

 CamScanner

BMW Dealer

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)

32R

12/10 @ 9am

(LOR)

Hertz



GST REG. NO : M2 - 0020081 - X

E S T I M A T E**03 OCT 2022**

Estimate No. : b1 63511
Date Estimated : 03/10/2022
Prepared By : Inthiran A/L Thurasamy

Page No. : 1 of 5

- ESTIMATE REPAIR FOR -
Quah Yew Kim, Sarah (Ke Youjin, Sarah)
4A Kew Drive

- ACCOUNT - 40000
Cash Sales - Service
Singapore

Singapore 465977

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SDZ9111U	WBA4H32070BP27582	01/11/2018	420i GC	41180

DESCRIPTION**VALUE**

To replace rear bumper, rear right fender, attachments and knocking on damage area.

4250 6,800.00

To painting rear bumper, rear right fender, roof frame and tail panel.

3103 3,267.00

To check electrical wiring system and lighting including reset and check air bag for proper function.

280 295.00

To remove old PDC assembly, replace damaged parts and reconnect to new bumper including conduct check for proper function.

168 177.00

To remove and install rear hat-tray, rear seat, carpet and roof top lining to facilitate repair. (photo)

829 873.00

To replace rear side window glass.

338.00

To supply and install rear right window glass solar film.

500.00

To remove and install fuse box at the rear section to facilitate repair. (photo)

504 531.00

To conduct water leak tests.

75.00

To carry out body cavity preservation. (For cut panel).

504 531.00

Sundries.

150.00

Total Labour 1: 13,537.00

DESCRIPTION**QTY****PRIC****VALUE**

BLIND PLUG

2

1.05

2.10



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REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SDZ9111U	WBA4H32070BP27582	01/11/2018	4201 GC	41180

DESCRIPTION	QTY	PRIC	VALUE
PLASTIC NUT FOR COARSE THREADED PIN	10	0.85	8.50
RR RH FENDER	1	1,676.25	1,676.25
REINFORCEMENT PLATE UNIVERSAL	1	55.30	55.30
RH D PILLAR REINFORCEMENT PLATE	1	58.95	58.95
RH REINFORCEMENT PLATE SILL	1	59.45	59.45
T WELD BOLT L=5.4MM	12	0.90	10.80
RR BUMPER RH SIDE GUIDE	1	155.80	155.80
REAR BUMPER BOTTOM TRIM PANEL (ZWEI	1	228.80	228.80
REAR BUMPER PANEL PRIMED (M/PDC)	1	1,361.20	1,361.20
PLASTIC NUT	6	0.85	5.10
RR RH SIDE WINDOW FIXED SCHWARZ HGL	1	388.00	388.00
REAR RH WATER GUTTER COVER	1	25.05	25.05
REAR RH LIGHT IN THE SIDE PANEL	1	554.80	554.80
CAVITY PROTECTION WAX REMOVER 500ML	1	18.45	18.45
BLIND RIVET AVIBVLB	12	0.55	6.60
SCREW (SF PLUS M5X15)	6	0.60	3.60
PUNCH RIVET N5	32	0.55	17.60
(DG) BODYWORK ADHESIVE K5A (50ML)	1	121.90	121.90
(DG) CLEANER R1 (100ML)	1	26.15	26.15
PUNCH RIVET N4	15	0.55	8.25
(DG/SL) BODY ADHESIVE K5 (195 ML)	1	353.50	353.50
(SL/DG) SEALANT D2 290ML	1	32.10	32.10

Total Parts : 5,178.25

Steve (LKK)
17/10/22, 10.11

W L

P/P

12 dys

My Bel ly

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



Labour 1	:	13,537.00
Parts	:	5,178.25
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 7%	:	1,310.07
Grand Total	:	20,025.32

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

** PRICE FOR PARTS ARE SUBJECT 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	29/09/2022 14:39 (SGT)
Reported by	Both
Date of Accident	29/09/2022 09:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE - TUAS EXITING THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ9111U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUAH YEW KIM, SARAH (KE YOUJIN, SARAH)
NRIC No	S8307587B
Email Address	SARAHQUAH@GMAIL.COM
Mobile Phone No	(Phone) +65-90674261
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
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	2000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA415069

DRIVER

Name of Driver	QUAH YEW KIM, SARAH (KE YOUJIN, SARAH)
NRIC No	S8307587B
Date Of Birth	03/03/1983
Occupation	Indoor

Driving Pass
ing experience
der
bile Number
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

11/03/2003
19 YEARS AND 6 MONTHS
Female
(Phone) +65-90674261
-
SARAHQUAH@GMAIL.COM
130 CAIRNHILL ROAD, #03-02

229717
Yes

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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) 1
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 -

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 ATTACH SKETCH PLAN & STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SG5818M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour Green
Vehicle Category Bus
Name of Driver TAN BAO HONG, BENEDICT

No
Object Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

S8514452I
(Phone) +65-96170130

-
-
-
-
-
-

BUS SERVICE #985

SKETCH PLANIMPORTANT 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 true 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 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 Traffic Police Department for investigation.**
- 6 This report will be forwarded by the insurers to 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)**

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

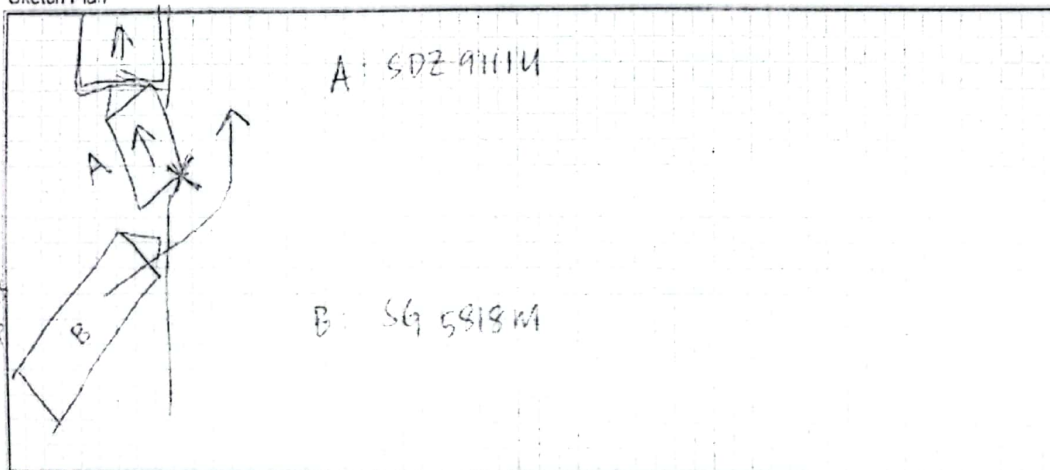
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholders Signature / Date & Time

Drivers Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC ID card)

Sketch Plan



Describe Circumstance of the Accident

My car was following to turn left ^{into} ~~into~~ Thomson Rd. I just exit PIE (tuns) towards Thomson Rd. My car was stationary, not moving.

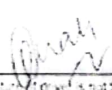
The double deck bus was trying to come out onto the road and hit the right, back of my car. The bus ~~was~~ continued driving forwards and stopped about 100m away.


The bus captain came down to apologise and asked for my details. He said he would report to SMRT and would update me after that.

Declaration

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

Policyholder's Signature:  Date & Time:

Driver's Signature:  Date & Time:

Witnessed by:  Date & Time:

19 SEP 2022