SS. REC. BY REF: CC4 111 231	1057		
rom: Date:	Veh No: SNE 718X Yr Regn: 2021 7 NOV		
stimated Cost:	Type: M.Car J M.Cycle J Bus / Van J Lorry / Taxi / Prime Mover /		
DD (TP) WS/TP RES/OD RES/EVA/INV/IMV	Truck / Trailer or		
o inspect Vehicle No: SNE 718 X	Make: B.M. W 1162 HL Lux c.c 1499		
at Workshop m/s PARFARMANCE	Octour CREY AC: Insured Std 1 NI 1NA		
gos Brando es	Sp:Reading 14249 T/Radio: Insured 1 Std / NI / NA		
nsured: (I)	Eng/No:		
Policy No.	C/NO: WBATK 120707KD4334		
Claims No.	Gen. Cond: Good / Fair) Poor / Burnt		
Sum Insured: Excess:	Steering: horder / Jammed / Leaked / Burnt or		
(Client's Record)	Brake: (norder 1 Jammed / Leaked 1 Burnt or		
Make of Veh:	Modi: Nil / SIRim / STD A/Rim or		
	Tyre Size: F: 225/45R17		
(Policy Condition)	R: 2.		
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the time of inspection.	TOYOTYOKO OF HANKOOK		
Bal. or Market Value:	Front Rear		
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm		
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm		
Est. Repairs: days Res.: Yes or No	D.O.A. 10 01 23 D.O.I. 17 01/23		
Eum Sum: % 3 Val.: Yes or No	Survey held at DER FOR MAN (E		
04 / DEN / DED / 24/DD	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or		
CA / REV / REP. / 24 HRS Vehicle: 4N / OU			
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time Action / Instruction			
REPORLIMII-70K			
			
	_		
ate/Time, File Pass to? : Preli. Report	Days Of Repair:		
; Final Report	Resurvey No. of Trip: Survey Fee:		
anerings the reput wi	Transportation:		
Add Fe	ee' Site Insn (\$		
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Add Fe	Site Insp (\$		

AND THE MENTING FOR THE PROPERTY OF THE PROPERTY OF THE CONTRACTION OF THE PROPERTY OF THE PRO

MW 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)

Grand Total

4,299.32



GST REG. NO : M2 - 0020081 - X

ESTIMATE

16 JAN 2023

Estimate No. : b1 64643 Date Estimated : 10/01/2023 Prepared By : Yap Mee Key	Page No. :	1 of 4
- ESTIMATE REPAIR FOR - Chen Yanquan, Linus Apt Blk 95A Henderson Road #09-04 Singapore 151095	- ACCOUNT - 40000 Cash Sales - Service Singapore	
REGN. NO. CHASSIS NO. REGN. DATE SNE718X WBA7K120707K24334 30/11/202	The Month of the Control of the Cont	MILEAGE 9628
DESCRIPTION To replace front grille and attachments. To sticker wrapping front grille and LHS grate trim. Sundries. To supply front emboss number plate. DESCRIPTION C CLIP FOR PLASTIC NUT. LH SIDE TRIM GRILLE (LUXURY) LH GRID LATERAL (LUXURY/SPORT) SUPPORT NUMBER PLATE ECE FRT GRILLE (LUXURY) Claims OD / 3rd Party / Uninsured losses / Direct Settlement Regn No. Date&Time 170/23 @ (W Excess S\$ Surveyor's Name RMM Sign Surveyor's Tel 900 W Authorised Yes / No Authorised Date Time Time RESURVEY PARTS PHOTO BY SURVEYOR Yes / No PML Yes / No	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: Total Labour 1: OTY PRIC 10 1.10 1 96.95 1 113.10 1 76.75 1 710.05 Total Parts:	2,973.00 2,973.00 VALUE 11.00 96.95 113.10 76.75 710.05 1,007.85
Surveyor's E-mail Surveyor's E-mail Surveyor's E-mail Company Surveyor's E-mail Surv	Labour 1 : Parts : Labour 2 : Excess : Total GST @ 8% :	2,973.00 1,007.85 0.00 0.00 318.47

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

- 2. This Form must be sometimed by the formation provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- A. 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

11/01/2023 18:49 (SGT)

Both

10/01/2023 14:08 (SGT)

Singapore

25 KALLANG AVENUE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNE718X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

CHEN YANQUAN LINUS

SXXXX105F

thelinushabit@gmail.com

(Phone) +65-90074570

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

BMW

116i

Private use

No - Claiming third party

Private car

Auto

1499

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Liberty Insurance Pte Ltd SD21V17466/VPC2/R00

CHEN YANQUAN LINUS

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

SXXXX105F 25/10/1988 Indoor

C Accident report SP0X231B0006

Page 1 of 19

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? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

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

13/04/2009

151095

Yes

No

Clear

Dry

No

No

Yes

No

No

No

2

13 YEARS AND 9 MONTHS

(Phone) +65-90074570

thelinushabit@gmail.com

Collision - Head to Rear

95A HENDERSON ROAD #09-04

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

SHD2069Z Toyota Noah

Taxi

LIM BOON TIONG SXXXX026C

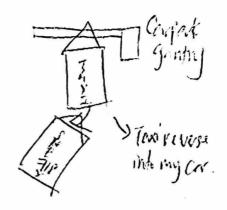
Page 2 of 19

@ , ... CD0V221B0006

Vehicle Registration Number

NRIC No

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

THE ACCIDENT	
Twick to Jel and the Figure	
I was the 2nd for behand Imax Taxi SHD2 of 25 Kalking Avenue The text revised a she 78 x This hoppened in 10th Jan 2000	0692 at his curport exit
of 0.5 tolkers Hyrone the fix revised of	rd truted ich au cor
She 78x The hopfined in 10th Ton 200	3 2 13am
	2) = 0.101.1.
440	
DECLARATION	
I/We declare the foregoing particulars are true in elery respect	
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Collegender Symptome Order's Syratue	-
Detect Inn. [[]] See (pm. [farmer or so the pakes holder)	Reporting Charles Personal's Synature Hang Med P. Marc. Personal NR Costiline
,	We Children (2) 3444 As b
	Att ob

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
- 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
- 7 By the ladgment 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,

- 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)
 - (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 fincluding 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"}
 - (a) 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.
 - (c) 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 & Timer re 1/17/26+ Cipics - (If other is not the policyholder)

Date & Timer

keporting Centre Personnel's Signature Marie Hal More Ked

Accident report SP0X231B0006

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	105F	
Vehicle No:	SNE718X	
Vehicle to be Exported:	No	
Intended Deregistration Date:	18 Jan 2023	
Vehicle Make:	BMW.	
Vehicle Model:	116I LED HL LUXURY	
Primary Colour:	Silver	
Manufacturing Year:	2021	
Engine No:	36746583B38A15A	
Chassis No.:	WBA7K120707K24334	
Maximum Power Output:	80,0 kW (107 bhp)	
Open Market Value:	\$31,988.00	
Original Registration Date:	30 Nov 2021	
First Registration Date:	30 Nov 2021	
Transfer Count:	Characteristics of the state of	
Actual ARF Paid:	\$36,784.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	29 Nov 2031	
PARF Rebate Amount:	\$27,588,00	
COE Expiry Date:	29 Nov 2031	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period (Years):		
QP Pald:	\$47,000.00	
COE Rebate Amount:	\$41,660.00	
Total Rebate Amount:	\$69,248.00	

The Information contained herein is correct as at 18 Jan 2023

BMW 1 Series 116i Luxury

Curb Weight 🛞

1,340 kg

ancial Accessories Sin	nilar Research	Photos Map
TSINBANA		SHASE
<i>\$132,888</i>		
\$13,820 /yr View models with similar depre	Reg Date ,	26-Apr-2021 (8yrs 3mths 7days COE left)
12,975 km (7.5k /yr)	Manufactured ⑦	2020
\$684 /уг	Transmission	Auto
\$68,959 as of today (change)	OMV ⑦	\$32,286
\$49,640	ARF ①	\$37,2 01
1,499 cc	Power	80.0 kW (107 bhp)
	\$132,888 \$13,820 /yr View models with similar depre 12,975 km (7.5k /yr) \$684 /yr \$68,959 as of today (change) \$49,640	\$132,888 \$13,820 /yr Reg Date View models with similar depre 12,975 km (7.5k /yr) Manufactured (1) \$68,959 as of today (change) OMV (2) \$49,640 ARF (2)

No. of Owners ②