



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

EQ INSURANCE COMPANY LTD		NAME : Mdm Ho Kia Hwa	WIP : 61058
5 Maxwell Road		ADDRESS : 240 Jurong East Street 21	EXCESS :
#17-00 Tower Block		#05-366	DATE: 21-Aug-19
MND Complex, Singapore 069110		Singapore 600240	
ATTN. :	MOTOR CLAIMS	TEL : 96667228	
FAX :			

VEH NO :	SLS8047X	DATE IN :		CONTACT PERSON :	Jess 63957874
CHASSIS NO :	JM6DJ2HAA01200136	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA2	DATE REG.:	6-Oct-17	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	QTY		REVISED	PRICES
1	REAR BUMPER	1	MDC3R-50-221BBB	\$ 893.40
2	BRACKET CENTER	1	MKD53-50-251	\$ 5.40
3	STAY, REAR BUMPER	2	MD09W-50-271A	\$ 22.80
4	CAP, REAR BUMPER	1	MD09W-50-705	\$ 39.60
5	FASTENER, REAR BUMPER	7	MB45A-56-146A	\$ 21.00
6	GROMMET, REAR BUMPER	4	MBHN1-50-0Z1A	\$ 10.80
7	GROMMET, REAR BUMPER	2	M9991-00-501	\$ 6.00
8	TAPE PROTECTOR, REAR BUMPER	3	MGS1D-50-EM1A	\$ 25.80
9	LAMP, LICENSE PLATE	2	MD09H-51-270A	\$ 111.60
			TOTAL PARTS	\$ 1,136.40
			LESS 10%	\$ 113.64
			TOTAL PARTS COST	\$ 1,022.76

Labour Description

1	MZ-BR-REAR01	TO REPLACE REAR BUMPER. TO REPAIR REAR END PANEL AND ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 1,980.00
2	MZ-SP-SFRT01	TO RESPRAY REAR BUMPER AND REAR END PANEL.		\$ 1,890.00
3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS. (WITH REVERSE SENSOR)	NETT	\$ 660.00
4	MZ-BR-CAMERA	TO TRANSFER REVERSE CAMERA.	NETT	\$ 330.00
5	MZ-BR-PLATE1	TO SUPPLY NUMBER PLATE.	NETT	\$ 70.00
6	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.		\$ 250.00
7	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00

8	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 350.00
9		TO SUPPLY BODY COATING.	NETT	TBA
10	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00
			TOTAL LABOUR	\$ - \$ 5,880.00
			TOTAL PARTS	\$ - \$ 1,022.76
			TOTAL	\$ - \$ 6,902.76
			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

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	20/08/2019 17:46
Date Of Accident	20/08/2019 12:30
Exact Location Of Accident	JUNCTION OF JURONG WEST TOWARDS JURONG EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8047X
Insured/Policyholder	
Name Of Registered Owner	HO KIA HWA
NRIC No	S0556031D
Email Address	LILYSIM@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-96667228
Alternative Phone No	OTHERS-96667228

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2
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	

Driver

Name of Driver	SIM AH HING
NRIC No	S0514646A
Date Of Birth	20/01/1941
Occupation	INDOOR
Date Of Driving Pass	25/03/1959
Driving Experience	60 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93871827
Fax Number	
Contact Number	
Email Address	SIM_RONALD@YAHOO.COM.SG

Address	240 JURONG EAST STREET 21 #05-366
Postcode	600240
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	COLLISION - HEAD TO REAR
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: : HO KIA HWA GENDER: : FEMALE

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 AND STATEMENT

Attachment(s)

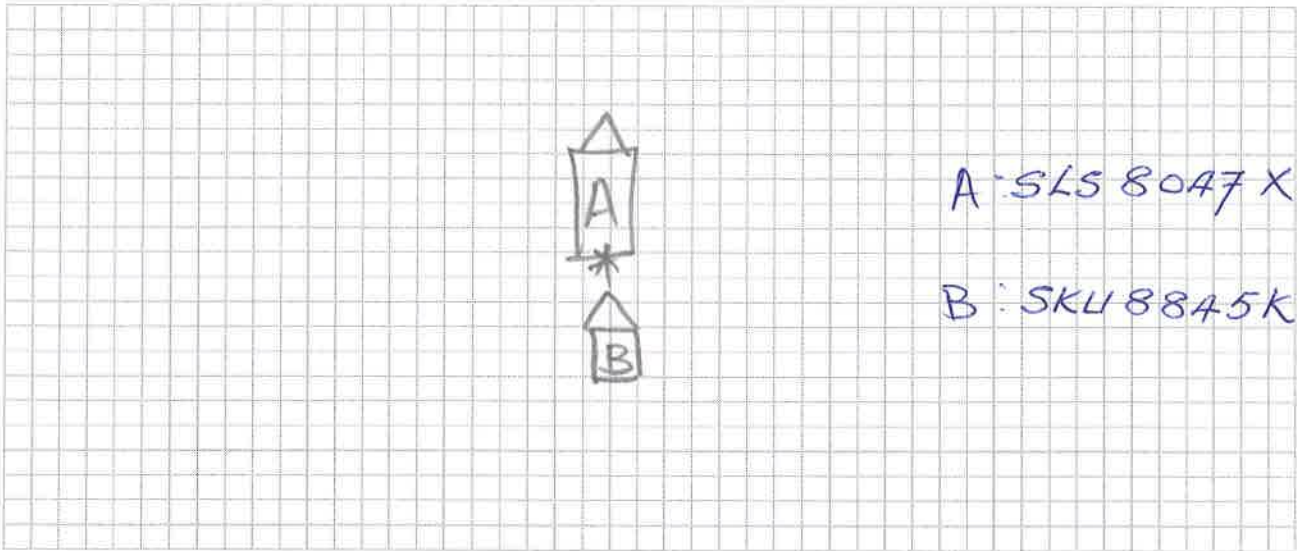
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU8845K
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GEE YEW KONG
NRIC/Passport Number	S0111152C
Contact Number	98781828
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLS 8047X

ACCIDENT DATE: 20.08.19

CONTACT NUMBER: 96667228

ACCIDENT TIME: SEE CAMERA

EMAIL: kilysim@outlook.sg

LOCATION: SEE CAMERA

CAR-A STOP AT TRAFFIC LIGHT SO IS CAR B SKU 8845K WHO IS BEHIND MY CAR.

BEFORE TRAFFIC LIGHT TURN GREEN, CAR B SKU 8845K MOVED FORWARD AND HIT MY CAR-A SLS 8047X CAUSING DENT TO THE REAR BUMPER

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIRD PARTY () REPORTING ONLY

DECLARATION

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

x Ho Kian Hwa

Policyholder's Signature

Date & Time:

x [Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10-8-2019
[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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.

x Ho Xia Hua

Policyholder's Signature

Date & Time:

x [Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20-8-2011
[Signature]
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**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-19-135234
Date of Request: 20/08/2019

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 20/08/2019
Enquiry By Ng Pei Fang
TP Vehicle No. SKU8845K
Accident Date 20/08/2019

mazda SL S8047X

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKU8845K	EQ Insurance Company Ltd	20/08/2019-19/08/2020	6223 9433

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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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0514646A
Name: SIM AH HING

Birth Date: 20 Jan 1941
Issue Date: 26 Feb 2004

001138069D





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0514646A

Name: SIM AH HING

Race: CHINESE
Date of Birth: 20-01-1941
Country of Birth: SINGAPORE

Sex: M




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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Mar 1959

NP 428A

Licence No: S0514646A



0829110

NRIC No: S0514646A

Blood Group: AB+ Date of issue: 15-03-1993

APT BLK 240 JURONG EAST STREET 21 #05-366
SINGAPORE 600240

NRIC No: S0514646A Date: 26-11-2004 No: 4947505



Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0556031D

Name
HO KIA HWA

Race
CHINESE

Date of Birth
19-02-1944

Sex
F

Country of Birth
SINGAPORE



08294111



NRIC No. S0556031D



Blood Group
A+

Date of issue
15-03-1993

APT BLK 240 JURONG EAST STREET 21 #05-366
SINGAPORE 600240

NRIC No: S0556031D Date: 26-11-2004 No: 4947604

owner