



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

FIRST CAPITAL INSURANCE LTD		NAME : Ms Sim Ling Li Felicia LTPI FCI WIP : 61599	
36 ROBINSON ROAD		ADDRESS : Blk 168A Simei Lane	
#16-01 CITY HOUSE		#12-42	
SINGAPORE 068877		Singapore 521168	
ATTN. : MOTOR CLAIMS		TEL : 96927827	
FAX :		EXCESS :	
		DATE: 30-Jan-20	

VEH NO :	SMQ9155J	DATE IN :		CONTACT PERSON :	Jess 63957874
CHASSIS NO :	JM6BP2SAAK1101759	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA3	DATE REG. :	10-Dec-19	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	QTY		REVISED	PRICES
1	REAR BUMPER	1	MBCKA-50-221ABB	\$ 997.40
2	BRACKET CENTER	1	MKD53-50-251	\$ 5.40
3	REAR REINFORCEMENT	1	MBCJH-50-260	\$ 541.70
4	PLATE SET, REAR BUMPER	1	MBCKA-50-2C0A	\$ 213.80
5	STAY, REAR BUMPER	1	MBCKA-50-290	\$ 91.90
6	COVER UNDER, REAR BUMPER	1	MBCKA-50-C51B	\$ 63.20
7	TOWING COVER LHS	1	MBCKA-50-EL1 BB	\$ 12.80
8	TOWING COVER RHS	1	MBCKA-50-EK1 BB	\$ 12.80
9	BRACKET CENTER, SENSOR	2	MB0J8-67-UC6	\$ 46.80
10	RETAINER CENTER LHS, SENSOR	1	MB0L9-67-UC5	\$ 25.10
11	RETAINER CENTER RHS, SENSOR	1	MB0L8-67-UC5	\$ 25.10
12	RETAINER SIDE LHS, SENSOR	1	MB0M2-67-UC5	\$ 25.10
13	RETAINER SIDE RHS, SENSOR	1	MB0M1-67-UC5	\$ 25.10
14	SENSOR CENTER, SENSOR	2	MB0J8-67-UC1 64	\$ 380.00
15	TAPE PROTECTOR, SENSOR	3	MBCKA-50-EM1	\$ 14.10
16	FASTENER, REAR BUMPER	8	MB45A-56-146A	\$ 24.00
17	GROMMET, REAR BUMPER	4	MBCKA-50-0Z1	\$ 9.60
18	GROMMET, REAR BUMPER	4	MBHN1-50-0Z1A	\$ 10.80
19	GASKET, TAILLAMP	8	MB45A-51-3G8	\$ 19.20
TOTAL PARTS				\$ 2,543.90
TOTAL PARTS COST				\$ 2,543.90

Labour Description

1	MZ-BR-REAR02	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.	\$ 1,320.00
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2	MZ-SP-SREAR2	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.		\$ 1,260.00
3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS.	NETT	\$ 330.00
4	MZ-BR-PLATE1	TO SUPPLY NUMBER PLATE.	NETT	\$ 70.00
5	MZ-BR-LTAREG	TO BREAK AND RESEAL VEHICLE WEEKEND NUMBER PLATE LTA REGISTRATION FEE.	NETT	\$ 150.00
6	MZ-BR-INSCEN	TO SEND THE CAR TO INSPECTION CENTRE FOR THE INSTALLATION OF THE WEEKEND NUMBER PLATE.	NETT	\$ 120.00
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	\$ 100.00
11	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00

TOTAL LABOUR	\$ -	\$ 4,300.00
TOTAL PARTS	\$ -	\$ 2,543.90
TOTAL	\$ -	\$ 6,843.90
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

TRANS EUROKARS PTE LTD

Authorised Signature



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Sim Ling Li, Felicia (Shen Linli)
Period of Insurance : 10 Dec 2019 To 09 Dec 2020
Engine No. : P520627850
Chassis No. : JM6BP2SAAK1101759

Vehicle No. : SMQ9155J
Policy No. : 1900250044
Endorsement No. :
Issued Date : 17 Dec 2019

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

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

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Sim Ling Li, Felicia (Shen Linli) - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCASB

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S84267921



Name
LIM ZHI QIANG
林志强

Race
CHINESE

Date of birth
30-08-1984

Country/place of birth
SINGAPORE

Sex
M

S84267921

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number **S84267921**

Name
LIM ZHI QIANG

Birth Date **30 Aug 1984**

Issue Date **12 Nov 2019**

002996400H



5481860



NRIC No: **S84267921**



Date of issue
08-06-2015

**APT BLK 168A SIMEILANE #12-42
SINGAPORE 521168**

NRIC No: **S84267921** Date: **31/05/2017**

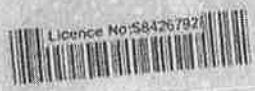
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: **12 Nov 2019**

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 1000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$

NP 428A

Licence No: **S84267921**



Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8705612J



Name
SIM LING LI, FELICIA
(SHEN LINLI)
沈琳俐

Race
CHINESE

Date of Birth
15-03-1987

Sex
F

Country/Place of Birth
SINGAPORE

S8705612J

5847192



NRIC No. S8705612J

Date of Issue
04-01-2018

Address
APT BLK 166A SIMEI LANE
#12-42
SINGAPORE S21168

Owner

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	29/01/2020 09:07
Date Of Accident	25/01/2020 12:10
Exact Location Of Accident	EXIT 2 AT LOYANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9155J
Insured/Policyholder	
Name Of Registered Owner	SIM LING LI FELICIA
NRIC No	SXXXX612J
Email Address	SIM_FELICIA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96927827
Alternative Phone No	OTHERS-96927827

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3
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	1900250044
Cover Note Number	

Driver

Name of Driver	LIM ZHI QIONG
NRIC No	SXXXX792I
Date Of Birth	30/08/1984
Occupation	INDOOR
Date Of Driving Pass	12/11/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98287994
Fax Number	
Contact Number	
Email Address	ZQLIM@MSN.COM

Address	BLK 168A SIMEI LANE #12-42
Postcode	521168
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SIM LING LI FELICIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHB2280P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAM TIM KUO
NRIC/Passport Number	
Contact Number	96167176

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.

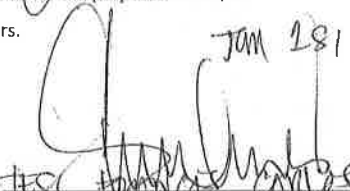
8. Consent under the Personal Data Protection Act (PDPA)

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 
Policyholder's Signature
Date & Time: 28/1/20 2:46pm

X 
Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/1/20 2:46pm


Reporting Centre Personnel's Signature
Name: JAM 181 9000
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

carA: SMQ 9155 J

carB: SHB 2280 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO:

ACCIDENT DATE:	CONTACT NUMBER:
ACCIDENT TIME:	EMAIL:
LOCATION:	
Please Refer to Police Report.	
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 type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time: 10/1/20, 2:46pm

GABRG3: 3' UTR flanking region, X3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/1/20 2:46 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



F/20200125/2028

1 of 2

POLICE REPORT (NP299)

Report No. F/20200125/2028

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Date/Time Report Made 25/01/2020 15:00	Vide Report No.	Station Diary No. 32
Name Of Informant LIM ZHI QIANG	Address APT BLK 168A SIMEI LANE #12-42 SINGAPORE 521168	
ID Type / ID No. NRIC NO / S8426799J	Contact No. Home/Office Mobile 98287994	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ANALYST	Sex Male	Age 35
Institution/School Name	Date of Birth 30/08/1984	Race Chinese
Date/Time Of Incident 25/01/2020 12:15	Location Of Incident TAMPINES EXPRESSWAY SINGAPORE BEFORE EXIT 2 - LOYANG	

Brief details.

On 25/01/2020 at about 1211hrs, I was driving my car, white Mazda 3, vehicle number SMQ9155J, along TPE (Changi). Before exit 2 at Loyang, a car, white Honda Freed, vehicle number SJJ7578H, from left lane, signalled and swerved right into my lane. I manage to slow down to avoid any collision. As I was slowing down, a CityCab taxi, yellow Toyota Prius, vehicle number SHB2280P at the back, did not slow down, and collided onto the rear bumper of my car.

Signature Of Officer Recording The Report:

F / Staff Sgt NORASHIKIN BINTE KAMSANI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Sengkang N.P.C /
Staff Sgt NORASHIKIN BINTE KAMSANI
Contact No.: 63438999

Signature Of Informant:

Date/Time:
25/01/2020 15:00

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20200125/2028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200125/2028

Due to the collision, my car's rear sensor was damaged, and there were scratch marks at the lower side of the bumper whereas there were scratch marks on the taxi's front bumper. I had a passenger who was seated at the front passenger seat, whereas there were about 4 passengers in the taxi. No one was injured. The taxi driver was Mr Tam Tim Kuo, contact number: 96167176.

After taking some pictures of the damages and exchanged contact details, we left the scene. No police or ambulance came to the scene. I have an in-car camera which focussed on the front and rear. I am making this report for my own record purpose.

Signature Of Officer Recording The Report:

F / Staff Sgt NORASHIKIN BINTE KAMSANI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Sengkang N.P.C /
Staff Sgt NORASHIKIN BINTE KAMSANI
Contact No.: 63438999

Signature Of Informant:

Date/Time:
25/01/2020 15:00

Classification Of Case:

Authentication Stamp

