

ASS. REC. BY: *Mcclus*

REF: CS/C7120009637/4yf3

ASSIGNMENT

TOTAL

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



TRANS EUROKARS PTE LTD

EUROKARS GROUP

ESTIMATE COST OF REPAIRS

11 SEP 2020 14:30 LK

not Authorized

CHINA TAIPING INSURANCE P/L	NAME : Mr Hiu Choon Boon	WIP : 35356
3 ANSON ROAD	ADDRESS : 11 Chai Chee Road	EXCESS :
#16-00 SPRINGLEAF TOWER	#03-15	DATE: 4-Sep-20
SINGAPORE 079909	Singapore 460011	
ATTN. : MOTOR CLAIMS	TEL : 94884685	
FAX :		

VEH NO :	SLW1424R	DATE IN :	CONTACT PERSON :	Ronald 63957875
CHASSIS NO :	JM6GL1071J0133005	MILEAGE :	TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA 6	DATE REG.:	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	QTY		REVISED	PRICES
1	REAR BUMPER	1	MGJS1-50-221ABB	\$ 1,266.60
2	BRACKET CENTRE	1	MKD53-50-251	\$ 5.40
3	GROMMET, REAR BUMPER	4	MBHN1-50-021A	\$ 10.80
4	FASTENER, REAR BUMPER	6	MB45A-56-146A	\$ 18.00
5	GROMMET, REAR BUMPER	2	MH260-50-841	\$ 6.00
6	TOWING COVER LHS	1	MG4YL-50-EL1 13	\$ 24.90
7	REAR REINFORCEMENT	1	MGHK1-50-260	\$ 538.30
8	CORD SHORT, SENSOR	1	MGMC8-67-290	\$ 165.50
9	RETAINER CENTER, SENSOR	2	MKD45-67-UC5A2Y	\$ 31.00
10	SENSOR CENTER, ULTRASONIC	2	MGMK6-67-UC1 2Y	\$ 361.80
11	TAPE PROTECTOR, REAR BUMPER	4	MGS1D-50-EM1A	\$ 34.40
12	GASKET LHS, TAILLAMP	1	MGJA1-51-163	\$ 27.70
13	GASKET RHS, TAILLAMP	1	MGJA1-51-153	\$ 27.70
14	TOWING COVER RHS	1	MG4YL-50-EK1 13	\$ 24.90
TOTAL PARTS				\$ 2,543.00
TOTAL PARTS COST				\$ 2,543.00

Labour Description

1	MZ-BR-REAR02	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.	660	\$ 1,320.00
2	MZ-SP-SREAR2	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.	630	\$ 1,260.00
3	MZ-BR-REVSSEN	TO TRANSFER REVERSE SENSORS.	200	\$ 330.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	120	\$ 250.00

5	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.	nn X	\$ 250.00
6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	150	\$ 350.00
7	MZ-BR-SUNDRI	SUNDRIES.	net 20	NETT \$ 100.00

TOTAL LABOUR	\$ -	\$ 3,860.00
TOTAL PARTS	\$ -	\$ 2,543.00
TOTAL	\$ -	\$ 6,403.00
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

- 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:

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	04/09/2020 09:30
Date Of Accident	03/09/2020 11:00
Exact Location Of Accident	BEDOK NORTH ROAD NEAR JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW1424R
Insured/Policyholder	
Name Of Registered Owner	HIU CHOON BOON
NRIC No	SXXXX686E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94884685
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
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	MABEL NG WEE JOO
NRIC No	SXXXX544C
Date Of Birth	27/10/1974
Occupation	INDOOR
Date Of Driving Pass	28/04/2003
Driving Experience	17 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91010198
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11 CHAI CHEE ROAD #03-15
Postcode	460011
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7860C
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)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG2135C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MABEL NG WEE JOO

Approximate Age

Injuries Sustain

NECK WHIP LASH

Injured person in which vehicle?

SLW1424R

Were seat belts worn?

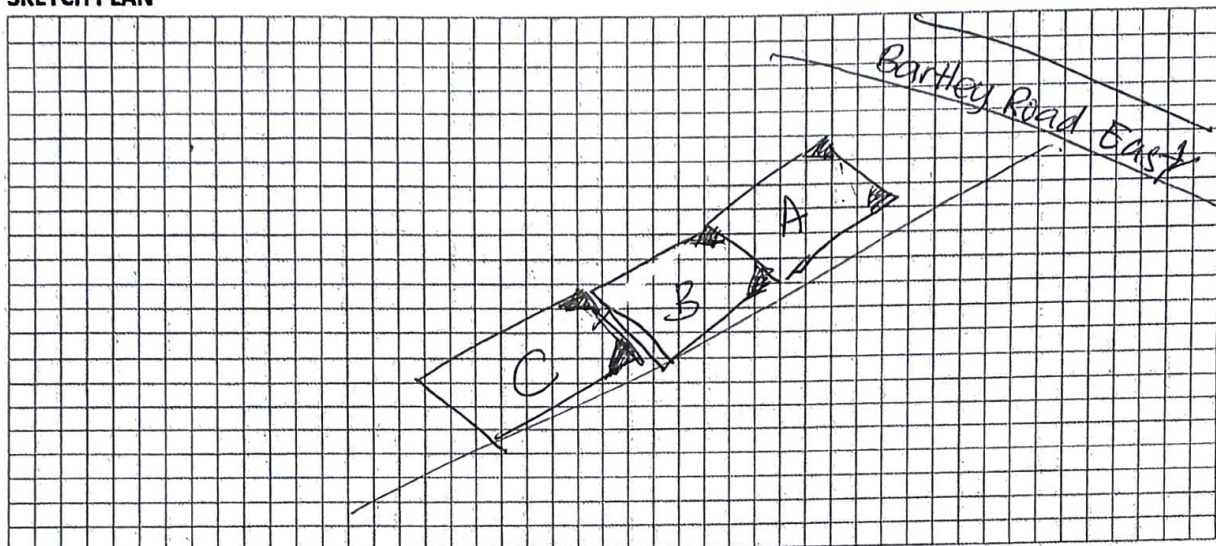
YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLW 1424 R

ACCIDENT DATE: 3 Sept 2020

CONTACT NUMBER: 91010198

ACCIDENT TIME: 11am

EMAIL:

LOCATION: Along Bedok North Road near Junction of
Bartley East Road Crossing.

Car A my car stationary waiting for traffic to
turn into Bartley East Road. The car GBG 7860C
collided from behind. On alighting to check the
hit seems to be from car C hit car B and
caused car B to hit into car A.

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: 3 Sept 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3 Sept 2020

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.
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5. Any false reporting may be referred to the Police for investigation.
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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: 3 Sept 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3 Sept 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SLW142412

Third Party Insurer Enquiry

Our Ref No: GR-20-105161
Date of Request: 03/09/2020

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 03/09/2020
Enquiry By Ronald Yap
TP Vehicle No. GBG7860C
Accident Date 03/09/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBG7860C	China Taiping Insurance (Singapore) Pte. Ltd.	30/10/2019-29/10/2020	6389 6111

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.

This is a computer generated document and requires no signature.

TAX INVOICE

Our Ref No: GR-20-105161
Date of Request: 03/09/2020

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 03/09/2020
Enquiry By Ronald Yap
TP Vehicle No. GBG7860C
Accident Date 03/09/2020

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:

☒ GIRO ☐ Cash ☐ Cheque

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	686E
Vehicle Details	
Vehicle No.:	SLW1424R
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Sep 2020
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	PE21004028
Chassis No.:	JM6GL1071J0133005
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$22,662.00
Original Registration Date:	30 Jan 2018
First Registration Date:	30 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$23,727.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jan 2028
PARF Rebate Amount:	\$17,795.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jan 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$47,390.00
COE Rebate Amount:	\$33,418.00
Total Rebate Amount:	\$51,213.00

The information contained herein is correct as at 12 Sep 2020

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