

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



Ś

\$

# **ESTIMATE COST OF REPAIRS**

FWD Singapore Pte Ltd Mr Wong Chok Teck WIP: NAME: 60629 6 Temasek Boulevard. ADDRESS: 851 Jurong West Street 81 **EXCESS:** #18-01 Suntec Tower 4, DATE: 2-Feb-18 #13-287 Singapore 038986 Singapore 640851 ATTN.: 81274541 **MOTOR CLAIMS** TEL: FAX: VEH NO: **SLL3208T** DATE IN: **CONTACT PERSON:** RONALD 6395 7875 CHASSIS NO: JM6GL1071H0108526 MILEAGE: TYPE OF CLAIM: THIRD PARTY CLAIM POLICY NO. : MODEL: MAZDA6 2L EXECUTIVE DATE REG.: 21-Feb-17 **NATURE OF WORKS** Parts Description NO QTY **REVISED PRICES** 453.20 1 RHS SIDE MIRROR ASSY 1 MGSB9-69-121A 3 LAMP(RHS), SIDE TURN 1 MB63B-69-122A \$ 81.70 SEAL(RHS), SIDE MIRROR \$ 12.60 4 1 MGHP9-69-115 \$ 5 GARNISH(RHS), SIDE MIRROR 1 MGHP9-69-15YB 43.00 \$ CHROME(RHS), FRONT DOOR 6 1 MGHP9-50-640E 91.40 COVER(RHS), SIDE MIRROR \$ 105.70 7 1 MB63B-69-1N1 53 787.60 **TOTAL PARTS LESS 10%** \$ 78.76 **TOTAL PARTS COST** 708.84 **Labour Description** TO REPLACE RHS SIDE MIRROR ASSY. TO REPAIR ALL AREAS AFFECTED BY THE 1,320.00 1 ACCIDENT. TO RESPRAY RHS SIDE MIRROR AND RHS FRONT FENDER. 1,260.00 2 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. 100.00 NETT 6 3,280.00 TOTAL LABOUR \$ \$ \$ TOTAL PARTS -708.84 \$ \$ 3,988.84 TOTAL \$ \$ LESS EXCESS Ś 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	<b>EUROKAF</b>	RS PTE LTD
11/2142	FOITOITAL	13 FILLID

**Authorised Signature** 

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number Fax Number

Contact Number

**EMail Address** 

Gender

- 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 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.

aloresalo.	
	ACCIDENT STATEMENT
Date Of Report	01/02/2018 14:35
Date Of Accident	01/02/2018 07:25
Exact Location Of Accident	PIE EXIT AYE (TUAS)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3208T
Insured/Policyholder	
Name Of Registered Owner	WONG CHOK TECK
NRIC No	S1159878A
Email Address	CTWONG99@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93235699
Alternative Phone No	OTHERS-94600222
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA6 2.0L SDN
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	2100502909
Cover Note Number	
Driver	
Name of Driver	WONG CHOK TECK
NRIC No	S1159878A
Date Of Birth	13/11/1956
Occupation	INDOOR
Date Of Driving Pass	23/05/1978

39 YEARS AND 8 MONTHS

CTWONG99@YAHOO.COM.SG

(LOCAL) +65-93235699

OTHERS-94600222

MALE

BLK 851 JURONG WEST ST 81 Address

#13-287

Postcode 640851

Was driver an employee of the Insured's Company

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

1

NO

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

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SGR4701G Vehicle Registration Number

ΚIΑ Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

FWD SINGAPORE PTE, LTD. Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Cathuine Chuh

IRIC/FIN No .: SIHH925

Policyholder's Signature

(a/RMC SketziiPhol new\_V3

Date & Time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
driving glass PIE exit left to round about onto
AVF toward Towar check point.
Kra SGR GTOIG trying to someeze in by
driving on the chevron road mark and grazed
onto my R.H.S. Cite mirrow.
Mn side mirror now judders and create noise
during operation,
DECLARATION
I/We declare the foregoing particulars are true in every respect.

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name: COTHUME CHUG NRIC/FIN No.: SIHL9251H



# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.I

TRANS EUROKARS AUTO PROTECTOR

OWN DAMAGE EXCESS

S\$600.00(I)

CERTIFICATE NO. 2100502909-00001

WINDSCREEN EXCESS S\$100.00 (Windscreen excess is waived if the repair is done at Trans Eurokars Pte Ltd)

SUM INSURED INSURING WITH COE/PARF

Market Value

1) VEHICLE REGISTRATION NO.

SLL3208T

2) NAME OF INSURED

Wong Chok Teck

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

21 Feb 2017

4) DATE OF EXPIRY OF INSURANCE

20 Feb 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \* SUBJECT TO AGE CONDITION : All Age Condition

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in additional to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATION AS TO USE \*

Use only for social, domestic and pleasure purposes and for the Insuresd's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speedtesting the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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

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

1. Trans Eurokars Pte Ltd - No. 5 Ubi Close (Tel: 63958899)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres(Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER

HIRE PURCHASE COMPANY

HONG LEONG FINANCE LTD

/ EMPLOYER'S LOAN Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore

29 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

503599-190 ARF (AP) PTE LTD - MAZDA 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX SINGAPORE 069111

AUTHORISED REPRESENTATIVE

SSCSMN







