



TRANS EUROKARS PTE LTD
NO:5 UBI CLOSE, SINGAPORE 408605
ESTIMATE COST OF REPAIRS



| | | | |
|--|--------------|---|------------------------|
| INDIA INTERNATIONAL INSURANCE P/L | | NAME : Ms Lee Li Li | WIP : 51630 |
| 64 CECIL STREET | | ADDRESS : Blk 676a Jurong West St 64 | EXCESS : |
| #04-#05 IOB BUILDING | | #13-249 | DATE: 21-Dec-17 |
| SINGAPORE 049711 | | Singapore 641676 | |
| ATTN. : | MOTOR CLAIMS | TEL : 81811084 | |
| FAX : | | | |

| | | | | | |
|---------------------|-------------------|-------------------|-----------|-------------------------|-------------------|
| VEH NO : | SLC9945G | DATE IN : | | CONTACT PERSON : | JESS 6395 7874 |
| CHASSIS NO : | MM6DL2SAAGW185139 | MILEAGE : | | TYPE OF CLAIM : | THIRD PARTY CLAIM |
| MODEL : | MAZDA2 SDN | DATE REG.: | 31-May-16 | POLICY NO. : | |

NATURE OF WORKS

| <u>Parts Description</u> | | | | | |
|---------------------------------|-------------------------|---|-----------------|---------|------------------|
| NO | QTY | | | REVISED | PRICES |
| 1 | RHS SIDE MIRROR ASSY | 1 | MDB2M-69-121C | | \$ 355.00 |
| 2 | COVER(RHS), SIDE MIRROR | 1 | MDA6T-69-1N1 66 | | \$ 74.40 |
| 3 | LAMP(RHS), SIDE TURN | 1 | MD09W-69-122 | | \$ 53.90 |
| 4 | SEAL(RHS), SIDE MIRROR | 1 | MD09W-69-115 | | \$ 15.60 |
| TOTAL PARTS | | | | | \$ 498.90 |
| LESS 10% | | | | | \$ 49.89 |
| TOTAL PARTS COST | | | | | \$ 449.01 |

Labour Description

| | | | | |
|---|--------------|--|------|-----------|
| 1 | | TO REPLACE RHS SIDE MIRROR ASSY. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. | | \$ 630.00 |
| 2 | | TO RESPRAY RHS SIDE MIRROR COVER. | | \$ 600.00 |
| 3 | MZ-BR-ELECTR | TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING. | | \$ 250.00 |
| 4 | MZ-BR-REPROG | TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. | | \$ 350.00 |
| 5 | MZ-BR-SUNDRI | SUNDRIES. | NETT | \$ 100.00 |

| | | |
|--------------------|-------------|-------------|
| TOTAL LABOUR | \$ - | \$ 1,930.00 |
| TOTAL PARTS | \$ - | \$ 449.01 |
| TOTAL | \$ - | \$ 2,379.01 |
| LESS EXCESS | \$ - | \$ - |
| TOTAL AFTER EXCESS | \$ - | |
| GST 7% | \$ - | \$ - |
| GRAND TOTAL | \$ - | \$ - |

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 withholding 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 | 18/12/2017 17:20 |
| Date Of Accident | 16/12/2017 20:40 |
| Exact Location Of Accident | BKE EXITING BT PANJANG/CCK RD (EXIT 3) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLC9945G |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE LI LI |
| NRIC No | S7642601E |
| Email Address | KELLEENLEE.SG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81811084 |
| Alternative Phone No | OTHERS-81811084 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAZDA |
| Model | MAZDA2 |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT/00406629 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | LEE LI LI |
| NRIC No | S7642601E |
| Date Of Birth | 28/12/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/09/2002 |
| Driving Experience | 15 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-81811084 |
| Fax Number | |
| Contact Number | OTHERS-81811084 |
| EMail Address | KELLEENLEE.SG@GMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 676A JURONG WEST ST 64 #13-249 |
| Postcode | 641676 |
| 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

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 3 |

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)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Registration Number | SH6114Z |
| Vehicle Make/Model/Colour | COMFORTDELGRO TAXI, BLUE |
| Details Of Properties | |
| Name of Driver | YAZID |
| NRIC/Passport Number | S7114966H |
| Contact Number | 98192074 |
| Address | |
| Postcode | |
| Insurance Company Name | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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 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 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:

18/12/17 920am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

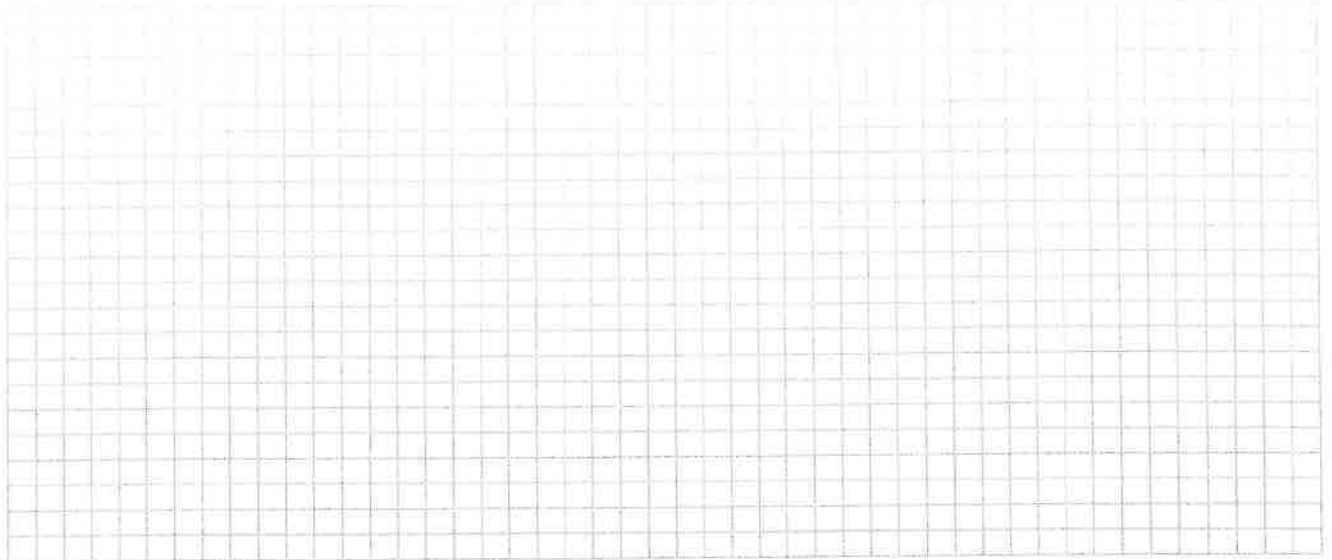


Reporting Centre Personnel's Signature

Name: Catherine Chua

NRIC/FIN No.: S11449251H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along BKE (middle lane) on the way back home with my mum & 21 months old toddler. I was driving on my lane (middle) & the white car in front of my car put a brake which I have to slow down as well. out of sudden, a blue comfort Delgro taxi car plate SH61142 filtered left into my lane & knocked my car right wing mirror closed. As I was still on the road driving, out of safety I engaged my hazard light, wind down my right window, put out my right hand to signal to the taxi to move to the left shoulder of expressway to show him he has knocked & hit my wing mirror. To my astonishment, the taxi driver drove off & I have to follow suit him by hawking him for almost 6 mins before he decided to stop.

I shown him that he has damaged my right wing mirror & he has touched my damaged mirror to prove that lanes right. The right wing mirror was totally loose. We exchanged details & his passenger (male) came down to check what was going on & insisted that I have cut into their lane. I informed both of them that I have videos to ~~proof~~ prove I was on my lane & they kept quiet. I questioned the taxi driver why he didn't move to the left when I engaged my hazard light & used my hand to signal him to move to the left but instead he drove off which can be considered hit & run. He replied his passenger asked him not to stop. I told him he was very irresponsible driver & I have a 21 month old toddler in the car. The passenger kept pushing him to settle with me & move off. I didn't manage to get the passenger details.

DECLARATION

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

Policyholder's Signature

Date & Time:

18/12/17 920am

GIACC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Catherine Chua

NRIC/FIN No.: S1449251H

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

| | |
|---|---|
| Certificate No. | : MT/00406629 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plan) |
| 1) Vehicle Registration No. | : SLC9945G |
| Chassis No. | : MM6DL2SAAGW185139 |
| 2) Name of Policy Holder | : LEE, LI LI |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 13/08/2017 00:00 |
| 4) Date/Time of Expiry of Insurance | : 12/08/2018 23:59 |
| 5) Persons or Classes of Persons Entitled to Drive | |
| (a) The Insured | |
| (b) Any person who is named on the policy who is driving on the Insured's order or with his permission. | |
| The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving. | |
| 6) Limitations as to use* | |
| Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. | |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading. | |
| Sum Insured | : Market Value |
| Own Damage Excess | : S\$ 500.00 (before any applicable GST) |
| Windscreen Excess | : S\$ 100.00 (before any applicable GST) |
| Choice of workshop | : My Workshop/ My Authorised Distributor Workshop |
| Finance company / Hire Purchase | : United Overseas Bank Ltd |
| Main driver | : LEE, LI LI |
| Named driver | : None |
| Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered. | |

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 11/08/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7642601E**
Name:
LEE LI LI
(LI LIL)

Birth Date: **28 Dec 1976**
Issue Date: **16 Sep 2003**




 000844967A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | PASS DATE |
|---|--------------------|
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 16 Sep 2002 |

NP 428A

 Licence No: S7642601E