



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

III		NAME : Mr Lim Bing Hong		WIP : 43989	
		ADDRESS : 31 Compassvale Road		EXCESS :	
		#12-41		DATE: 28-Dec-20	
		Singapore 544759			
ATTN : MOTOR CLAIMS		TEL : 96236629			
FAX :					
VEH NO :	SMG6025Z	DATE IN :		CONTACT PERSON :	Ronald 63957875
CHASSIS NO :	JM6BN22A8K0266698	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA 3	DATE REG.:	26-Dec-18	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1	FRON DOOR RHS	MBHY0-58-02XF	1				\$ 1,200.40
2	FASTENER, FRONT DOOR	MGHP9-58-762A	1				\$ 3.20
3	GROMMET, FRONT DOOR	MBF67-51-261	1				\$ 2.40
4	CLIP, FRONT DOOR	MGS1D-58-315A	1				\$ 2.40
5	GROMMET, FRONT DOOR	MGJ6A-58-975	8				\$ 24.00
6	GROMMET, FRONT DOOR	M9991-00-503	1				\$ 3.80
7	REAR DOOR RHS	MBJY0-72-02XF	1				\$ 1,049.40
8	HINGE UPPER RHS, REAR DOOR	MKD53-72-210A	1				\$ 41.00
9	HINGE LOWER RHS, REAR DOOR	MKD53-72-240A	1				\$ 44.80
10	FASTENER, REAR DOOR	MBHN9-72-762	1				\$ 4.70
11	FASTENER, REAR DOOR	MGHP9-58-762A	1				\$ 3.20
12	GROMMET, REAR DOOR	MBF67-51-261	1				\$ 2.40
13	CLIP, REAR DOOR	MGS1D-58-315A	1				\$ 2.40
14	GROMMET, REAR DOOR	MGJ6A-58-975	7				\$ 21.00
15	GROMMET, REAR DOOR	M9991-00-503	1				\$ 3.80
16	STONE GUARD RHS	MBHS2-50-4P2	1				\$ 18.20
17	CLIP, GARNISH-DOOR	MKD53-50-M38	6				\$ 73.80
18	GROMMET, SPEAKER	MGJ6A-58-975	7				\$ 21.00
TOTAL PARTS							\$ 2,521.90
TOTAL PARTS COST							\$ 2,521.90

SUPPLEMENTARY

NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1							
2							
3							
TOTAL PARTS							\$ -

			TOTAL PARTS COST	\$ -
<u>Labour Description</u>				
1	MZ-BR-SIDE01	TO REPLACE FRONT DOOR RH AND REAR DOOR RH.REPAIR ROCKER PANEL RH AND ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 2,640.00
2	MZ-SP-SSIDE1	TO RESPRAY FRONT DOOR RH, REAR DOOR RH AND ROCKER PANEL RH.		\$ 2,520.00
3	MZ-BR-DOORME	TO TRANSFER THE DOOR MECHANISM.(FRONT & REAR)		\$ 660.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
5	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOUc)		\$ 250.00
6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 350.00
7	MZ-BR-TOW-IN	TO TOW THE VEHICLE FROM THE ACCIDENT SITE TO THE WORKSHOP.	NETT	\$ 100.00
8	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00
			TOTAL LABOUR	\$ - \$ 6,870.00
			TOTAL PARTS	\$ - \$ 2,521.90
			TOTAL	\$ - \$ 9,391.90
			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. THE WORK THAT SHOULD YOU REQUIRE

TRANS EUROKARS PTE LTD

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	28/12/2020 10:32 (SGT)
Date of Accident	24/12/2020 17:00 (SGT)
Exact Location of Accident	Stratton PI, Singapore
Additional Location Information	STRATTON DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6025Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BING HONG
NRIC No	SXXXX457B
Email Address	ABC@GMAIL.COM
Mobile Phone No	(Phone) +65-96236629
Alternative Phone No	(Home) +65-96236629

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?	No - Claiming third party
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	LIM BING HONG
NRIC No	SXXXX457B
Date Of Birth	05/07/1991
Occupation	Indoor

Date Of Driving Pass	19/09/2011
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96236629
Alt. Phone Number	(Home) +65-96236629
Email Address	ABC@GMAIL.COM
Address	31 COMPASSVALE ROAD
Address complement	#12-41
Postcode	544759
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG HUI QI
Gender	Female

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 STATEMENT

ATTACHMENT(S)

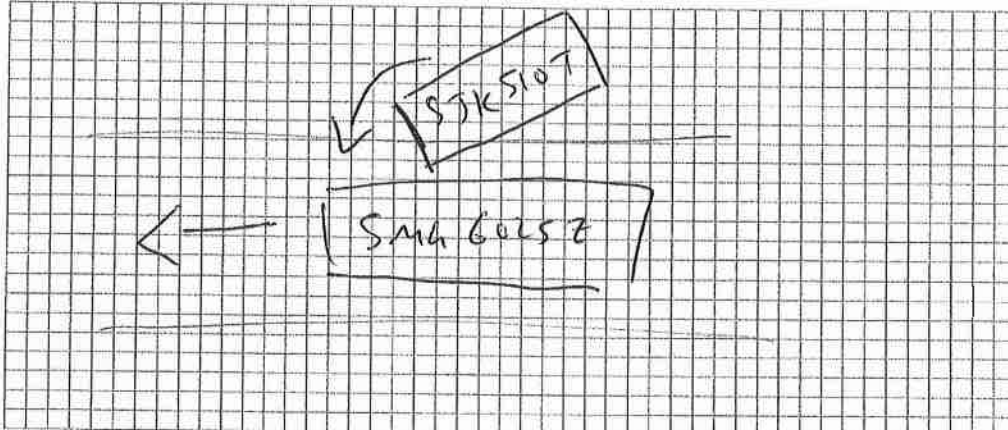
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK510T
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GENEVIEVE
NRIC No	SXXXX824J

Contact Number (Phone) +65-97801449
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SMG 60252 / SJK 510T

ACCIDENT DATE: 24 Dec 2020

CONTACT NUMBER: 96236629

ACCIDENT TIME: 1700

EMAIL:

LOCATION: ~~SIA~~ STRATTON DRIVE

On 24 Dec 2020, I, driver of SJK 6025Z was driving along Stratton Drive when a stationary vehicle, SJK 510T suddenly hit me from the right. The driver said that she was distracted by a couple who was stalling with a dog and was trying to avoid the dog when she hit my car. The weather was clear, road was dry.

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: 26 Dec 2020
1045

GIARMC SketchPlanForm V3

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.

Policyholder's Signature
 Date & Time: 26 Dec 2020
 1045

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

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