



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



(UB)

<b>INDIA INTERNATIONAL INSURANCE PTE LTD</b> 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711 <b>ATTN. :</b> MOTOR CLAIMS <b>FAX :</b>		<b>NAME :</b> Ms Chia Li Shi <b>ADDRESS :</b> Apt Blk 286b Toh Guan Road #06-36 Singapore 602286 <b>TEL :</b> 90038558	<b>WIP :</b> 28856 <b>EXCESS :</b> <b>DATE:</b> 17-Sep-18
<b>VEH NO :</b>	<b>SJC5632J</b>	<b>DATE IN :</b>	<b>CONTACT PERSON :</b> Jess 63957874
<b>CHASSIS NO :</b>	JM6CC1071G0109534	<b>MILEAGE :</b>	<b>TYPE OF CLAIM :</b> THIRD PARTY CLAIM
<b>MODEL :</b>	BIANTE	<b>DATE REG.:</b> 14-Sep-16	<b>POLICY NO. :</b>

**NATURE OF WORKS**

**Parts Description**

NO	QTY		REVISED	PRICES
1	1	MC605-50-031CBB		\$ 1,023.10
2	1	MC273-50-0U1D		\$ 38.80
3	1	MC467-50-887		\$ 77.60
4	1	MC467-50-877		\$ 77.60
5	10	MC274-50-133		\$ 35.00
6	1	MGD7A-50-EA1		\$ 3.00
7	2	MC467-50-2G2		\$ 80.80
8	2	MD350-50-E21		\$ 21.00
9	2	MB041-68-865 02		\$ 9.20
		<b>TOTAL PARTS</b>		\$ 1,366.10
		<b>LESS 10%</b>		\$ 136.61
		<b>TOTAL PARTS COST</b>		<b>\$ 1,229.49</b>

**Labour Description**

1	MZ-BR-FRONT1	TO REPLACE FRONT BUMPER. TO REPAIR FRONT FENDER LH AND ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 1,320.00
2	MZ-SP-SFRT07	TO RESPRAY FRONT BUMPER AND FRONT FENDER.		\$ 1,260.00
3	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.		\$ 250.00
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	\$ -	\$ 3,530.00
TOTAL PARTS	\$ -	\$ 1,229.49
TOTAL	\$ -	\$ 4,759.49
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**

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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	17/09/2018 09:30
Date Of Accident	16/09/2018 13:05
Exact Location Of Accident	OPEN SPACE CARPARK @BUKIT TIMAH PLAZA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC5632J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA LI SHI
NRIC No	S8118630H
Email Address	CLISHI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91906181
Alternative Phone No	OTHERS-90038558

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA BIANTE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80442337 QMY
Cover Note Number	

### Driver

Name of Driver	DAI BINGTIAN
NRIC No	S8178462J
Date Of Birth	01/02/1981
Occupation	INDOOR
Date Of Driving Pass	22/03/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90038558
Fax Number	
Contact Number	
EMail Address	DAIBINGTIAN@YAHOO.COM

Address	BLK 286B TOH GUAN ROAD #06-36
Postcode	602286
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
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: : DAI SHENGZHE GENDER: : MALE

#### 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	SHC8541S
Vehicle Make/Model/Colour	BLUE, COMFORTDELGRO TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

## Sketch Plan Pg. 1

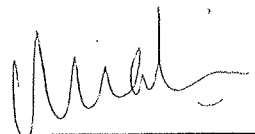
### SKETCH PLAN

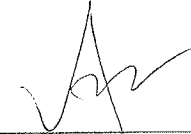
#### IMPORTANT NOTICE

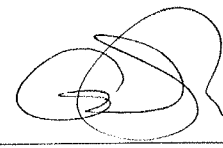
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

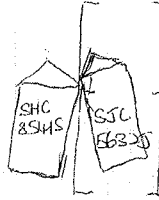
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Catherine Chua  
NRIC/FIN No.: S1449251H

17/09/18  
840am

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was about to move ~~out~~ of my car out of my parking lot, the taxi hits ~~me~~ my car on the left with at least 30 km/h. After that, the taxi driver quickly ~~turn~~ turn to the left, so that his car appears a little bit left from the actual point. The actual point was actually inside the lot, he was very quick, and I'm not sure why he ~~suddenly~~ suddenly drive on the right side of the ~~access~~ access road. My ~~car~~ car was parked a little bit ~~slanted~~ slanted, so it was not a surprise that my front wheel is on the parking lot ~~mark~~ mark.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Catherine Chua  
NRIC/FIN No.: S1449251H

DAWNC SketchPlanform V3

17/09/18  
855am



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
Tel: (65) 6827 7888 Fax: (65) 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

MOTOR MAX PLUS  
Comprehensive

Certificate No. A 80442337 QMY

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SJC5632J

2. Name of Policyholder  
CHIA LI SHI

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
14/09/2018

4. Date of Expiry of Insurance  
13/09/2019

5. Persons or Classes of Persons entitled to drive\*

CHIA LI SHI  
DAI BING TIAN

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing 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.

\* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

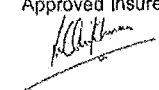


Tel : 6344 4479  
Fax : 6344 4055

Signature / Date

Counter-Signatory:  
Riki Marketing Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
Amy Ler  
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XRIKISTXL2018091117139480



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8118630H**  
 Name: **CHIA LI SHI**  
 Birth Date: **29 Mar 1981**  
 Issue Date: **16 Jul 2003**

000652999F

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8118630H**



Name

**CHIA LI SHI**

谢 丽 诗  
 Race  
**CHINESE**  
 Date of birth  
 29-03-1981 Sex  
 F  
 Country of birth  
**SINGAPORE**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S8178462J**  
 Name: **DAI BINGTIAN**  
 Birth Date: **01 Feb 1981**  
 Issue Date: **19 May 2006**

001418016D

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8178462J**



Name

**DAI BINGTIAN**

戴 冰 天  
 Race  
**CHINESE**  
 Date of birth  
 01-02-1981 Sex  
 M  
 Country/Place of birth  
**CHINA**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms  
 PASS DATE  
 16 Jul 2003

NP 428A

Licence No: S8118630H



4700744

NRIC No **S8118630H**



Date of issue  
 29-03-2011

Address

APT BLK 286B TOH GUAN ROAD  
 #06-36  
 SINGAPORE 602286

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg  
 PASS DATE  
 22 Mar 2005

NP 428A

Licence No: S8178462J



5306966

NRIC No **S8178462J**



Date of issue  
 19-05-2014

Address

APT BLK 286B TOH GUAN ROAD  
 #06-36  
 SINGAPORE 602286