



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

LONPAC INSURANCE BHD 100 BEACH ROAD #19-00 SHAW TOWER SINGAPORE 189702 ATTN. : MOTOR CLAIMS FAX :		NAME : Ms Tan Chen Hoon ADDRESS : 816 Jellicoe Road #15-06 Singapore 200816 TEL : 90478290		WIP : 44869 EXCESS : DATE: 1-Mar-19	
VEH NO :	SMH2767L	DATE IN :		CONTACT PERSON :	Ronald 63957875
CHASSIS NO :	JM6BN24A8K0251716	MILEAGE :		TYPE OF CLAIM :	OWN DAMAGED CLAIM
MODEL :	MAZDA3	DATE REG.:	17-Jan-19	POLICY NO. :	
NATURE OF WORKS					
Parts Description					
NO	QTY			REVISED	PRICES
1	REAR BUMPER	1	MB63B-50-221ABB		\$ 949.20
2	RETAINER LHS	1	MBHN9-50-2J1C		\$ 35.60
3	BRACKET LHS	1	MBHN9-51-077B		\$ 45.60
4	BRACKET CENTER	1	MKD53-50-251		\$ 5.10
5	PROTECTOR CENTER, REAR BUMPER	1	MBHN9-50-369		\$ 56.00
6	COVER LOWER LHS, REAR BUMPER	1	MB63D-50-371		\$ 29.10
7	REAR REINFORCEMENT	1	MB45C-50-260		\$ 537.30
8	SHIELD SPLASH LHS	1	MBHN9-50-350C		\$ 77.60
9	REFLECTOR LHS	1	MD350-51-5L0E		\$ 50.40
10	GROMMET, REAR BUMPER	4	MBHN1-50-0Z1A		\$ 10.00
11	RIVET, REAR BUMPER	10	MBBM4-50-355		\$ 42.00
12	RIVET, REAR BUMPER	2	MEA01-50-037		\$ 15.20
13	CLIP, REAR BUMPER	2	MBGV4-56-145		\$ 5.40
14	GROMMET, REAR BUMPER	2	M9991-00-501		\$ 5.60
15	REAR END PANEL	1	MB4YC-70-75ZA		\$ 624.70
16	PANEL LOWER LHS, REAR FENDER	1	MB4YC-71-40X		\$ 354.40
17	EXTRACTOR VENT LHS	1	MD350-51-920A		\$ 71.30
18	TRIM, END PANEL	1	MBHN9-68-89X		\$ 95.90
19	FASTENER, TRIM	5	MGJ21-68-885B02		\$ 14.00
20	TAILGATE	1	MBHY3-62-02XA		\$ 1,268.70
21	GROMMET, FINISHER TAILGATE	1	MBHN9-50-ES1		\$ 2.70
22	CLIP, FINISHER TAILGATE	4	MBHY1-51-0A6A		\$ 38.40
23	CLIP, FINISHER TAILGATE	1	MKD53-51-0B6B		\$ 2.50
24	CLIP, FINISHER TAILGATE	3	MKD53-51-0B6B		\$ 7.50
25	FASTENER, FINISHER TAILGATE	2	MBHN9-50-EA1		\$ 5.40
26	GASKET LHS, TAILGATE LAMP	1	MB45C-51-3J8		\$ 20.90
27	GASKET RHS, TAILGATE LAMP	1	MB45C-51-3H8		\$ 20.90
28	GASKET LHS, TAILLAMP	1	MBHP1-51-163		\$ 20.90
29	GASKET RHS, TAILLAMP	1	MBHP1-51-153		\$ 20.90
30	MASCOT, REAR	1	MBHN9-51-730		\$ 74.40

31	REAR WINDSCREEN MOULDING	1	MBHN9-50-614F		\$	47.50
32	SPACER, REAR WINDSCREEN	1	MGJ6A-50-897		\$	12.10
33	FASTENER, REAR WINDSCREEN	2	MD204-50-896A		\$	5.20
34	FASTENER, REAR WINDSCREEN	2	MBHS2-50-896		\$	17.40
35	GUARD STONE LHS	1	MBHS2-50-4R2		\$	16.50
			TOTAL PARTS		\$	4,606.30
			LESS 10%		\$	460.63
			TOTAL PARTS COST		\$	4,145.67
Labour Description						
1	MZ-BR-REAR06	TO REPLACE REAR BUMPER, REAR REINFORCEMENT, REAR END PANEL, PANEL LOWER LH AND TAILGATE. TO REPAIR REAR FENDER LH AND ALL AREAS AFFECTED BY THE ACCIDENT.			\$	4,290.00
2	MZ-SP-SREAR6	TO RESPRAY REAR BUMPER, REAR REINFORCEMENT, REAR END PANEL, PANEL LOWER LH, REAR FENDER LH AND TAILGATE.			\$	3,150.00
3	MZ-BR-GLASS1	TO REMOVE & REFIT THE WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.		NETT	\$	560.00
4	MZ-BR-GLASS2	TO SUPPLY SEALER ON THE WINDSCREEN GLASS.		NETT	\$	120.00
5	MZ-BR-TAILME	TO TRANSFER TAILGATE MECHANISM.			\$	330.00
6	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS. (WITH REVERSE SENSOR)		NETT	\$	330.00
7	MZ-BR-CAMERA	TO TRANSFER REVERSE CAMERA.			\$	330.00
8	MZ-BR-TRIMS2	TO REMOVE & REFIT CARPET & TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION.			\$	990.00
9	MZ-BR-SEALER	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING			\$	350.00
10	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.			\$	250.00
11	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			\$	250.00
12	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.			\$	350.00
13	MZ-BR-TOW-IN	TO TOW THE VEHICLE FROM THE ACCIDENT SITE TO THE WORKSHOP.		NETT	\$	120.00
14	MZ-BR-SUNDRI	SUNDRIES.		NETT	\$	100.00
			TOTAL LABOUR	\$	-	\$ 11,520.00
			TOTAL PARTS	\$	-	\$ 4,145.67
			TOTAL	\$	-	\$ 15,665.67
			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



RECORDS MANAGEMENT CENTRE

**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-19-033389

Date of Request: 01/03/2019

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 01/03/2019
Enquiry By STANLEY NGU KEE SIONG
TP Vehicle No. SGT2947S
Accident Date 01/03/2019

SMH 2767L

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGT2947S	Lonpac Insurance Bhd	05/04/2018-04/04/2019	+65 62507388

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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TAX INVOICE

Our Ref No: GR-19-033389

Date of Request: 01/03/2019

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 01/03/2019
Enquiry By STANLEY NGU KEE SIONG
TP Vehicle No. SGT2947S
Accident Date 01/03/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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 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. 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	01/03/2019 16:55
Date Of Accident	01/03/2019 11:55
Exact Location Of Accident	ADAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2767L
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Insured/Policyholder

Name Of Registered Owner	TAN CHEN HOON
NRIC No	S7904953J
Email Address	GOHHARRYGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90478290
Alternative Phone No	OTHERS-90478290

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1900003838
Cover Note Number	

Driver

Name of Driver	GOH HOR CHUANG HARRY
NRIC No	S7521067A
Date Of Birth	18/07/1975
Occupation	INDOOR
Date Of Driving Pass	25/04/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98466999
Fax Number	
Contact Number	
EEmail Address	HARRYGOH.NDP13@GMAIL.COM

Address	BLK 816 JELICOE ROAD #15-06
Postcode	200816
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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
Number of Passengers (Including Driver)	1

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 SKETCH PLAN & STATEMENT

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

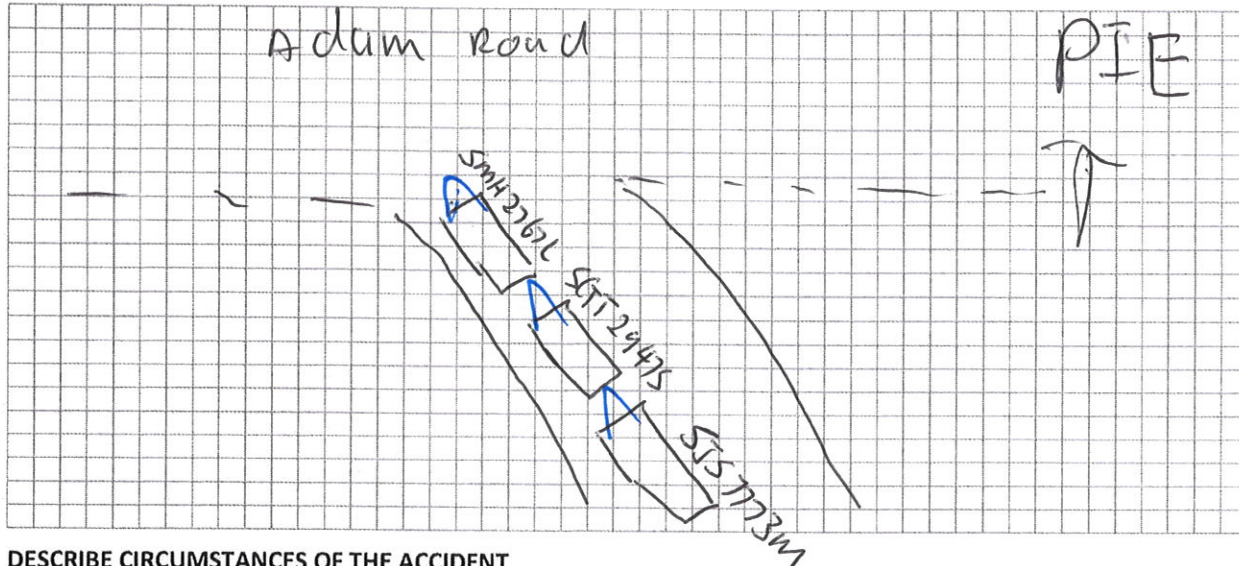
Vehicle Registration Number	SGT2947S
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS7773M
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Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I ~~was~~ stop and waiting ~~at~~ to go into Adam Road
 Then I felt the jeric a bangy sound.
 my bumper area (left side affected)
 the second car front & back affected
 the third car front affected.

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:
 NRIC/FIN No.:

SKETCH PLAN

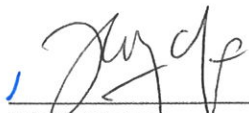
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:
NRIC/FIN No.: