



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

AIG ASIA PACIFIC INSURANCE P/L		NAME :	Mr Lio Zhi Sen	WIP :	44625
78 SHENTON WAY		ADDRESS :	Blk 102B Bidadari Park Drive	EXCESS :	
#07-16 CHARTIS BUILDING			#04-209	DATE:	4-Jan-21
SINGAPORE 079120			Singapore 342102		
ATTN. :	MOTOR CLAIMS	TEL :	91110112		
FAX :					

VEH NO :	SMW607A	DATE IN :		CONTACT PERSON :	Ronald 63957875
CHASSIS NO :	JM6BP2SAAK1103388	MILEAGE :		TYPE OF CLAIM :	OWN DAMAGED CLAIM
MODEL :	MAZDA 3	DATE REG.:	30-Oct-20	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1	REAR BUMPER	MGSK1-50-221ABB	1				\$ 1,099.00
2	BRACKET CENTER	MKD53-50-251	1				\$ 5.40
3	GROMMET, REAR BUMPER	MBHN1-50-0Z1A	4				\$ 10.80
4	RUBBER SEAL, REAR BUMPER	MGSH7-50-2G1	2				\$ 27.40
5	CLIP, REAR BUMPER	MC274-50-133	2				\$ 7.40
6	RIVET, REAR BUMPER	MTK21-50-355	2				\$ 18.40
7	, REAR BUMPERRIVET	MEA01-50-037	6				\$ 48.00
8	FASTENER, REAR BUMPER	MB45A-56-146A	6				\$ 18.00
9	RETAINER CENTER, SENSOR	MKD45-67-UC5A2Y	2				\$ 31.00
10	SENSOR CENTER, ULTRASONIC	MGMK6-67-UC1 2Y	2				\$ 361.80
11	TAPE PROTECTOR, REAR BUMPER	MBCKA-50-EM1	4				\$ 18.80
12	COVER LHS, TOWING	MGSH7-50-EL1 BB	1				\$ 46.60
13	COVER RHS, TOWING	MGSH7-50-EK1 BB	1				\$ 46.60
14	COVER UNDER, REAR BUMPER	MGSH7-50-C51	1				\$ 122.20
15	REAR REINFORCEMENT	MGHK1-50-260	1				\$ 538.30
16	ANTENNA	MKD47-67-6NXX	1				\$ 111.10
17	CLIP, ANTENNA	MKD45-67-6NYA	1				\$ 2.70

TOTAL PARTS							\$ 2,513.50
LESS 20%							\$ 502.70
TOTAL PARTS COST							\$ 2,010.80

SUPPLEMENTARY

NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1							
2							
3							
4							
5							
6							

7							
8							
						TOTAL PARTS	\$ -
						LESS 20%	\$ -
						TOTAL PARTS COST	\$ -

<u>Labour Description</u>				
1		TO REMOVE ROCKER PANEL LH INCLUDING : FRONT DOOR AND FRONT SEAT, REAR DOOR AND REAR SEAT, FRONT FENDER AND FRONT BUMPER.	NETT	\$ 945.00
2		TO RESPRAY ROCKER PANEL LH.	NETT	\$ 600.00
3		TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 1,260.00
4		TO RESPRAY ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 1,200.00
5	MZ-BR-DOORME	TO TRANSFER THE DOOR MECHANISM.		\$ 315.00
6	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
7	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOUIC)		\$ 250.00
8	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 350.00
9	MZ-BR-TOW-IN	TO TOW THE VEHICLE FROM THE ACCIDENT SITE TO THE WORKSHOP.	NETT	\$ 100.00
10	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00

TOTAL LABOUR	\$ -	\$ 5,370.00
TOTAL PARTS	\$ -	\$ 2,010.80
TOTAL	\$ -	\$ 7,380.80
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

<u>SUPPLEMENTARY LABOUR DESCRIPTION</u>				
1		#N/A		
2		#N/A		

TOTAL LABOUR	\$ -	\$ -
TOTAL PARTS	\$ -	\$ -

TOTAL	\$ -	\$ -
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

REMARKS:

TRANS EUROKARS PTE LTD

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.

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 Submission	04/01/2021 17:05 (SGT)
Date of Accident	02/01/2021 08:45 (SGT)
Exact Location of Accident	9 Raffles Place, Singapore 048619
Additional Location Information	REPUBLIC PLAZA MULTI STOREY CAR PARK LEVEL 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW607A
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIO ZHI SEN
NRIC No	SXXXX183D
Email Address	liozhisen@gmail.com
Mobile Phone No	(Phone) +65-91110112
Alternative Phone No	+65-91110112

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	LIO ZHI SEN
NRIC No	SXXXX183D
Date Of Birth	04/04/1988
Occupation	Indoor

Date Of Driving Pass	08/09/2008
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91110112
Alt. Phone Number	+65-91110112
Email Address	liozhisen@gmail.com
Address	102B BIDADARI PARK DRIVE
Address complement	#04-209
Postcode	342102
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

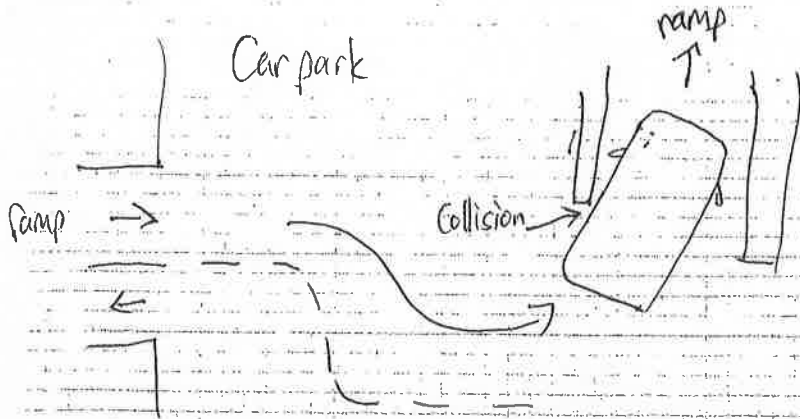
CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turning up the ramp at Republic Plaza Multi-Storey Carpark (Level 3 - Level 4).
Rear Passenger door (left) scraped against the ramp wall.

DECLARATION

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

Policyholder's Signature

Date & Time: 4 Jan 21
1600hrs

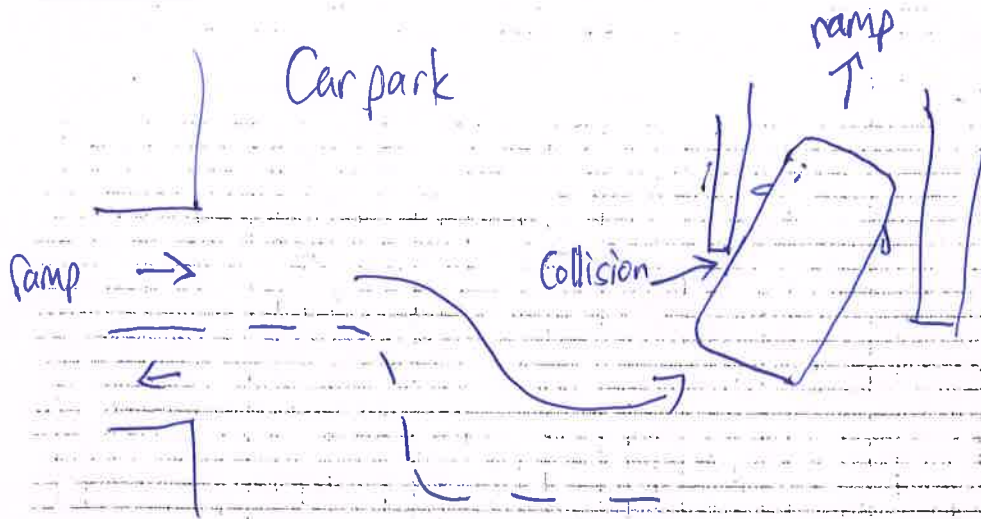
Driver's Signature

(If driver is not the policyholder)
Date & Time: 4 Jan 21
1600hrs

Reporting Centre Personnel's Signature

Name: Tommy Wong
NRIC/FIN No.: S1318250/G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turning up the ramp at Republic Plaza Multi-Storey Carpark (Level 3 - Level 4).
Rear Passenger door (left) scraped against the ramp wall.

DECLARATION

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

Policyholder's Signature

Date & Time: 4 Jan 21
1600hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time: 4 Jan 21
1600hrs

Reporting Centre Personnel's Signature

Name: Garry Wong
NRIC/FIN No.: S1318250/G

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:

4/1/21
1600hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4/1/21
1600hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Fany
51318250/G.



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Lio Zhi Sen
VEHICLE NUMBER : SMW 607A
DATE/ TIME OF ACCIDENT : 2 Jan 2021 08:45 hrs
PLACE OF ACCIDENT : Republic Plaza Car park (level 3)
THIRD PARTY VEHICLE (IF ANY) : NIL

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home, Bidadari Park Dr. Destination, Republic Plaza Car Park

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Collision with ramp wall.

Scrapes and dents on left rear passenger door.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No

NAME: Lio Zhi Sen

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Lio Zhi Sen, (NRIC No. S8811183D), hereby confirm that the Singapore Accident Statement lodged by me on 04 Jan 2021 at 1600 hours pertaining to the accident involving motor car Reg. No: SMW 607A, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

:



Name of Insured / Driver

:

Lio Zhi Sen

Nric No.

:

S8811183D

Date

:

4 Jan 2021

Signature

:

Name of Policyholder

:

Nric No.

:

Date

:

