	11,653.00
Parts	:	17,316.95
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	2,027.90
Grand Total	:	30,997.85

** 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 Actual 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	18/08/2022 08:57 (SGT)
Reported by	Both
Date of Accident	17/08/2022 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Ang Mo Kio Ave 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV8939U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Lai Kim Voon
NRIC No	SXXXX529Z
Email Address	kimvoon.lai@gmail.com
Mobile Phone No	(Phone) +65-96283597
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	1499

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Lai Kim Voon
NRIC No	SXXXX529Z
Date Of Birth	26/08/1957
Occupation	Indoor

Date Of Driving Pass	27/06/2003
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96283597
Alt. Phone Number	-
Email Address	kimvoon.lai@gmail.com
Address	141 Marsiling Road
Address complement	#08-2070
Postcode	730141
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 - Cross Junction
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Chua Su Cheng
Gender	Female

PASSENGER 2

Name	Lai Si Jin
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

Refer to Sketch Plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ1234J
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	Lian Jun Jie
NRIC No	SXXXX374E
Contact Number	(Phone) +65-96283597
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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:

17/8/2022

2:35pm

GIA/PMC Sketch Plan Form V3



Driver's Signature

(If driver is not the policyholder)

Date & Time:

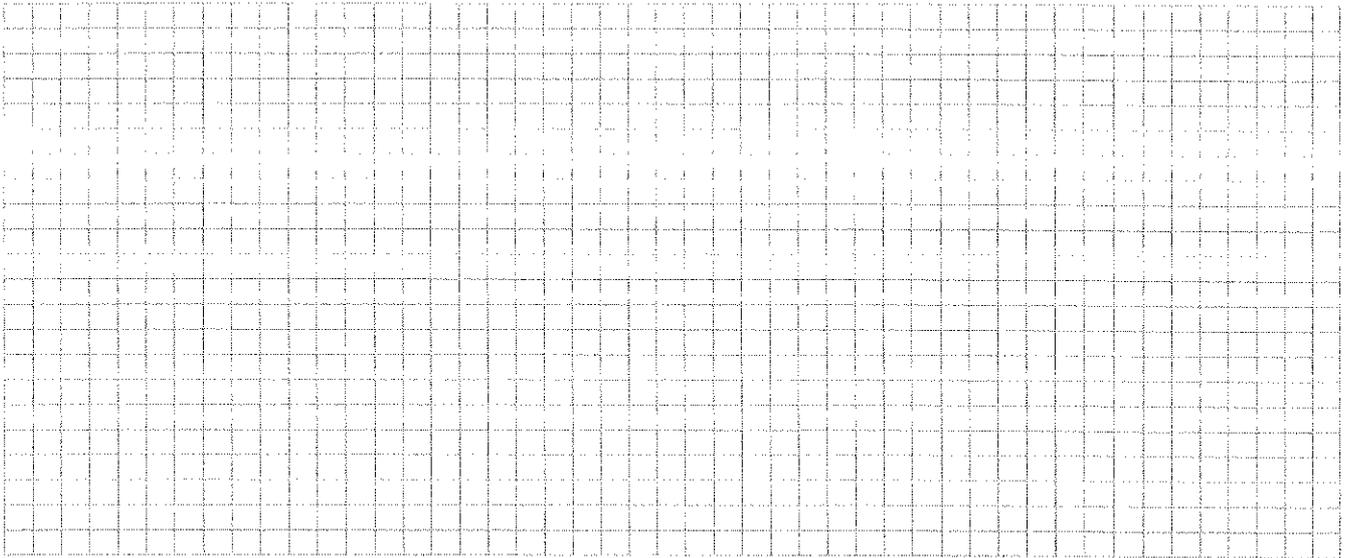


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This happened at Ang Mo Kio Ave 10 & Intersection of CTE. I stopped at the traffic light & wait for the traffic light to turn green. When I saw the traffic light turned green and I started to move forward slowly. And suddenly I heard a bang sound, a van hit me from my right side.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

17/08/22 (4.17pm)

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBJ1234J

Date of Accident

17/08/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **16/01/2022 - 15/01/2023**Requested By **Inthiran a/l Thurasamy (Perfo...**Requested Date **19/08/2022 13:47****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**