

TOTAL

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

06 JAN 2023

Estimate No. : b1 64603
Date Estimated : 06/01/2023
Prepared By : Inthiran A/L Thurasamy

Page No. : 1 of 5

ESTIMATE REPAIR FOR -
Michelle Tan Geok Hoon (Chen Yuefen)
9 Pemimpin Place
Singapore 576096

- ACCOUNT - 135
China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
U7854S	WBA2X920407F85470	28/08/2020	216i Active Tourer	48164

DESCRIPTION

To replace rear bumper, attachments and make good of rear bumper.

To painting rear bumper and tailgate.

To check electrical wiring system and lighting at the rear section for proper function.

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

Sundries.

	1275	VALUE
	850	2,550.00
	1972	2,076.00
	168	177.00
	168	177.00
		80.00

Total Labour 1: **5,060.00**

DESCRIPTION	QTY	PRIC	VALUE
REAR BUMPER CARRIER	1	505.35	505.35
SUPPORT	1	48.45	48.45
REAR BUMPER TRIM STRIP (BLACK)	1	105.30	105.30
REAR BUMPER PANEL PRIMED (LINES PDC)	1	1,088.30	1,088.30
LETTERING 216i	1	65.60	65.60
PLAQUE 74MM	1	72.85	72.85
PLAQUE 74MM	2	72.85	145.70
Total Parts :			2,031.55

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ESTIMATE

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Date Estimated : 06/01/2023
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Page No. : 2 of 5

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SMU7854S	WBA2X920407F85470	28/08/2020	216i Active Tourer	48164

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:

Claims OD / <u>3rd Party</u> / Uninsured losses / Direct Settlement	
Regn No. _____	Claim No. _____
Date & Time <u>16/01/23 @ 1140</u>	Excess S\$ _____
Surveyor's Name <u>Rasul</u>	Sign _____
Surveyor's Tel <u>90000088</u>	Authorised Yes / No _____
Authorised Date _____	Time _____
RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No	
Surveyor's E-mail _____	
No. of Working Days Recommend <u>4 days</u>	



Labour 1	:	5,060.00
Parts	:	2,031.55
Labour 2	:	0.00
Excess	:	0.00
Total GST @ 8%	:	567.32
Grand Total	:	7,658.87

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	03/01/2023 19:03 (SGT)
Reported by	Both
Date of Accident	03/01/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE BETWEEN TOH GUAN ROAD EXIT BEFORE JURONG TOWN HALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7854S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MICHELLE TAN GEOK HOON
NRIC No	SXXXX854D
Email Address	michcharliz2@gmail.com
Mobile Phone No	(Phone) +65-8268948
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	SD22V08886/VPC2/R00

DRIVER

Name of Driver	MICHELLE TAN GEOK HOON
NRIC No	SXXXX854D
Date Of Birth	04/02/1974

\$ 4

Driving Pass
experience
Mobile 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

Indoor
15/02/1995
27 YEARS AND 11 MONTHS
Female
(Phone) +65-8268948
-
michcharliz2@gmail.com
99 PEMIMPIN PLACE
-
576096
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Chain Collision
Clear
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 4
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

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ8320D
Vehicle Manufacturer Toyota
Vehicle Model Dyna
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver AL MAMUN MD SHAMIM

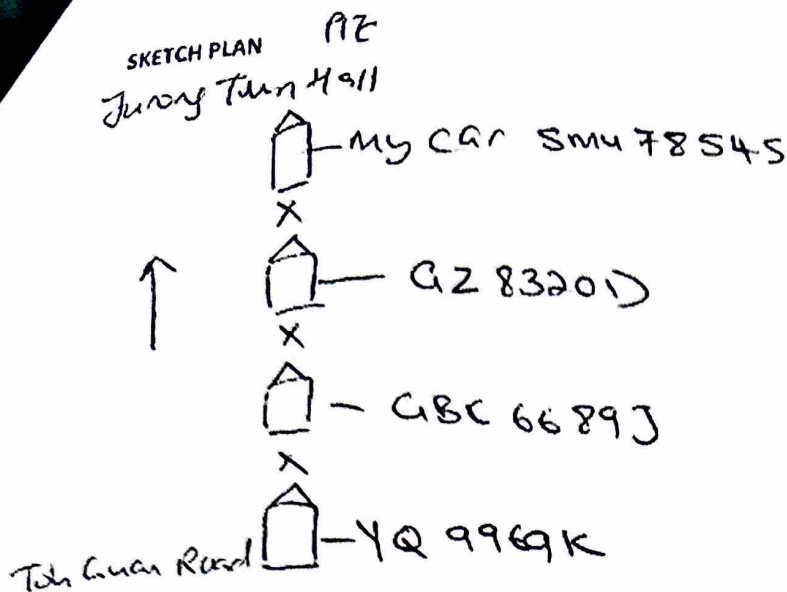
No/FIN	GXXXX178T
% Number	-
SS	-
ress complement	-
ostcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC6689J
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YANG WEN SHUAI
Passport No/FIN	GXXXX135U
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ9969K
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	E VIJEYAH AHNAND
NRIC No	SXXXX389B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Heavy traffic at PZ and cars were filtered to the middle lane due to road blocks on the right lane ahead.

My car was stationary when the traffic built up. There were gaps between ~~the~~ my car & the car in front & behind mine.

There was a chain collision with 3 other vehicles. The 4th vehicle had a strong hit with the 3rd vehicle's rear and caused ~~an explosion between~~ a force to move forward to hit the 2nd car & my car.

DECLARATION

I/We declare the foregoing particulars are true to the best of my/our knowledge.

Reporting Person's Signature

Date & Time

3/1/2023

5:43 pm

Officer's Signature

For display at the police station

Date & Time

Reporting Person's Signature

Name

12/10/2022

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 relevant policies 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/are 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;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulation, statute or court orders.

Policyholder's Signature
Date

3/1/2023

48m

Insurer's Signature
(Must be not the Policyholder)
Date

Reporting Centre's Signature
Name
NRIC No.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	854D
Vehicle Details	
Vehicle No.:	SMU7854S
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jan 2023
Vehicle Make:	B.M.W.
Vehicle Model:	216i ACTIVE TOURER
Primary Colour:	Grey
Manufacturing Year:	2020
Engine No.:	37225984B38A15A
Chassis No.:	WBA2X920407F85470
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$30,645.00
Original Registration Date:	28 Aug 2020
First Registration Date:	28 Aug 2020
Transfer Count:	0
Actual ARF Paid:	\$34,903.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Aug 2030
PARF Rebate Amount:	\$26,177.00
Intended COE Rebate Details	
COE Expiry Date:	27 Aug 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,710.00
COE Rebate Amount:	\$27,185.00
Total Rebate Amount:	\$53,362.00

The information contained herein is correct as at 16 Jan 2023

BMW 2 Series 216i Active Tourer

Overview

Financial

Accessories

Similar

Research

Photos

Map



CAR EXPRESS AUTO TRADING

5 Stars Services for your motoring needs



Price	\$122,800		
Depreciation ⓘ	\$13,680 /yr View models with similar depre	Reg Date	26-Sep-2020 (7yrs 8mths 9days COE left)
Mileage	32,075 km (13.9k /yr)	Manufactured ⓘ	2020
Road Tax ⓘ	\$684 /yr	Transmission	Auto
Dereg Value ⓘ	\$55,365 as of today (change)	OMV ⓘ	\$30,762
COE ⓘ	\$37,766	ARF ⓘ	\$35,067
Engine Cap	1,499 cc	Power	80.0 kW (107 bhp)
Curb Weight ⓘ	1,380 kg	No. of Owners ⓘ	1