# TRANS EUROKARS PTE LTD 27A TANJONG PENJURU, SINGAPORE 609042



#### ESTIMATE COST OF REPAIRS

**AXA INSURANCE PTE LTD** NAME: **EUROKARS LEASING PTE LTD** WIP: 8 SHENTON WAY ADDRESS: 12 SUNGEI KADUT AVE **EXCESS:** #24-01 AXA TOWER SINGAPORE 729648 DATE: 20-Sep-18 SINGAPORE 068811 ATTN.: MOTOR CLAIMS TEL: FAX: SLX5455U VEH NO : DATE IN: CONTACT PERSON: JOBI THOMAS 6331 0682 CHASSIS NO: YV1UZ10ACJ1046662 MILEAGE: TYPE OF CLAIM: THIRD PARTY CLAIM MODEL: VOLVO XC60 T5 DATE REG.: 29-Mar-18 POLICY NO. : NATURE OF WORKS S/NO **Parts Description** QTY REVISED PRICES \$ 1 FRONT BUMPER 1 39847066 2,721.60 FRONT BUMPER CENTER GRILLE \$ 2 1 31425175 872.60 FRONT BUMPER RETAINER RH \$ 1 31425162 3 138.60 \$ 4 FRONT BUMPER CLIPS 12 30622628 170.40 FRONT BUMPER GARNISH COVER RH \$ 5 1 31425188 63.60 FRONT BUMPER SENSOR RIGHT 1 31471005 \$ 6 350.40 HEADLAMP RH 1 3165667 \$ 7,099.00 \$ **TOTAL PARTS** 11,416.20 \$ \$ **TOTAL PARTS COST** 11,416.20 **Labour Description** TO REPLACE THE FRONT BUMPER AND GRILLE. TO REPAIR ALL 1 \$ 800.00 AREAS AFFECTED BY THE ACCIDENT. 2 TO RESPRAY THE FRONT BUMPER. \$ 600.00 3 TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING. \$ 250.00 TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. \$ 350.00 SUNDRIES. 5 \$ 50.00 TOTAL LABOUR \$ \$ 2,050.00 TOTAL PARTS Ś \$ 11.416.20 \$ \$ TOTAL 13,466.20 \$ \$ 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 \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/09/2018 11:15
Date Of Accident	16/09/2018 13:30
Exact Location Of Accident	GRANDSTAND TURF CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX5455U
Insured/Policyholder	
Name Of Registered Owner	EUROKARS LEASING PTE LTD
Co Reg No	199200636C
Email Address	DANIELDING@EUROKARS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63602401
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	100866039
Driver	
Name of Driver	JOYE PENELOPE LOUISE
Passport No/FIN	G3277930T
Date Of Birth	08/10/1968
Occupation	INDOOR
Date Of Driving Pass	19/06/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81823117
Fax Number	
Contact Number	

PENJOYE@GMAIL.COM

Address 24 RIDOUT ROAD

Postcode 248418

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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?

NO

Was any other material or property damaged? YES

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

NO 1

Number of Passengers (Including Driver)

**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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKH8090P Vehicle Make/Model/Colour **PEUGEOT** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver **CYNTHIA** NRIC/Passport Number S1460304B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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:
  - 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:

NRIC/FIN No.:

SKETCH PLAN

SKETCH PLAN

Grandstand Tunt City

Grandstand Tunt City

Banking III Steps

A Discounting of Tunt City for a lady to

Reverse out of her car spot, I was well

back at least many and lengths and she

3-2
I was waiting at Tent City for a lady to
nevense out of hen can spot. I was well
back, at least many can lengths and she
swing back very fast, I Stanted tooting
but she still backed straight into my
can. I couldn't nevense myself as It
was on the edge of a one way street
and it would be dangenous to nevense
Henry Quickly Onto a nead. She apologised
to line. At the point of accident my can
was in the stationary position. She asked
me after the accident why I didn't move
back further but I explained I couldn't
nevense onto a Road and I had left
many can lengths for her to neverse.

#### **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:

10:40 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Policyholder Age Condition

Policy Type

**Expiry Date** 

Company

Effective Date

Hire Purchase

## COVER NOTE

Cover Note No. 100866039

Date 18 Sep 2018

The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.

**SCHEDULE** 

00//2022				
EUROKARS LEASING PTE LTI	)			
N/A	Registration No	SLX5455U		
COMPREHENSIVE COMMERCIAL MOTOR	Make/Model	Volvo XC60 T5	(a) (a) (b)	
1 Sep 2018	CC/Tonnage	1 969 00	(0) 00 )(0)	

1 Sep 2018 CC/Tonnage Engine No 31 Aug 2019

1,969.00

B4204T232372843

Chassis No.

YV1UZ10ACJ1046662

Year of Registration

2018

This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

Usage of vehicle only for the following purposes:

MayBank

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.

Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.

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)

#### CERTIFICATE OF INSURANCE

I/We hereby certify that this cover note 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

IMPORTANT NOTICE THIS COVER NOTE IS VALID FOR 60 DAYS FROM THE FIRST DAY OF THE POLICY PERIOD.

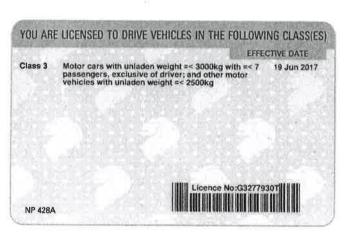
AIG ASIA PACIFIC INSURANCE PTE. LTD.

Authorised Representative











## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

### Third Party Insurer Enquiry

Our Ref No:

GR-18-144695

Date of Request:

19/09/2018

Your Ref No:

Online Purchase

Trans Eurokars Pte Ltd 12 Sungei Kadut Ave Singapore 729648

Dear Sir/Madam,

**Enquiry Date** 

19/09/2018

Enquiry By

STANLEY NGU KEE SIONG

TP Vehicle No.

SKH8090P

Accident Date

16/09/2018

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKH8090P	AXA Insurance Pte Ltd	02/08/2017-17/01/2019	6338 7288

Thank You.

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