



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

<b>LONPAC INSURANCE BHD</b> 100 BEACH ROAD #19-00, SHAW TOWER SINGAPORE 189702 <b>ATTN. :</b> MOTOR CLAIMS <b>FAX :</b>		<b>NAME :</b> Ms Ong Wei Ling <b>ADDRESS :</b> Blk 269A Compassvale Link #03-119 Singapore 541269 <b>TEL :</b> 96701580		<b>WIP :</b> 59704 <b>EXCESS :</b> <b>DATE:</b> 5-Aug-19	
<b>VEH NO :</b>	<b>SKQ2702A</b>	<b>DATE IN :</b>		<b>CONTACT PERSON :</b>	TOMMY
<b>CHASSIS NO :</b>	JM6BM42A8F0156212	<b>MILEAGE :</b>		<b>TYPE OF CLAIM :</b>	THIRD PARTY CLAIM
<b>MODEL :</b>	MAZDA3	<b>DATE REG.:</b>	17-Nov-14	<b>POLICY NO. :</b>	
<b>NATURE OF WORKS</b>					
<b>Parts Description</b>					
NO	QTY			REVISED	PRICES
1	FASTENER, FRONT BUMPER	2	MB45A-56-146A		\$ 6.00
2	CLIP, FRONT BUMPER	12	MC274-50-133		\$ 44.40
3	GROMMET, FRONT BUMPER	2	MGHP9-50-0Z5		\$ 5.80
4	RIVET ,FRONT BUMPER	4	MTK21-50-355		\$ 36.80
5	RIVET ,FRONT BUMPER	6	MS51S-51-833		\$ 24.00
6	FASTENER, FRONT BUMPER	8	MGD7A-50-EA1		\$ 25.60
7	FRONT FENDER LHS	1	MB45A-52-211B		\$ 350.60
8	FASTENER, MDUGUARD LHS	15	MB45A-56-146A		\$ 45.00
9	FRONT DOOR LHS	1	MBHY0-59-02XF		\$ 1,200.40
10	FASTENER, FRONT DOOR	1	MBC1D-58-762		\$ 3.40
11	GROMMET, FRONT DOOR	1	MBF67-51-261		\$ 2.40
12	CLIP, FRONT DOOR	1	MGS1D-58-315A		\$ 2.40
13	GROMMET, FRONT DOOR	1	M9991-00-503		\$ 3.80
14	GROMMET, FRONT DOOR	8	MGJ6A-58-975		\$ 24.00
15	FASTENER, FRONT DOOR	1	MGD7A-50-EA1		\$ 3.20
16	CLIP, DOOR GARNISH	8	MKD53-50-M38		\$ 98.40
17	GROMMET, FRONT DOOR	7	MGJ6A-58-975		\$ 21.00
<b>TOTAL PARTS</b>					\$ 1,897.20
<b>LESS 10%</b>					\$ 189.72
<b>TOTAL PARTS COST</b>					<b>\$ 1,707.48</b>
<b>Labour Description</b>					
1	TO REPLACE FRONT FENDER LH, FRONT DOOR LH. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.				\$ 1,650.00
2	TO RESPRAY FRONT FENEDR LH, FRONT DOOR LH.				\$ 1,575.00
3	MZ-BR-DOORME	TO TRANSFER THE DOOR MECHANISM.			\$ 330.00

4	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.		\$ 250.00
5	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 350.00
7		TO SUPPLY BODY COATING.	NETT	TBA
8	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00

TOTAL LABOUR	\$ -	\$ 4,505.00
TOTAL PARTS	\$ -	\$ 1,707.48
TOTAL	\$ -	\$ 6,212.48
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 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	25/07/2019 11:27
Date Of Accident	24/07/2019 17:40
Exact Location Of Accident	BLOCK 543 HOUGANG AVENUE 8 OPEN PLACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ2702A
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#### Insured/Policyholder

Name Of Registered Owner	ONG WEI LING (WANG WEILING)
NRIC No	S8129014H
Email Address	WEILING1509@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96701580
Alternative Phone No	OFFICE-96701580

#### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10702068
Cover Note Number	

#### Driver

Name of Driver	ONG WEI LING (WANG WEILING)
NRIC No	S8129014H
Date Of Birth	15/09/1981
Occupation	INDOOR
Date Of Driving Pass	14/09/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96701580
Fax Number	
Contact Number	OFFICE-96701580
EEmail Address	WEILING1509@YAHOO.COM



Address	NIL
Postcode	
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	SIDE SWIPE
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	2
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)	2
Passenger 1	NAME: : ONG CHIN TENG
	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

I was driving my car along Block 543 Hougang Avenue 8 open place carpark. I was going straight, suddenly vehicle SJX9202E reversing his carpark lot and collided onto my car front left side passenger door position. Damages of my car front left side passenger door position. No injuries were involved.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAD UPLOAD TO FILEZILA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX9202E
Vehicle Make/Model/Colour	HYUNDAI / I45 2.0 AT ABS AIRBAG 2WD 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY WAN CHIAU
NRIC/Passport Number	S6973304B
Contact Number	93802122
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1



# Sketch Plan

## IMPORTANT NOTICE

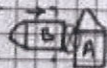
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
JOHNNY VOO

Policyholder's Signature / Date & Time      Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel

## Sketch Plan

Along Block 543 Honggang Ave 8 Open place Carpark



A: SKQ2302A

B: SJX9202E

**ACCIDENT STATEMENT (2000 characters)**

I was driving my car along Block 543 Hougang Avenue 8 open place carpark. I was going straight, suddenly vehicle SJX9202E reversing his carpark lot and collided onto my car front left side passenger door position. Damages of my car front left side passenger door position. No injuries were involved.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 July 2019 at 10:29 AM

Date/Time:

25 July 2019 at 10:29 AM



Driving License

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8129014H



Name

ONG WEI LING  
(WANG WEILING)

王 维 玲

Race

CHINESE

Date of birth

15-09-1981

Sex

F

S8129014H

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8129014H

Name:

ONG WEI LING  
(WANG WEILING)

Birth Date: 15 Sep 1981

Issue Date: 29 Sep 2003





Driving License

5098776



NRIC No. **S8129014H**



Date of issue  
**27-07-2012**


Address  
**APT BLK 269A COMPASSVALE LINK  
#03-119  
SINGAPORE 541269**

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

	PASS DATE
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>14 Sep 2001</b>

NP 428A

Licence No: **S8129014H**



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH19097225 Vehicle Registration No: SKQ2702A  
Name(as shown in NRIC) : ONG WEI LING (WANG WEILING) NRIC/FIN/Passport No : S8129014H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 96701580  
Email Address : WEILING1509@YAHOO.COM  
Date of Accident : 24/07/2019 Time of Accident : 1740HRS  
Place of Accident : BLOCK 543 HOUGANG AVENUE 8 OPEN PLACE CARPARK  
Insurance Company: AVIVA LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND GENDER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

Joanne Tham  
Reporting Centre Personnel's Signature  
Name: Joanne Tham  
NRIC/FIN No.:  
Date: 25 JULY 2019

**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-19-126761  
Date of Request: 05/08/2019

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd  
12 Sungei Kadut Ave  
Singapore 729648

Dear Sir/Madam,

Enquiry Date 05/08/2019  
Enquiry By Catherine Chua Siew Quek  
TP Vehicle No. SJX9202E  
Accident Date 24/07/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJX9202E	Lonpac Insurance Bhd	23/07/2019-22/07/2020	+65 62507388

Thank You.

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