



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



FWD Singapore Pte Ltd		NAME : Ms Ee Bee Yian	WIP : 18092
6 Temasek Boulevard,		ADDRESS : 534 Jelapang Road	EXCESS :
#18-01 Suntec Tower 4,		#06-08	DATE: 16-May-18
Singapore 038986		Singapore 670534	
ATTN. :	MOTOR CLAIMS	TEL : 96741461	
FAX :			
VEH NO :	SLV5733C	DATE IN :	CONTACT PERSON : JESS 6395 7874
CHASSIS NO :	JM6BN24A8J0200061	MILEAGE :	TYPE OF CLAIM : THIRD PARTY CLAIM
MODEL :	MAZDA3 1.5L HB	DATE REG.: 2-Jan-18	POLICY NO. :

NATURE OF WORKS

Parts Description

NO	QTY		REVISED	PRICES
1	1	REAR BUMPER MB63C-50-221ABB		\$ 950.00
2	1	RETAINER(LHS), REAR BUMPER MBHN9-50-2J1C		\$ 35.60
3	1	RETAINER(RHS), REAR BUMPER MBHN9-50-2H1C		\$ 35.60
4	1	BRACKET(LHS), REAR BUMPER MBHN9-51-077B		\$ 45.60
5	1	BRACKET(RHS), REAR BUMPER MBHN9-51-067B		\$ 45.60
6	1	BRACKET LOWER, REAR BUMPER MB63C-50-251		\$ 13.90
7	1	BRACKET CENTER, REAR BUMPER MKD53-50-251		\$ 5.10
8	1	REFLECTOR LHS MD350-51-5L0E		\$ 50.40
9	1	REFLECTOR RHS MD350-51-5M0E		\$ 50.40
10	1	COVER(LHS), TOWING MB63B-50-EL1 BB		\$ 15.00
11	1	COVER(RHS), TOWING MB63B-50-EK1 BB		\$ 15.00
12	1	GUARD LOWER(LHS), REAR BUMPER MB63D-50-371		\$ 29.10
13	1	PROTECTOR LOWER, REAR BUMPER MBHN9-50-369		\$ 56.00
14	1	REAR REINFORCEMENT MB45C-50-260		\$ 537.30
15	2	SENSOR, ULTRASONIC (CENTER) MGMK6-67-UC1 53		\$ 344.40
16	2	SENSOR,ULTRASONIC (SIDE) MKD47-67-UC1 53		\$ 387.80
17	4	RETAINER, SENSOR MKD47-67-UC5A53		\$ 69.20
18	2	TAPE PROTECTOR, SENSOR MGS1D-50-EM1A		\$ 16.20
19	10	RIVET, REAR BUMPER MBBM4-50-355		\$ 42.00
20	2	RIVET, REAR BUMPER MEA01-50-037		\$ 15.20
21	2	CLIP, REAR BUMPER MBGV4-56-145		\$ 5.40
22	4	GROMMET, REAR BUMPER MBHN1-50-0Z1A		\$ 10.00
23	1	GROMMET, REAR BUMPER M9991-00-501		\$ 2.80
24	1	GASKET(LHS), TAILLAMP MBHP1-51-163		\$ 20.90
25	1	GASKET(RHS), TAILLAMP MBHP1-51-153		\$ 20.90
TOTAL PARTS				\$ 2,819.40
LESS 10%				\$ 281.94
TOTAL PARTS COST				\$ 2,537.46

Labour Description				
1	MZ-BR-REAR02	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 1,800.00
2	MZ-SP-SREAR2	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.		\$ 1,500.00
3	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS.		\$ 660.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 350.00
6	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00

TOTAL LABOUR	\$ -	\$ 4,660.00
TOTAL PARTS	\$ -	\$ 2,537.46
TOTAL	\$ -	\$ 7,197.46
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 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	10/05/2018 15:31
Date Of Accident	09/05/2018 13:50
Exact Location Of Accident	EXIT ROAD OUTSIDE RGPS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5733C
Insured/Policyholder	
Name Of Registered Owner	EE BEE YIAN
NRIC No	S6941620I
Email Address	ANNIE.EE.YIAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96741461
Alternative Phone No	OTHERS-96741461

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 HB
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	
Cover Note Number	

Driver

Name of Driver	EE BEE YIAN
NRIC No	S6941620I
Date Of Birth	01/12/1969
Occupation	INDOOR
Date Of Driving Pass	15/09/1994
Driving Experience	23 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96741461
Fax Number	
Contact Number	OTHERS-96741461
EEmail Address	ANNIE.EE.YIAN@GMAIL.COM

Address	BLK 534 JELAPANG ROAD #06-08
Postcode	670534
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	COLLISION - HEAD TO REAR
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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LIM CHIAT HWEE GENDER: : FEMALE

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 Witness 1

Name	MS LIM CHIAT HWEE
Phone Number	96733645
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4060P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LEONG
NRIC/Passport Number	
Contact Number	93620233
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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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:

10/5/18

12.17pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Catharine Chua

NRIC/FIN No.: S1449251H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car was stationary, I was waiting for the ~~green~~ traffic light to change just at the exit road outside RGPS. While waiting, the car behind me Honda SLM 4060P came and knocked onto the bumper of my car.

DECLARATION

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



Policyholder's Signature

Date & Time: 10/5/18
12.17pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Catherine Chuq

NRIC/FIN No.: S1449251H

REPUBLIC OF SINGAPORE - DRIVING LICENCE


 Licence Number: **S69416201**
 Name: **EE BEE YIAN**
 Birth Date: **01 Dec 1969**
 Issue Date: **22 Jul 2003**

000676202H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S69416201


 Name: **EE BEE YIAN**
 Chinese Name: **余美燕**
 Race: **CHINESE**
 Date of Birth: **01-12-1969** Sex: **F**
 Country of Birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Sep 1994

NP 428A

Licence No: S69416201

1241452

NRIC No: **S69416201**


 Blood Group: **A+** Date of issue: **02-09-1993**

ACT BLK 534 JELAPANG ROAD #03-08
SINGAPORE 670534
NRIC No: S69416201 Date: 01-06-1998 No: 2499325