

CS/CT120005868/T1f3

REF:

CT1

ASS. REC. BY: Taughlin

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Ball. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Vion / Schme Vehicle: IN / OUT

Veh No: SJZ7901Z Yr Regn: 2019, Nov.
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Mazda 3 c.c. 1996

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 4328 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BP2SA4K1100938

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16
 R: 7

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. _____

D.O.I. 22/5/10 @ 1040

Survey held at Tuguewahan

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / L.B.I. (\$ _____)



TRANS EUROKARS PTE LTD

EUROKARS GROUP

ESTIMATE COST OF REPAIRS

CHINA TAIPING INSURANCE P/L 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909 ATTN.: MOTOR CLAIMS FAX :		NAME : Ms Joanna Teng ADDRESS : 50K Faber Heights #02-75 Singapore 129204 TEL : 87263544		WIP : 26307 EXCESS : DATE: 20-May-20	
VEH NO :	SJZ7901Z	DATE IN :		CONTACT PERSON :	Vion 63957877
CHASSIS NO :	JM6BP2SAK1100938	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA3	DATE REG.:	13-Nov-19	POLICY NO. :	
NATURE OF WORKS					
Parts Description					
NO	QTY			REVISED	PRICES
1	REAR BUMPER	1	MBCKA-50-221ABB	de✓	\$ 997.40
2	RETAINER RHS	1	MBCKA-50-2H1	rec✓	\$ 33.20
3	BRACKET CENTER	1	MKD53-50-251	?	\$ 5.40
4	GROMMET, REAR BUMPER	4	MBCKA-50-0Z1	rec✓	\$ 9.60
5	GROMMET, SCREW	4	MBHN1-50-0Z1A	rec✓	\$ 10.80
6	FASTENER, REAR BUMPER	8	MB45A-56-146A	rec✓	\$ 24.00
7	BRACKET CENTER, SENSOR	2	MB0J8-67-UC6	rec✓	\$ 46.80
8	RETAINER SIDE LHS, SENSOR	1	MB0L9-67-UC5	rec✓	\$ 25.10
9	RETAINER SIDE RHS, SENSOR	1	MB0L8-67-UC5	rec✓	\$ 25.10
10	PLATE SET RHS, MONITOR	1	MBCKA-50-2A1A	?	\$ 95.40
11	TAPE PROTECTOR, SENSOR	3	MBCKA-50-EM1	rec✓	\$ 14.10
12	REAR FENDER RHS	1	MBCYA-70-410	buy✓	\$ 1,565.30
13	PANEL LWR RHS	1	MBCJH-70-4A1	?	\$ 107.60
14	REAR WINDSCREEN MOULDING	1	MBCKA-50-611	rec✓	\$ 49.90
15	SPACER, REAR WINDSCREEN	2	MBCKA-50-897	rec✓	\$ 23.80
16	SPACER, REAR WINDSCREEN	3	MGJ6A-50-897	rec✓	\$ 38.40
17	CLIP, SPOILER ROCKER PANEL	11	MBCJH-51-SJ3	rec✓	\$ 30.80
18	CLIP, SPOILER ROCKER PANEL	1	MBDGF-51-SJ3	rec✓	\$ 3.70
19	CLIP, SPOILER ROCKER PANEL	3	MBP4L-51-SJ3	rec✓	\$ 30.00
20	TAILLAMP RHS	1	MB0J8-51-150A	cut✓	\$ 538.40
21	GROMMET, TAILLAMP	2	MK123-51-039	rec✓	\$ 5.60
22	GROMMET, TAILLAMP	3	MGA7B-51-146	rec✓	\$ 9.90
23	GASKET RHS, TAILLAMP	4	MB45A-51-3G8	rec✓	\$ 9.60
24	REAR WHEEL RIM RHS	1	M9965 J2-6560	cut✓	\$ 1,031.80
TOTAL PARTS					\$ 4,731.70
TOTAL PARTS COST					\$ 4,731.70

Labour Description			
1		TO REPLACE REAR BUMPER, REAR FENDER RH, PANEL LOWER RH, TO REPAIR REAR WHEEL ARCH INNER LH, REAR DOOR RH AND ALL AREAS AFFECTED BY THE ACCIDENT 660	2640 \$ 4,620.00
2		TO RE-SPRAY REAR BUMPER, REAR FENDER RH, PANEL LOWER RH, REAR WHEEL ARCH INNER LH AND REAR DOOR RH (TO BLEND ROCKER PANEL RH)	1890 \$ 3,465.00
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-REVSER	TO TRANSFER REVERSE SENSORS.	NETT ✓ \$ 330.00
6		TO SUPPLY 1 PC TIRE.	X \$ 480.00
7	MZ-BR-WHEBAL	TO MOUNT SPORT RIM AND CONDUCT WHEEL BALANCING.	NETT ✓ \$ 120.00
8	MZ-BR-WHEALI	TO CHECK STEERING GEOMETRY & CONDUCT FULL WHEEL ALIGNMENT.	NETT ✓ \$ 560.00
9	MZ-BR-TRIMS2	TO REMOVE & REFIT CARPET & TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION	660. \$ 990.00
10	MZ-BR-SEALER	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING	180 \$ 350.00
11	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.	150 \$ 250.00
12	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	150 \$ 250.00
13	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	180 \$ 350.00
14		TO SUPPLY BRILA PREMIUM COATING.	NETT ✓ \$ 300.00
15	MZ-BR-SUNDRI	SUNDRIES	NETT 30 \$ 100.00
		TOTAL LABOUR	\$ - \$ 12,845.00
		TOTAL PARTS	\$ - \$ 4,731.70
		TOTAL	\$ - \$ 17,576.70
		LESS EXCESS	\$ - \$ -
		TOTAL AFTER EXCESS	\$ -
		GST 7%	\$ - \$ -
		GRAND TOTAL	\$ - \$ -

REMARKS:
THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD
THERE BE ANY DAMAGE FOUND DURING THE PROCESS OF

TRANS EUROKARS PTE LTD

BEFORE ANY REPAIRS ARE CARRIED OUT, 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.

Authorised Signature

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Taufik 97445749
wp'
27/5/2010 1040
~10 days
Resurvey before paint
taufik@lkkauto.com

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	19/05/2020 12:20
Date Of Accident	19/05/2020 07:20
Exact Location Of Accident	TRAFFIC LIGHT AT JUNCTION OF CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7901Z
Insured/Policyholder	
Name Of Registered Owner	JOANNA TENG
NRIC No	SXXXX347G
Email Address	JASONWONGMINYAO1001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90690971
Alternative Phone No	HOME-67788642

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3

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	1900246014
Cover Note Number	

Driver

Name of Driver	OOI SIEW HOCK
NRIC No	GXXXX351T
Date Of Birth	16/10/1948
Occupation	INDOOR
Date Of Driving Pass	29/08/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81313234
Fax Number	
Contact Number	HOME-67788642
E Mail Address	NOEMAIL

Address	50N FABER HEIGHTS 02-75
Postcode	129204
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ANELYN ARSENAL SOLANO 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

I was at the traffic light at junction of Clementi Ave 6. The van which hit me was stopping on my right of the three lane road. When the arrow turned green, I proceeded to Turn Right. After passing the middle section of the road, I heard a bang and the van had knocked me in my rear right

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	GBH8096E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD DANIAL BIN MOHAMMAD JASNI
NRIC/Passport Number	SXXXX610B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 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 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.



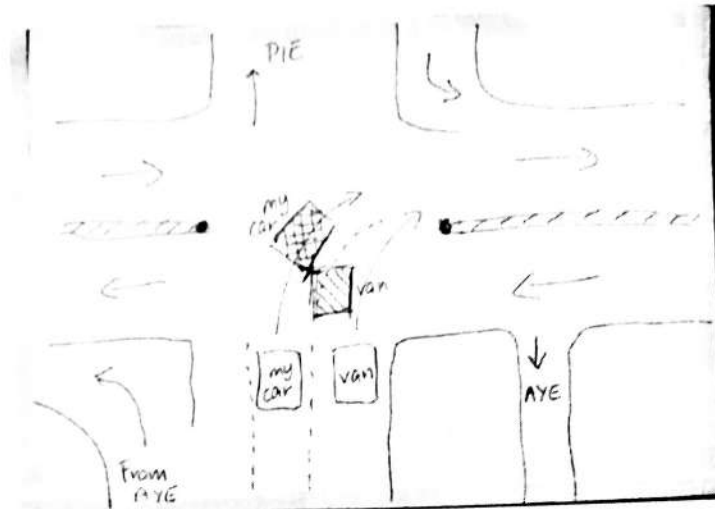
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SJZ7901Z

ACCIDENT DATE: 19/05/2020

CONTACT NUMBER: 90690971

ACCIDENT TIME: 07:20

EMAIL: jasonwongminyao1001@gmail.com

LOCATION: traffic light at junction of Clementi Ave 6

I was at the traffic light at junction of Clementi Ave. The van which hit me was stopping on my right of the three lane road. When the arrow turned green, I proceeded to Turn Right. After passing the middle section of the road, I heard a bang and the van had knocked me in my rear right.

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

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.: