

## QUOTATION

CODE: F0001  
 CUSTOMER: MS FIRST CAPITAL INSURANCE LTD  
 ADDRESS: 16 RAFFLES QUAY  
 #42-01  
 HONG LEONG BUILDING  
 SINGAPORE 048581  
 ATTN:MOTOR CLAIM DEPT  
 CONTACT NO.: 65073846  
 MODEL: Porsche Cayman GTS PDK  
 CHASSIS NO.: WP0ZZZ98ZFK182868  
 ENGINE NO.: EF06403  
 REG NO.: SND7700E  
 REGN DATE: 12/08/2015

PAGE NO.: 1  
 DOCUMENT NO.: 706  
 DOCUMENT DATE: 18/11/2024  
 POS ID: ES  
 PRINTED BY: Muhammad Nur Faiz  
 SERVICE ADV: Muhammad Nur Faiz  
 CSP/OP CODE: W  
 DEPT: 31836  
 WIP NO.: DS/SND7700E/0371  
 REF. NO.:  
 DATE IN:  
 EXT. WTY:  
 MILEAGE: 0

DESCRIPTION: Body & Upholstery

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
NOTES	TP CLAIM - FIRST CAPITAL	0.00	0.00		0.00	O
INS-PB-(L)	TO REMOVE /REPLACE FRONT BUMPER, FRONT FENDER RH & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. 1770 X 1	5,160.00	1.00	2580	5,160.00	S
INS-PAINT-(L)	TO RESPRAY FRONT BUMPER, FRONT FENDER RH. 1400 + 1200	2,800.00	146.00	2600	408,800.00	S
INS-PB-(L)	TO CARRY-OUT BODY CAVITY PRESERVATION.	250.00	1.00	150	250.00	S
INS-PB-(L)	TO REMOVE & REPLACE TURBO COOLER, RADIATOR, CONDENSER AND RADIATOR FAN ASSY.	1,720.00	1.00	?	1,720.00	S
INS-PB-(L)	TO TOP-UP GAS, CONDUCT PRESSURE TEST & PERFORM LEAK TEST ON THE COOLING SYSTEM.	500.00	1.00	?	500.00	S
INS-PB-(L)	TO TRANSFER THE FRONT BUMPER SENSORS.	500.00	1.00	250	500.00	S
INS-PB-(L)	TO SUPPLY & INSTALL THE BODY WRAP STICKER ON AFFECTED AREAS. (PRICE TO BE ADVISE) (1m x 1m)	1.00	1.00	?	1.00	S
INS-PB-(L)	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	250.00	1.00	150	250.00	S
INS-PB-(L)	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	600.00	1.00	20	600.00	S
INS-PB-(L)	SUNDRIES.	50.00	1.00		50.00	S
981-505-011-73-	FRONT BUMPER / BR	1.00	2,507.10		2,507.10	S
981-505-525-13-OK1	FRONT BUMPER LOWER SPOILER X	1.00	868.70		868.70	S
981-505-564-03-OK1	RETAINING FRAME RH / crv	1.00	142.80		142.80	S

Steve (LKK)

20/11/24, 11.30am

W, N

PIP, My Bel son, 4 days

\*This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

\*Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.

\*This estimate is valid for a period of thirty (30) days only

\*Prices are subject to change without prior notice.

**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:

Co. Regn. No. 198602110Z  
 GST Regn. No. M90364005A

27A Tanjong Penjuru, Level 5  
 Singapore 609042

Tel: (65) 6331 0680  
 Fax: (65) 6331 0690  
 Website: www.eurokarservices.com.sg



## QUOTATION

CODE: F0001  
 CUSTOMER: MS FIRST CAPITAL INSURANCE LTD  
 ADDRESS: 16 RAFFLES QUAY  
 #42-01  
 HONG LEONG BUILDING  
 SINGAPORE 048581  
 ATTN: MOTOR CLAIM DEPT  
 CONTACT NO.: 65073846  
 MODEL: Porsche Cayman GTS PDK  
 CHASSIS NO.: WP0ZZZ98ZFK182868  
 ENGINE NO.: EF06403  
 REG NO.: SND7700E  
 REGN DATE: 12/08/2015

PAGE NO.: 2  
 DOCUMENT NO.: 706  
 DOCUMENT DATE: 18/11/2024  
 POS ID: ES  
 PRINTED BY: Muhammad Nur Faiz  
 SERVICE ADV: Muhammad Nur Faiz  
 CSP/OP CODE: W  
 DEPT: 31836  
 WIP NO.: DS/SND7700E/0371  
 REF. NO.:  
 DATE IN:  
 EXT. WTY:  
 MILEAGE: 0

DESCRIPTION: Body & Upholstery

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
981-505-794-01-	STRUT BRACE	1.00	173.20		173.20	S
981-505-654-03-OK1	SENSOR COVER RH	1.00	214.00		214.00	S
981-606-193-00-OK1	SENSOR	1.00	360.90		360.90	S
7PP-919-133- -	SENSOR GASKET	4.00	6.70		26.80	S
992-807-891- -	FIXING DEVICE	2.00	30.20		60.40	S
981-505-536-00-	FRONT BUMPER RETAINER RH	1.00	30.30		30.30	S
999-190-191-30-	Blind rivet	6.00	8.10		48.60	S
999-591-941-40-	Expansion rivet	6.00	3.10		18.60	S
981-505-707-00-	BRACKET SPACER	2.00	27.90		55.80	S
981-505-761-02-	RETAINER PLATE HEADLIGHT LH	1.00	77.20		77.20	S
981-505-762-02-	RETAINER PLATE HEADLIGHT RH	1.00	77.20		77.20	S
981-503-032-00-GRV	FRONT FENDER RH	1.00	1,966.80		1,966.80	S
991-503-555-00-	BRACKET HEADLIGHT RH	1.00	35.50		35.50	S
991-503-558-00-	FENDER BRACKET RH	1.00	34.30		34.30	S
991-503-441-01-	FENDER STRUT BRACE RH	1.00	51.40		51.40	S
981-575-322-04-1E0	AIR GUIDE CONDENSER RH	1.00	129.40		129.40	S
991-573-111-06-	CONDENSER RH	1.00	944.20		944.20	S
991-573-711-02-	SEALING FRAME RH	1.00	89.00		89.00	S
991-106-132-03-	RADIATOR RH	1.00	2,090.30		2,090.30	S
981-624-935-01-	RADIATOR FAN RH	1.00	1,125.90		1,125.90	S

\*This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

\*Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle

\*This estimate is valid for a period of thirty (30) days only

\*Prices are subject to change without prior notice



## QUOTATION

**CODE:** F0001  
**CUSTOMER:** MS FIRST CAPITAL INSURANCE LTD  
**ADDRESS:** 16 RAFFLES QUAY  
 #42-01  
 HONG LEONG BUILDING  
 SINGAPORE 048581  
 ATTN:MOTOR CLAIM DEPT  
**CONTACT NO.:** 65073846  
**MODEL:** Porsche Cayman GTS PDK  
**CHASSIS NO.:** WP0ZZZ98ZFK182868  
**ENGINE NO.:** EF06403  
**REG NO.:** SND7700E  
**REGN DATE:** 12/08/2015

**PAGE NO.:** 3  
**DOCUMENT NO.:** 706  
**DOCUMENT DATE:** 18/11/2024  
**POS ID:** ES  
**PRINTED BY:** Muhammad Nur Faiz  
**SERVICE ADV:** Muhammad Nur Faiz  
**CSP/OP CODE:** W  
**DEPT:** 31836  
**WIP NO.:** DS/SND7700E/0371  
**REF. NO.:**  
**DATE IN:**  
**EXT. WTY:**  
**MILEAGE:** 0

**DESCRIPTION:** Body & Upholstery

Item	Description	Qty.	Unit Price	Stk/Status	Gross amount	GST Code
			SGD		SGD	
991-106-156-02-	RADIATOR FAN BRACKET RH	1.00	546.10		546.10	S
991-106-342-00-	AIR GUIDE RADIATOR RH	1.00	101.20		101.20	S
991-106-766-02-	VENT LINE RH	1.00	118.70		118.70	S
000-043-305-15-	ANTIFREEZE COOLANT	6.00	44.70		268.20	S
981-631-264-03-	HEADLIGHT RH	1.00	5,906.20		5,906.20	S
981-631-188-01-	ADDITIONAL HEADLIGHT RH	1.00	643.30		643.30	S
991-631-156-03-	SIGNAL LIGHT RH	1.00	92.90		92.90	S

		* GST Code	Rate	Service/Goods	GST	Before GST	GST	Total
Parts	18,805.00	O	-		-			
Surcharge	0.00	S	9.00%	436,636.00	39,297.24			
Labour	417,831.00							
Menus	0.00							
						Gross	*	436,636.00 39,297.24 475,933.24
						Less: Deposit	**	0.00 0.00 0.00
						Amount Due		436,636.00 39,297.24 475,933.24

\*This is only an estimate from our visual inspection and should there be more damages found during the process of works you will then be informed for your approval before proceeding with the repairs.

\*Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.

\*\* Deposit tax invoice No.:

\*This estimate is valid for a period of thirty (30) days only.

\*Prices are subject to change without prior notice.

**Eurokars Services Pte Ltd**

Date: \_\_\_\_\_

Customer signature

Authorised signature

Co. Regn. No. 198602110Z  
 GST Regn. No. M90364005A

Eurokars Aftersales Centre  
 27A Tanjong Penjuru, Level 5  
 Singapore 609042

Tel: (65) 6331 0680  
 Fax: (65) 6331 0690  
 Website: www.eurokarsservices.com.sg  
 Page 2 of 2



## 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 First Submission	15/11/2024 14:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/11/2024 14:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INTERSECTION BETWEEN TAN TOCK SENG LINK AND JALAN TAN TOCK SENG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND7700E
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YOU JIANG
NRIC No	SXXXX104J
Email Address	WHYJAE@GMAIL.COM
Mobile Phone No	(Phone) +65-93872969
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Porsche
Model	CAYMAN GTS (981) PDK E6
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3436
Vehicle Fuel	Petrol
First Registration Date	12/08/2015
Chassis no	WP0ZZZ98ZFK182868
Effective Date/Time of Ownership	12/11/2021 04:11 (SGT)

#### INSURANCE COMPANY

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

#### DRIVER



Name of Driver	TAN YOU JIANG
NRIC No	SXXXX104J
Date Of Birth	15/07/1986
Occupation	Indoor
Driving Pass Date	07/04/2014
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93872969
Alt. Phone Number	-
Email Address	WHYJAE@GMAIL.COM
Address	BLK 6 RIDGEWOOD CLOSE 19-06 SINGAPORE 276697
Address complement	-
Postcode	-
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

#### 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 ATTACHMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

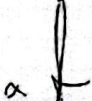
Vehicle Registration Number	SHD3336X
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-



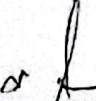
**SKETCH PLAN****IMPORTANT NOTICE**

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 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.


 15/11/2024  
 1117H

Policyholder's Signature / Date & Time

Sketch Plan


 15/11/2024  
 1117H

Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel

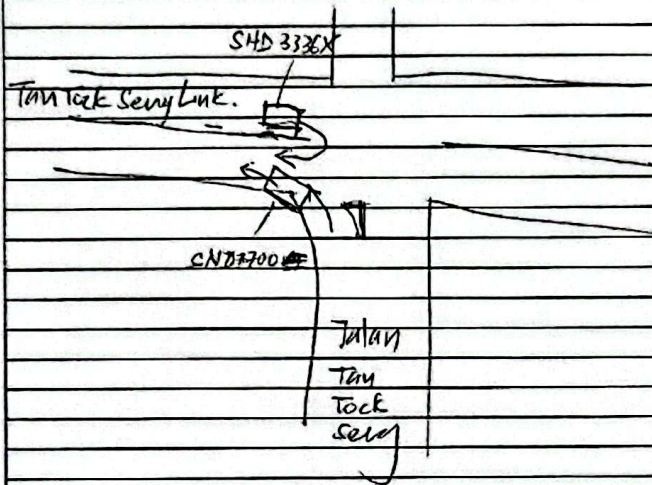
Refer to next page



## Describe Circumstances of the Accident

The accident occurred on 14/11/2024 at ~~211pm~~ 211pm. It was raining, and my car was making a left turn at the traffic junction from Jalan Tan Tock Seng into Tan Tock Seng Link. The green left turn arrow was indicated, and I have right of way.

The taxi (SHD 3336X) made an illegal U-turn at Tan Tock Seng Link and hit my car on the right side. The driver indicated that he knew this was an illegal U-turn, as the



## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
 15/11/2024  
 1120H

Driver's Signature (If driver is not the policyholder) / Date & Time  
 15/11/2024  
 1120H

Witnessed by Reporting Centre Personnel  
 [Signature]