

TRANS EUROKARS PTE LTD NO:5 UBI CLOSE, SINGAPORE 408605



ESTIMATE COST OF REPAIRS

AXA INSURANCE PTE LTD

Mr Arvind Verma NAME:

WIP:

50389

8 SHENTON WAY

ADDRESS: Blk 260b Sengkang East Way

EXCESS:

#24-01 AXA TOWER

#08-442

DATE:

12-Dec-17

SINGAPORE 068811

Singapore 542260

ATTN.:

MOTOR CLAIMS

TEL:

98525824

FAX:

SLH438L

DATE IN:

CONTACT PERSON:

RONALD 6395 7875

CHASSIS NO:

JM6GJ1072G0242283

MILEAGE:

TYPE OF CLAIM:

THIRD PARTY CLAIM

MODEL:

VEH NO:

DATE REG.: MAZDA6 2.0L

21-Oct-16 POLICY NO.:

	NA.	TU	RE	OF	W	ORKS
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		Parts Description	on		
NO		QTY		REVISED	PRICES
1	REAR BUMPER	1	MGJR9-50-221ABB		\$ 1,172.80
2	RETAINER(LHS), REAR BUMPER	1	MGJR9-50-2J1		\$ 39.00
3	RETAINER(RHS), REAR BUMPER	1	MGJR9-50-2H1		\$ 39.00
4	BRACKET CENTER, REAR BUMPER	1	MKD53-50-251		\$ 5.10
5	REFLECTOR LHS	1	MD350-51-5L0E		\$ 50.40
6	REFLECTOR RHS	1	MD350-51-5M0E		\$ 50.40
7	COVER(LHS), TOWING	1	MG4YL-50-EL1 E4		\$ 23.70
8	COVER(RHS), TOWING	1	MG4YL-50-EK1 E4		\$ 22.00
9	REAR REINFORCEMENT	1	MGHK1-50-260		\$ 512.60
10	FASTENER, REAR BUMPER	6	MB45A-56-146A		\$ 16.80
11	GROMMET, REAR BUMPER	6	MH260-50-841		\$ 16.80
12	GROMMET, REAR BUMPER	1	M9991-00-501		\$ 2.80
13	CLIP, REAR BUMPER	4	MC274-50-133		\$ 14.00
14	PANEL, REAR END	1	MGHY1-70-75Z		\$ 666.70
15	BOOT LID	1	MGJY0-52-61X		\$ 1,061.90
16	HINGE(LHS), BOOT LID	1	MGMD9-52-720		\$ 208.80
17	HINGE(RHS), BOOT LID	1	MGMD9-52-710		\$ 208.80
18	WEATHERSTRIP, BOOT LID	1	MGHK1-56-951A		\$ 129.10
19	GASKET(LHS), TAILLAMP	1	MGJA1-51-163		\$ 26.30
20	GASKET(RHS), TAILLAMP	1	MGJA1-51-153		\$ 26.30
21	LHS TAILLAMP	1	MGJA1-51-160B		\$ 1,516.40
22	RHS TAILLAMP	1	MGJA1-51-150B		\$ 1,516.40
23	FASTENER, TAILLAMP	2	MKD53-51-146B		\$ 7.80
24	FASTENER, TAILLAMP	2	MGHP9-51-146		\$ 6.60
25	GROMMET, TAILLAMP	2	MGJ6A-51-14Y		\$ 29.80
26	GASKET(LHS), BOOT LID LAMP	1	MG45F-51-3J8		\$ 50.00
27	GASKET(RHS), BOOT LID LAMP	1	MG45F-51-3H8		\$ 50.00
28	LHS BOOT LID LAMP	1	MG45F-51-3G0B		\$ 732.10
29	RJHS BOOT LID LAMP	1	MG45F-51-3F0B		\$ 732.10
30	GROMMET, BOOT LID LAMP	2	MGA7B-51-146		\$ 6.20

31	MAZDA, EMBLEM		1	MGHK1-51-711			\$	27.50
32	6, EMBLEM		1	MGHK1-51-721			\$	15.70
33	MASCOT,REAR		1	MGHK1-51-730			\$	46.80
34	SKYACTIV, EMBLE	M	1	MGHK1-51-771			\$	71.1
35	SILENCER, EXHAU	ST	1	MPE23-40-100B			\$	1,745.7
36	GASKET, SILENCE	R	1	MPE23-40-305			\$	24.1
37	CONVERTER, EXH	AUST	1	MPE78-20-55XB			\$	1,865.3
38	GASKET, CONVER	TER	1	MPE23-40-305			\$	24.1
39	TRIM, BOOT END		1	MGHK1-68-89XA			\$	116.4
				TOTAL PARTS			\$	12,877.4
				LESS 10%			\$	1,287.7
			TOTAL PARTS COST				\$	11,589.6
		<u>Labou</u>	r Descript	ion				
		TO REPLACE REAR BUMPER, REAR REINFORG	CEMENT 5	PEAR END PANEL AND BOOT				
1	MZ-BR-REAR05	LID.REPAIR ALL AREAS AFFECTED BY THE AC		LEAN END PANEL AND BOOT			\$	3,780.0
2	MZ-SP-SREAR5	TO RESPRAY REAR BUMPER, REAR REINFORCEMENT, REAR END PANEL AND BOOT LID,					\$	3,000.0
3	MZ-BR-SEALER	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING					\$	350.0
4	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.			N _E S		\$	250.0
5	MZ-BR-TRIMS2	TO REMOVE & REFIT CARPET & TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION.					\$	630.0
6	MZ-BR-CAMERA	TO TRANSFER REVERSE CAMERA.				\$	630.0	
7	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS.				\$	630.0	
8	MZ-BR-PLATE1	TO SUPPLY NUMBER PLATE.		NE.	П	\$	70.0	
9	MZ-BR-EXASSY	TO REMOVE & INSTALL REAR EXHAUST ASSY.				\$	1,260.0	
10	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.					\$	250.
11	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.					\$	350.
12	MZ-BR-SUNDRI	SUNDRIES. NE		П	\$	100.		
		I.		TOTAL LABOUR	\$	-	\$	11,300.
				TOTAL PARTS	\$	-	4	
			TOTAL \$ - \$ 22,889		22,889.0			
	LESS EXCESS			\$	10	\$	91	

GRAND TOTAL	\$:53	\$ <u>.</u> -
GST 7%	\$	\$ -
TOTAL AFTER EXCESS	\$,##X	

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400 WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS	EUROKARS	PTE LTD

Authorised Signature

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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Report	11/12/2017 17:06
Date Of Accident	10/12/2017 17:05
Exact Location Of Accident	SLIP ROAD FROM KPE TO NICOLL HIGHWAY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH438L
Insured/Policyholder	
Name Of Registered Owner	ARVIND VERMA
NRIC No	S7673988I
Email Address	ARVINVERMA@GMIAL.COM
Mobile Phone No	(LOCAL) +65-98525824
Alternative Phone No	OTHERS-98525824
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100488984
Cover Note Number	
Driver	

Name of Driver ARVIND VERMA NRIC No S7673988I Date Of Birth 10/10/1976 Occupation **INDOOR** Date Of Driving Pass 01/08/1997 **Driving Experience** 20 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-98525824

Fax Number

Contact Number OTHERS-98525824

EMail Address ARVINVERMA@GMIAL.COM

BLK 99 PASIR RIS HEIGHTS Address

#06-28

Postcode 519291

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 4

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN.

Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GQ3936H Vehicle Registration Number WHITE, VAN Vehicle Make/Model/Colour

Details Of Properties

BRIAN CHEW BENG Name of Driver

NRIC/Passport Number

88209699 Contact Number

Address Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number **Email Address**

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

11. Al am

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Cathuine Chua

NRIC/FIN No.: 51449 251 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BESCHIEF CINCOUNT, WOOD OF THE ACCUSE.
I was driving down the Nicoll Highway and had
just turned into the slip Road towards KPE.
I slawed dawn a little as there were
cars in the front.
This whole commodal van and from
behind and crashed inte my can at
the left of side of my rear bumper.
It broke the bember.
The condition was wet road due to
laini

DECLARATION

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

Policyholder's Signature

Date & Time:

11/12/17 GIARMS SkatchPlanform V3 Driver's Signature (If driver is not the policyholder) Date & Time:

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



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Arvind Verma

Period of Insurance

: 21 Oct 2017 To 20 Oct 2018

Engine No.

: PE20796326

Chassis No.

: JM6GJ1072G0242283

Vehicle No.

: SLH438L

Policy No.

2100488984-01

Endorsement No.

Issued Date

: 12 Sep 2017

ABOUT THE COVER

Make/Model

: MAZDA 6 2.0 SKYACTIV

Engine Capacity/Tonnage: 1,998.00 CC

Sum Insured 3 Market Value

First Year of Registration (2016)

Driver Restriction

: NA

Off Peak Car | No

Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission,

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving luition, driving lest, racing, pace-making, reliability trial or speed-lesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1887 (Malaysia), are not to be included under these headings

EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Arvind Verma - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.Trans Eurokars Pte Ltd. Add: 5 Ubi Close, Singapore 408605 63958899

For other. Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AlG website www.alg.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

IAM9 hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189). Part IV of Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia),

0503599190

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ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Ptc. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSCFKJ







