

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



**ESTIMATE COST OF REPAIRS** 

AXA INSURANCE PTE LTD

NAME:

Mr Lum Yen Han

WIP:

19278

8 SHENTON WAY

ADDRESS: 324 Serangoon Avenue 3

**EXCESS**:

12-Jun-18

#24-01 AXA TOWER

#04-282

DATE:

SINGAPORE 068811

Singapore 550324

ATTN.: FAX:

MOTOR CLAIMS

TEL:

90994328

JESS 62957874 **CONTACT PERSON:** VEH NO: SJG3266A DATE IN:

CHASSIS NO:

JM6CW1071H0126686

MILEAGE:

TYPE OF CLAIM:

THIRD PARTY CLAIM

MODEL:

MAZDA5

DATE REG.:

POLICY NO.: 8-Nov-17

NATURE OF WORKS

		Parts Description	<u>on</u>			
NO		QTY		REVISED	F	RICES
1	REAR BUMPER	1	MC513-50-221EBB		\$	915.40
2	GUARD(LHS), REAR BUMPER	1	MC513-50-371		\$	20.50
3	GUARD(RHS), REAR BUMPER	1	MC513-50-361		\$	20.50
4	REAR REINFORCEMENT	1	MC235-56-B9XC		\$	148.00
5	TAPE,PROTECTOR	2	MG043-62-864A		\$	6.60
6	RIVET, REAR BUMPER	4	MBN8F-50-355		\$	21.60
7	GROMMET, REAR BUMPER	2	MC235-50-ES1		\$	8.80
8	GROMMET, REAR BUMPER	4	MBHN1-50-0Z1A		\$	10.00
9	FASTENER, REAR BUMPER	2	MGD7A-50-EA1		\$	6.00
10	TAILGATE	1	MCGY3-62-02XF		\$	1,559.00
11	TAILGATE LOCK	1	MC513-62-310A		\$	244.00
12	CLIP, TAILGATE	3	MEG21-51-SJ3		\$	16.20
13	ORNAMENT, MAZDA	1	MCGY0-51-711		\$	43.10
14	ORNAMENT, 5	1	MCGY0-51-721		\$	34.50
15	ORNAMENT, SKYACTIVE	1	MC597-51-771		\$	76.10
16	REAR WINDSCREEN MOULDING	1	MC513-50-611		\$	57.60
17	SPACER, REAR WINDSCREEN	1	MDJ01-50-897		\$	6.80
1.8	FASTENER, REAR WINDSCREEN	2	MC273-50-896		\$	15.60
19	SPACER, REAR WINDSCREEN	4	MGJ6A-50-897		\$	48.40
20	PIN,STUD, REA RWINDSCREEN	1	MG21E-63-938B		\$	10.50
21	PROTECTOR, SPOILER	2	MC514-51-979B		\$	10.40
22	PROTECTOR, SPOILER	2	MC514-51-972B		\$	26.80
23	PROTECTOR, SPOILER	2	MC514-51-982B		\$	22.80
24	CLIP, SPOILER	3	MC514-51-958A		\$	21.90
25	CLIP, SPOILER	1	MC525-51-958A		\$	8.20
26	GASKET LAMP(LHS), BOOTLID	1	MC513-51-3J8		\$	90.80
27	GASKET LAMP(RHS), BOOTLID	1	MC513-51-3H8		\$	90.80
			TOTAL PARTS		\$	3,540.90
			LESS 10%		\$	354.09

			TOTAL PARTS COST			\$ 3,186.81
	<u> </u>	Labour Descriptio	<u>n</u>	T		
1	MZ-BR-REAR04	TO REPLACE REAR BUMPER, REAR REINFORCEMENT AN AFFECTED BY THE ACCIDENT.	O TAILGATE.REPAIR ALL AREAS			\$ 2,640.00
2	MZ-SP-SREAR6	TO RESPRAY REAR BUMPER, REAR REINFORCEMENT, RE	EAR END PANEL AND TAILGATE.			\$ 3,150.00
3		TO TRANSFER TAILGATE MECHANISM.				\$ 660.00
4	MZ-BR-GLASS1	TO REMOVE & REFIT THE WINDSCREEN GLASS.		1	IETT	\$ 560.00
5	MZ-BR-GLASS2	TO SUPPLY SEALER ON THE WINDSCREEN GLASS.			IETT	\$ 120.00
6	MZ-BR-CAMERA	TO TRANSFER REVERSE CAMERA.				\$ 660.00
7	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS,				\$ 660.00
8	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.				\$ 250.00
9	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTION	NING.			\$ 250.00
10	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WOR	KS.			\$ 350.00
11	MZ-BR-SUNDRI	SUNDRIES.		ı	NETT	\$ 100.00
			TOTAL LABOUR	\$	( <del>4)</del>	\$ 9,400.0
			TOTAL PARTS	\$	-	\$ 3,186.8
			TOTAL	\$	•	\$ 12,586.8
			LESS EXCESS	\$	£.	\$ Kēs
			TOTAL AFTER EXCESS	\$	÷	
			GST 7%	\$	è	\$ *
			GRAND TOTAL	\$	-	\$ 0.75

## 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

Contact Number

**EMail Address** 

- 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

<u> </u>	
	ACCIDENT STATEMENT
Date Of Report	08/05/2018 13:12
Date Of Accident	08/05/2018 08:20
Exact Location Of Accident	LOWER DELTA ROAD, TIONG BAHRU ROAD TRAFFIC LIGHT J
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG3266A
Insured/Policyholder	
Name Of Registered Owner	LUM YEN HAN
NRIC No	S8186264H
Email Address	YENHAN64@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90994328
Alternative Phone No	OTHERS-90994328
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5
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	1700079979
Cover Note Number	
Driver	
Name of Driver	LUM YEN HAN
NRIC No	S8186264H
Date Of Birth	17/03/1981
Occupation	INDOOR
Date Of Driving Pass	22/02/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90994328
Fax Number	

OTHERS-90994328

YENHAN64@GMAIL.COM

Address

324 SERANGOON AVENUE 3

#04-282 SINGAPORE

Postcode

550324

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

**OWNER** 

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

YES

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: JEE SZE SZE

GENDER:

FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS1281E

Vehicle Make/Model/Colour

LEXUS RX400

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

KAVITA RAHA

NRIC/Passport Number Contact Number

S2712560C 98503187

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

**FRONT** 

No. Of Passenger (Including Driver)

1

#### 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: 9/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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DECLARATION

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

Policyholder's Signature
Date & Time: 9/6/2018

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature
Name: On the Chua
NRIC/FIN No.:

GIARMC ShotchPlanfor #EV3

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8186264H



LUM YEN HAN

Country/Place of birth MALAYSIA

林 源

CHINESE Date of birth 17-03-1981

漢

981**8626**4F



5377699



03-11-2014

APT BLK 324 SERANGOON AVENUE 3 #04-282 SINGAPORE 550324

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 22 Feb 2013
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 22 Feb 2013
of the driver; and other motor vehicles =< 2500kg

NP 428A