mazda

TRANS EUROKARS PTE LTD

EUROKARS GROUP

ESTIMATE COST OF REPAIRS

EQ INSURANCE COMPANY LTD 5 Maxwell Road #17-00 Tower Block MND Complex, Singapore 069110 **ATTN. :** MOTOR CLAIMS **FAX :**		**NAME :**	**Mr Koh Kim Hua Michael** No,69 Jalan Chengkek Singapore 369292 **TEL :** **81136754**	**WIP :** **EXCESS :** **DATE:**	33975 19-Aug-20
VEH NO :	**SKV7029B**	**DATE IN :**		**CONTACT PERSON :**	Ronald 63957875
CHASSIS NO :	JM6CW1071G0122423	**MILEAGE :**		**TYPE OF CLAIM :**	THIRD PARTY CLAIM
MODEL :	MAZDA 5	**DATE REG.:**	29-Sep-15	**POLICY NO. :**	

NATURE OF WORKS

Parts Description

NO		QTY			REVISED	PRICES
1	FRONT BUMPER	1		MC513-50-031BBB		$ 1,108.20
2	BRACKET LHS, FRONT BUMPER	1		MC513-50-161B		$ 41.90
3	GROMMET, FRONT BUMPER	1		MC513-50-0U5A		$ 16.20
4	GROMMET, FRONT BUMPER	1		MC513-50-0T5A		$ 16.20
5	RIVET, FRONT BUMPER	4		MBN8F-50-355		$ 22.80
6	RIVET, FRONT BUMPER	4		MEA01-50-037		$ 32.00
7	COVER LHS, FOGLAMP	1		MC513-50-C21		$ 78.20
8	RIVET, GRILLE	3		MS51S-51-833		$ 12.00
9	FRONT FENDER LHS	1		MCG37-52-211		$ 322.40
10	STAY LHS,FRONT FENDER	1		MC513-52-240		$ 30.60
11	MUDGUARD LHS	1		MC513-56-140B		$ 216.30
12	FASTENER, MUDGUARD	15		MB45A-56-146A		$ 45.00
13	HEADLAMP LHS	1		MC513-51-0L0F		$ 1,482.00
14	CLIP, HEADLMAP	3		MDR61-50-133		$ 19.50
15	RIVET, HEADLMAP	1		MB092-51-833		$ 3.50
17	BULB	2		M9070-37-550		$ 100.00
19	BULB, HEAD LAMP	2		M9970-37-650		$ 100.00
20	BULB, YELLOW	2		M11-9970-13-210Y		$ 7.80
21	BULB	2		M11-9970-16-050		$ 6.00
				TOTAL PARTS		$ 3,660.60
				TOTAL PARTS COST		**$ 3,660.60**

Labour Description

1	MZ-BR-FRONT7	TO REPLACE FRONT BUMPER AND FRONT FENDER LH. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		$ 1,650.00

2	MZ-SP-SFRT07	TO RESPRAY FRONT BUMPER, BONNET AND FRONT FENDER LH.		$ 2,205.00
3	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		$ 250.00
16	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.		$ 250.00
17	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		$ 350.00
19	MZ-BR-SUNDRI	SUNDRIES.	NETT	$ 100.00

TOTAL LABOUR	$ -	**$ 4,805.00**
TOTAL PARTS	$ -	**$ 3,660.60**
TOTAL	$ -	**$ 8,465.60**
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

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-20-097520
Date of Request: 19/08/2020

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

SKN7029B

Dear Sir/Madam,

Enquiry Date	19/08/2020
Enquiry By	Ronald Yap
TP Vehicle No.	YP9456D
Accident Date	19/08/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP9456D	EQ Insurance Company Ltd	25/09/2019-24/09/2020	6223 9433

Thank You.

This is a computer generated document and requires no signature.

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Operating Hours: Monday to Friday 9am to 5pm
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TAX INVOICE

Our Ref No: GR-20-097520
Date of Request: 19/08/2020
Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 19/08/2020
Enquiry By Ronald Yap
TP Vehicle No. YP9456D
Accident Date 19/08/2020

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:
[X] GIRO [ ] Cash [ ] Cheque

MTE120070825-01 / Trans Eurokars Pte Ltd - Sungei Kadut
ENTRY DATE & TIME: 19/08/2020 16:53
SUBMITTED BY: Ronald Yap

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 witholding 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	19/08/2020 16:53
Date Of Accident	19/08/2020 11:30
Exact Location Of Accident	GEYLANG METHODIST SCHOOL (SECONDARY)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV7029B
Insured/Policyholder	
Name Of Registered Owner	MR KOH KIM HUA MICHAEL
NRIC No	SXXXX430I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81136754
Alternative Phone No	OFFICE-81136754
Vehicle Particulars	
Manufacturer	MAZDA
Model	5-2.0 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	MR KOH KIM HUA MICHAEL
NRIC No	SXXXX430I
Date Of Birth	05/09/1961
Occupation	INDOOR
Date Of Driving Pass	19/06/1981
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81136754
Fax Number	
Contact Number	OFFICE-81136754
EMail Address	NOEMAIL

Address	NO,69 JALAN CHENGKEK
Postcode	369292
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	YP9456D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

PLEASE SEE BELOW DESCRIPTION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SKV 7029B

ACCIDENT DATE: 19 August 2020

CONTACT NUMBER: 81136754

ACCIDENT TIME: 11.30 am

EMAIL: miharace@gmail.com

LOCATION: Geylang Methodist Secondary School (2 Geylang East Central)

Location is a school. My car is parked in a lot. The vehicle from TTK Company, was watering the plants in the morning. It reversed into an empty lot next to my car. When the driver move out, his vehicle collided on my front left, causing dents and front lamp was severely broken.

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.

Michael Koh

Policyholder's Signature
Date & Time: 19/8/20 4.50pm

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

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.

Michael Koh

Policyholder's Signature
Date & Time: 19/8/20 , 4.50pm

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

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