



TRANS EUROKARS PTE LTD
5 UBI CLOSE, SINGAPORE 408605
ESTIMATE COST OF REPAIRS



LONPAC INSURANCE BHD		NAME :	Mr T Rengasamy Ragavel	WIP :	18005
300 BEACH ROAD		ADDRESS :	970 Hougang Street 91	EXCESS :	
#17-04/07 THE CONCOURSE			#15-152	DATE:	26-Dec-18
Singapore 199555			Singapore 530970		
ATTN. :	MOTOR CLAIMS	TEL :	97697616		
FAX :					

VEH NO :	SFD9420U	DATE IN :		CONTACT PERSON :	RONALD / 9127 7928
CHASSIS NO :	JM6GL1071J0136932	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIMS
MODEL :	MAZDA6	DATE REG.:	23-Mar-18	POLICY NO. :	

NATURE OF WORKS

<u>Parts Description</u>					
NO	QTY			REVISED	PRICES
1	REAR BUMPER GJ/GL	1	MGJS1-50-221ABB		\$ 1,266.60
2	TAPE,PROTECTOR	4	MGS1D-50-EM1A		\$ 34.40
3	SENSOR,ULTRASONIC KE/BN	2	MGMK6-67-UC1 13		\$ 363.40
4	SENSOR,ULTRASONIC	2	MKD47-67-UC1 13		\$ 407.20
5	RETAINER	2	MKD45-67-UC5A13		\$ 36.40
6	RETAINER	2	MKD47-67-UC5A13		\$ 36.40
7	GROMMET,SCREW	1	MBHN1-50-0Z1A		\$ 2.70
8	BRACKET,BUMPER SKYACTIV	1	MKD53-50-251		\$ 5.40
9	RETAINER RHR BUMPE GJ	1	MGJR9-50-2H1		\$ 41.00
10	RETAINER LHR BUMPE GJ	1	MGJR9-50-2J1		\$ 41.00
11	SHIELD(R),SPLASH-R.B GJ	1	MGHP9-50-340D		\$ 53.90
12	MGHP9-50-350C/SHIELD(L),SPLASH-R.B GJ	1	MGHP9-50-350D		\$ 45.60
13	CLIPS	4	MC274-50-133		\$ 14.80
14	CAP,DRIP MOULD	2	MGS2A-50-5A1B13		\$ 31.80
15	FASTENER	2	MH260-50-841		\$ 6.00
16	MGJR9-50-EK1A13/COVER(R),TOWING HOOK	1	MG4YL-50-EK1 13		\$ 24.90
17	MGJR9-50-EL1A13/COVER(L),TOWING HOOK	1	MG4YL-50-EL1 13		\$ 24.90
18	REFLECTOR LHR REFLEX-	1	MD350-51-5M0E		\$ 53.00
19	REFLECTOR RHR,REFLEX-	1	MD350-51-5L0E		\$ 53.00
20	REINF.,REAR BUMPER GJ/GL	1	MGHK1-50-260		\$ 538.30
21	FASTENER	6	MB45A-56-146A		\$ 18.00
22	CLIPS	1	M9991-00-501		\$ 3.00
23	PANEL,REAR END GJ	1	MGHY1-70-75Z		\$ 700.10
			TOTAL PARTS		\$ 3,801.80
			TOTAL PARTS COST		\$ 3,801.80

Labour Description

1		TO REPLACE REAR BUMPER, REAR REINFORCEMENT AND REAR END PANEL. TO REPAIR BOOTLID AND ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 2,640.00
2		TO RESPRAY REAR BUMPER, REAR REINFORCEMENT, REAR END PANEL AND BOOTLID.		\$ 2,520.00
3		TO REMOVE AND REFIT CARPET AND TRIMS ON THE REAR SECTION TO GIVE WAY FOR THE REPAIR ON THE REAR SECTION.		\$ 1,320.00
4		TO SUPPLY TEROSTAT SEALANT ON THE CUTTING AREAS.		\$ 250.00
5		TO TRANSFER REVERSE SENSORS.	NETT	\$ 330.00
6		TO SUPPLY 1 PC NUMBER PLATE (REAR)	NETT	\$ 70.00
7	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.		\$ 250.00
8	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
9	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 350.00
10		TO SUPPLY BRILA PREMIUM COATING.	NETT	\$ 350.00
11	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00

TOTAL LABOUR	\$ -	\$ 8,430.00
TOTAL PARTS	\$ -	\$ 3,801.80
TOTAL	\$ -	\$ 12,231.80
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	24/12/2019 08:39
Date Of Accident	23/12/2019 11:40
Exact Location Of Accident	GUL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD9420U
Insured/Policyholder	
Name Of Registered Owner	T RENGASAMY RAGAVEL
NRIC No	SXXXX310F
Email Address	VICTORY88R@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97697616
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	1800040047
Cover Note Number	

Driver

Name of Driver	T RENGASAMY RAGAVEL
NRIC No	SXXXX310F
Date Of Birth	21/03/1969
Occupation	INDOOR
Date Of Driving Pass	18/05/1984
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97697616
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	VICTORY88R@GMAIL.COM

Address	970 HOUGANG STREET 91 #15-152
Postcode	530970
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	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)	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

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2610R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOH SWEE ENG
NRIC/Passport Number	FXXXX464M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:
 - (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: 23/12/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

A large sheet of graph paper with a grid of small squares. The grid is composed of 20 columns and 15 rows of squares. The lines are thin and black, and the background is white. The grid covers the entire area of the page.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SFD9420U

ACCIDENT DATE: 23 DEC 19	CONTACT NUMBER: 9769766
ACCIDENT TIME: 1140HRS	EMAIL:
LOCATION: GUL ROAD	
At about 1140hrs, I was stationary at GUL ROAD as the traffic light was red. There were vehicles stationary in front of my vehicle at the traffic light. I felt a jerk of a vehicle coming into contact with the rear of my vehicle. I looked at my rear view mirror and saw a lorry at the back of my vehicle. I got down and saw the lorry was in tact with the rear of my vehicle. I had to may ^{try} move my vehicle forward to assess the damage. The lorry registration no. is XE 2610R belonging to Union Steel Holding Ltd. The rear bumper was damaged. There were no injuries reported at that point of time. I took down the driver's particulars. The driver of the lorry is Koh Swee Eng.	
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: <input type="checkbox"/> CLAIM OWN POLICY <input checked="" type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> REPORTING ONLY <input type="checkbox"/> Loss Pte Ltd	

DECLARATION

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

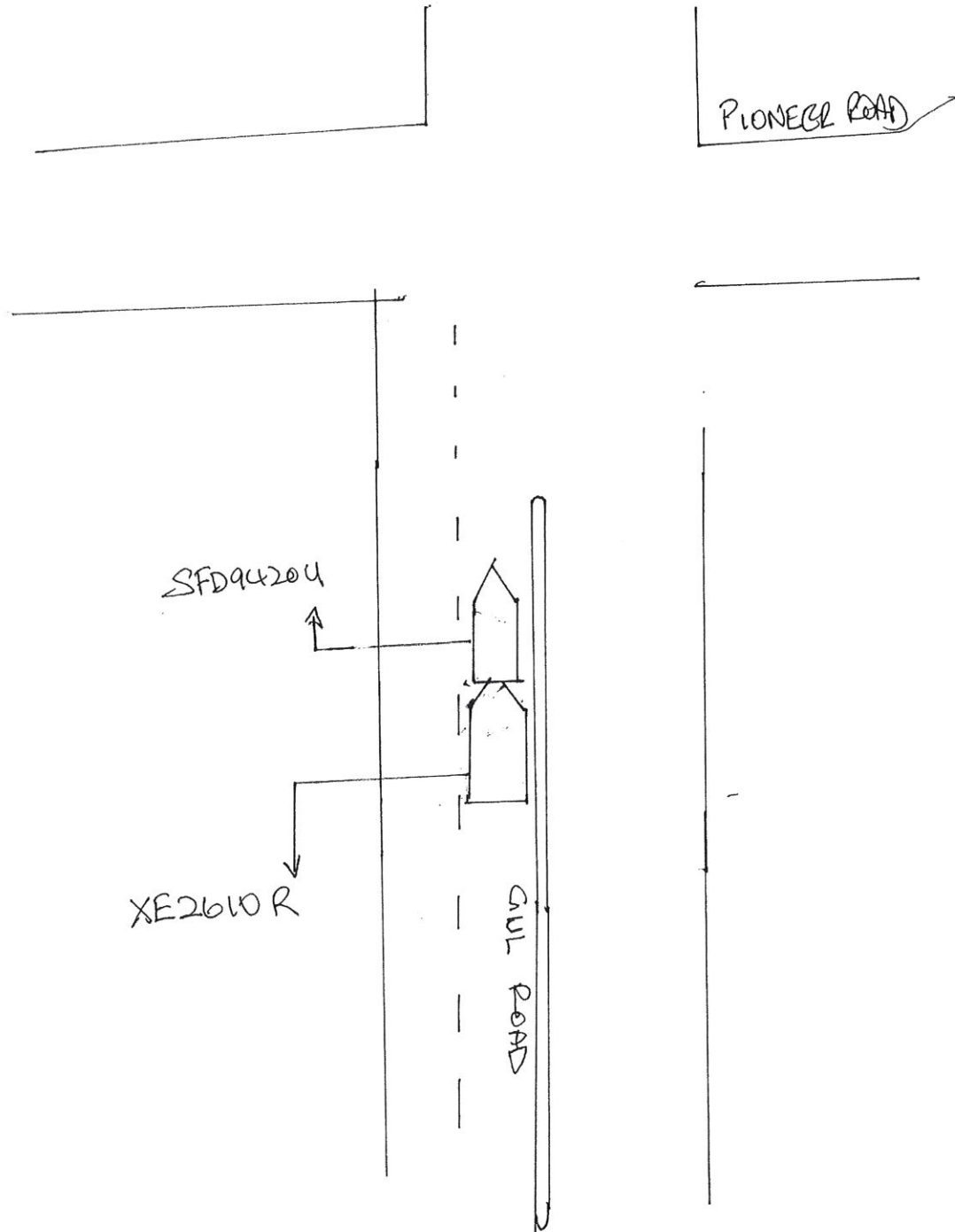
Policyholder's Signature
Date & Time: 23/DEC/19

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

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

Trans Eurokars Pte Ltd
5 Ubi Close
Singapore 408605
Tel: 6474 3003 / 6749 4333
Fax: 6746 0900

Sketch Plan Pg. 3



T RENGASAMU RAGANEL
23 DEC 19

SKETCH PLAN

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 - (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: 23/12/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Trans Eurokars Pte Ltd
501 Close
Singapore 408605
Tel: 6744 3403 / 6749 4333
Fax: 6746 6660

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[illegible]

LICENSE PLATE NO: SFD94204

ACCIDENT DATE: 23 DEC 19	CONTACT NUMBER: 97697606
ACCIDENT TIME: 1140HRS	EMAIL:
LOCATION: GUL ROAD	
At about 1140hrs, I was stationary at GUL ROAD as the traffic light was red. There were vehicles stationary in front of my vehicle at the traffic light. I felt a jerk of a vehicle coming into contact with the rear of my vehicle. I looked at my rear view mirror and saw a lorry at the back of my vehicle. I got down and saw the lorry was in tact with the rear of my vehicle. I had to may move my vehicle forward to assess the damage. The lorry registration no. is XE 2610R belonging to Union Steel Holding Ltd. The rear bumper was damaged. There were no injuries reported at that point of time. I took down the driver's particulars. The driver of the lorry is Koh Swee Eng.	
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: <input type="checkbox"/> CLAIM OWN POLICY <input checked="" type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> REPORTING ONLY	

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

Date & Time: 23/DEC/19

Date & Time:

NRIC/FIN No.:

2

PIONEER ROAD

SFD94204
XE2610 R

GUL ROAD

T RENGASANY RAGAVEL
23 DEC 19

RM.

Third Party Insurer Enquiry

Our Ref No: GR-19-211229

Date of Request: 23/12/2019

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 23/12/2019

Enquiry By Vion Lim

TP Vehicle No. XE2610R

Accident Date 23/12/2019

Enquiry Result

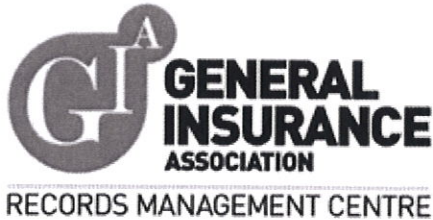
SFO94204

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XE2610R	Lonpac Insurance Bhd	30/09/2019-29/09/2021	+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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**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

TAX INVOICE

Our Ref No: GR-19-211229
Date of Request: 23/12/2019

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 23/12/2019
Enquiry By Vion Lim
TP Vehicle No. XE2610R
Accident Date 23/12/2019

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