



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

INDIA INTERNATIONAL INSURANCE P/L 64 CECIL STREET #04-#05 IOB BUILDING SINGAPORE 049711 ATTN. : MOTOR CLAIMS FAX :		NAME : Mr Samsidi Bin Kasan ADDRESS : Blk 903 Tampines Ave 4 #07-292 Singapore 520903 TEL :		WIP : 25659 EXCESS : DATE: 30-Mar-20	
VEH NO :	SMS5431C	DATE IN :		CONTACT PERSON :	Ronald 63957875
CHASSIS NO :	JM6TC2WLAK0319746	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	CX9	DATE REG.:	28-Feb-20	POLICY NO. :	
NATURE OF WORKS					
Parts Description					
NO	QTY			REVISED	PRICES
1	REAR BUMPER	1	MTK51-50-221DBB		\$ 1,359.50
2	BRACKET CENTER	1	MKD53-50-251		\$ 5.40
3	STAY, REAR BUMPER	2	MTK50-50-271C		\$ 21.00
4	CROME CENTER, REAR BUMPER	1	MTK50-50-369C		\$ 241.00
5	COVER UNDER, REAR BUMPER	1	MTK49-50-C51		\$ 66.60
6	REAR REINFORCEMENT	1	MTK48-50-260B		\$ 553.90
7	RETAINER CENTER, SENSOR	2	MTK80-67-UC5		\$ 31.00
8	SENSOR CENTER, ULTRASONIC	2	MGMC8-67-UC1		\$ 401.00
9	PAD PROTECTOR, SENSOR	5	MG001-67-061		\$ 39.00
10	FASTENER, REAR BUMPER	16	MB45A-56-146A		\$ 48.00
11	GROMMET, REAR BUMPER	6	MBHN1-50-0Z1A		\$ 16.20
12	RIVET, REAR BUMPER	6	MB33J-51-833		\$ 45.60
13	CLIP, REAR BUMPER	9	MBGV4-56-145		\$ 26.10
14	SEAL RUBBER, REAR BUMPER	2	MTK48-50-2G2		\$ 27.40
15	CLIP, REAR BUMPER	4	MC274-50-133		\$ 14.80
TOTAL PARTS					\$ 2,896.50
TOTAL PARTS COST					\$ 2,896.50
Labour Description					
1	MZ-BR-REAR02	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.			\$ 1,320.00
2	MZ-SP-SREAR2	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.			\$ 1,260.00
3	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS.			NETT \$ 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	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00
			TOTAL LABOUR	\$ - \$ 3,860.00
			TOTAL PARTS	\$ - \$ 2,896.50
			TOTAL	\$ - \$ 6,756.50
			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	30/03/2020 09:15
Date Of Accident	28/03/2020 10:30
Exact Location Of Accident	TEKKA MARKET BASEMENT CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMS5431C
Insured/Policyholder	
Name Of Registered Owner	MR SAMSIDI BIN KASAN
NRIC No	SXXXX829G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91543416
Alternative Phone No	OFFICE-91543416
Vehicle Particulars	
Manufacturer	MAZDA
Model	CX-9-2.5 (A)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	MR SAMSIDI BIN KASAN
NRIC No	SXXXX829G
Date Of Birth	18/07/1952
Occupation	INDOOR
Date Of Driving Pass	24/03/1984
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91543416
Fax Number	
Contact Number	OFFICE-91543416
Email Address	NOEMAIL

Address	BLK 903 TAMPINES AVE 4 #07-292
Postcode	520903
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

SEE ATTACHED.

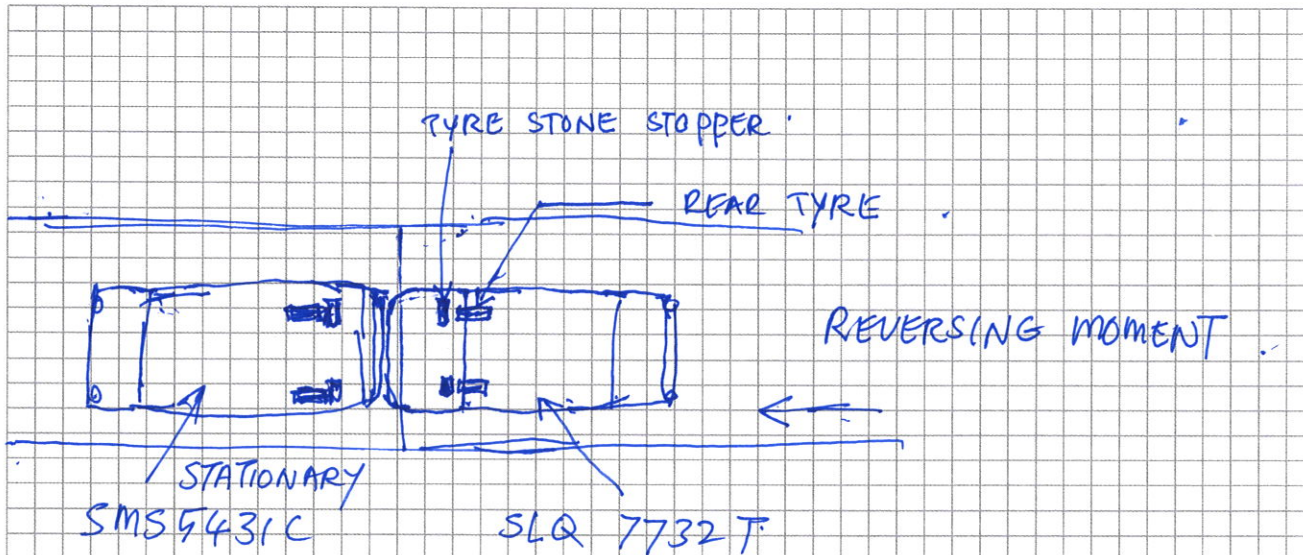
Attachment(s)

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	SLQ7732T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIJAYAKUMAR
NRIC/Passport Number	
Contact Number	97655034
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SMS 5431-C

ACCIDENT DATE: 28.3.20

CONTACT NUMBER: 91543416

ACCIDENT TIME: 1030am

EMAIL: samkas08@yahoo.com.sg

LOCATION: TEKKA MARKET BASEMENT CAR PARK

~~SMS 543~~ SMS 5431C WAS PARKED IN THE LOT. ENGINE IS OFF, SLQ 7732T (MERC E220) Came in reversing into parking lot right Rear against SMS 5431C lot and hit to SMS 5431C Bumper (Rear Bumper SMS 5431-C and SLQ 7732-T 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

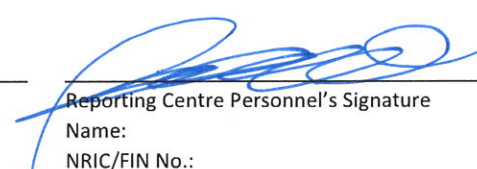
PLEASE STATE: () CLAIM OWN POLICY ☒ CLAIM THIRD PARTY () REPORTING ONLY

DECLARATION

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


Policyholder's Signature
Date & Time: 30.3.20 @ 0945 am

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


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

SKETCH PLAN

IMPORTANT NOTICE

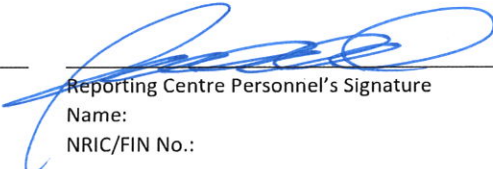
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

 30.3.20 @ 0950am
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.: