

ASSIGNMENT

From _____ Date _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: **SMX 5371R**
 at Workshop n/s **Trans Eurocars**
 of _____
 Insured: **YN 6611C**
 Policy No _____
 Claims No: **DM21HO00496/JT**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **5** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SMX5371R** Yr Regn: **18 Jan 2021**
 Type: **M.Cdr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**
 Truck / Trailer or _____
 Make: **Mazda 3 1.5 cc 1496**
 Colour: **Grey** A/C: **Insured / Std / NI / NA**
 Sp Reading: **3708** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **JM6BP2HAAK-1102705**
 Gen. Cond: **Good / Fair / Poor / Burnt**
 Steering: **In order / Jammed / Leaked / Burnt or**
 Brake: **In order / Jammed / Leaked / Burnt or**
 Modi: **Nil / S/Rim / STD / A/Rim or**
 Tyre Size: F: **215/45R18**
 R: **11**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **8** mm R/Bal. **8** mm
 L/Bal. **8** mm L/Bal. **8** mm
 D.O.A. _____ D.O.I. **27-04-21**
 Survey held at **w/s** **10AM**
 Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop or**
FA o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
 30/4/2021 @10.15am Revised to Jaime Tay via email.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Misc Insp (\$

Survey Fee:

Transportation:

☐ S + RS ☐ SI

Photos

Other:

TOTAL

Report Forwarded:

Emp. Sign / Date:



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

27 APRIL 2021
LKK

EQ INS		NAME :		WIP :		51528	
ATTN. : MOTOR CLAIMS		ADDRESS :		EXCESS :			
FAX :		TEL :		DATE :		22-Apr-21	
VEH NO :	SMX5371R	DATE IN :		CONTACT PERSON :	RONALD		
CHASSIS NO :	JM6BP2HAAK1102705	MILEAGE :		TYPE OF CLAIM :	TP CLAIMS / DS		
MODEL :	MAZDA3	DATE REG.:	18-Jan-21	POLICY NO. :			
NATURE OF WORKS							
Parts Description							
NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1	FRT BUMPER / <i>IN</i>	MBCKN-50-031DBB	1				\$ 867.30
2	RIVET / <i>MBL</i>	MB33J-51-833	2				\$ 15.20
3	FASTENER / <i>MBL</i>	MGD7A-50-EA1	2				\$ 6.40
4	HOLDER, LICENSE PLATE X	MBCWK-50-170D	1				\$ 78.40
5	STIFF 'A' BUMPER X <i>MBL</i>	MBCKA-50-0S0B	1				\$ 76.10
6	PROTECTOR(L)F.BUMPER X	MBCKN-50-B51	1				\$ 12.80
7	PROTECTOR(R)F.BUMPER ?	MBCKN-50-B41	1				\$ 12.80
8	RETAINER(R),FRONT / <i>MBL</i>	MBCKN-50-0T0B	1				\$ 20.50
9	RETAINER(L),FRONT X <i>MBL</i>	MBCKN-50-0U0B	1				\$ 20.50
10	GROMMET / <i>MBL</i>	MN243-50-0Z1	2				\$ 10.40
11	BRACKET RHF ?	MBCKP-50-154A	1				\$ 27.60
12	BRACKET LHF X <i>MBL</i>	MBCKP-50-164A	1				\$ 26.20
13	BRACKET CENTRE X <i>MBL</i>	MBCKN-50-191	1				\$ 26.60
14	RUBBER, SEAL / <i>MBL</i>	MBCKA-50-2G1A	2				\$ 4.80
15	RUBBER, SEAL / <i>MBL</i>	MBDWH-50-2G1	2				\$ 14.80
16	RETAINER 'A' FRT BUMPER ?	MBDGF-50-0T6B	1				\$ 11.00
17	RETAINER 'B' FRT BUMPER ?	MBDGF-50-0U6B	1				\$ 10.10
18	CLIP / <i>MBL</i>	MC274-50-133	10				\$ 37.00
19	CLIP / <i>MBL</i>	MFB01-50-133C	2				\$ 8.00
20	RIVET / <i>MBL</i>	MTK21-50-355	3				\$ 27.60
21	GARNISH(C)F.BUMPER BP ?	MBCKA-50-1T4A	1				\$ 11.00
22	CAP(R) X <i>MBL</i>	MBCKN-50-M32A	1				\$ 24.00
23	CAP(L) X <i>MBL</i>	MBCKN-50-M42A	1				\$ 24.00
24	GROMMET / <i>MBL</i>	MBCKA-50-0T5	1				\$ 2.50
25	GROMMET / <i>MBL</i>	MBCKA-50-0U5	1				\$ 2.50
26	COVER, TOW FRT X <i>MBL</i>	MBCKN-50-A11A	1				\$ 46.60
27	RIVET / <i>MBL</i>	MS51S-51-833	1				\$ 4.00
28	REINFORCEMENT X	MBCJH-50-070B	1				\$ 541.70
29	FASTENER X <i>MBL</i>	MB45A-56-146A	2				\$ 6.00
30	GRILL RADIATOR X	MBCKN-50-711A	1				\$ 527.40

3	ROMMET /	MBCKA-50-ES1B	4				\$ 14.80
	CLIP /	MG46L-50-EB1	2				\$ 9.40
3	CLIP /	MGSH7-50-EB1	1				\$ 9.10
34	MOULD RHF LWR BUMPER /	MBCKN-50-760C	1				\$ 313.50
35	MOULD LHF LWR BUMPER X	MBCKN-50-770C	1				\$ 313.50
36	MASCOT FRT W/SENSOR X	MBCKB-51-730A	1				\$ 705.90
37	BRACKET(C),GRILLE X	MBCKB-50-721A	1				\$ 85.50
38	GRILLE,RADIATOR-UPP. Repair	MBCKB-50-7E0DSY	1				\$ 579.20
39	RIVET /	MBCKA-50-355A	4				\$ 22.00
40	RIVET /	MTK21-50-355	10				\$ 92.00
41	FASTENER /	MGD7A-50-EA1	3				\$ 9.60
42	RHF FENDER BP /	MBDMT-52-110	1				\$ 405.90
43	GARNISH RHF FENDER X	MBDMT-50-8B1A	1				\$ 12.80
44	RIVET /	MF189-51-833	4				\$ 11.20
45	RUBBER EDGE RHF FENDER X	MBCJH-56-915	1				\$ 41.40
46	STAY RHF FENDER /	MBCJH-52-140	1				\$ 39.90
47	GUARD(R),MUD /	MBDMT-56-130E	1				\$ 332.70
48	MLDG RHF FENDER X	MBCKA-51-PB1A	1				\$ 12.90
49	HEADLAMP RH BP /	MBCKV-51-030B	1				\$ 3,645.80
50	BRACKET RHF BUMPER-LWR X	MBCKA-50-150A	1				\$ 56.20
51	CLIP /	MFB01-50-133C	4				\$ 16.00
52	CLIP /	MBCKA-56-145A	10				\$ 64.00

TOTAL PARTS							\$ 9,297.10
TOTAL PARTS COST							\$ 9,297.10

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

Labour Description			
	TO REPLACE FRONT BUMPER, FRONT REINFORCEMENT, RHF FENDER AND GRILLE TOP	660.	\$ 2,640.00
	TO RESPRAY FRONT BUMPER, FRONT REINFORCEMENT, RHF FENDER, GRILLE TOP AND BONNET.	630	\$ 3,150.00
	TO REPAIR BONNET AND ALL AREAS AFFECTED BY THE ACCIDENT.	?	\$ 660.00

MZ-BR-REVSEN	TO TRANSFER FRONT PEDESTRIAN SENSORS.	✓	NETT	\$ 180.00
MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		120	\$ 250.00
MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		180	\$ 350.00
MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOU)		nn X	\$ 250.00
MZ-BR-SUNDRI	SUNDRIES.	20	NETT	\$ 100.00

TOTAL LABOUR	\$ -	\$ 7,580.00
TOTAL PARTS	\$ -	\$ 9,297.10
TOTAL	\$ -	\$ 16,877.10
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

SUPPLEMENTARY LABOUR DESCRIPTION

1	#N/A		
2	#N/A		

5 Days
before paint photos.
Guo Qiang - 8288082
27/4/21.

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

- 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:

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 Submission 01/04/2021 14:57 (SGT)
Date of Accident 31/03/2021 18:45 (SGT)
Exact Location of Accident 7 Keppel Rd, Singapore 089055
Additional Location Information PSA COMPLEX
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX5371R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Mr Lee Jia Yong
NRIC No SXXXX036A
Email Address HUIJEEN@GMAIL.COM
Mobile Phone No (Phone) +65-98533075
Alternative Phone No +65-98533075

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
Transmission Auto
CC 1500

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 HO HUI JEEN
NRIC No SXXXX190B

Date Of Birth	02/05/1989
Occupation	Indoor
Date Of Driving Pass	11/03/2014
Driving experience	7 YEARS
Gender	Female
Mobile Number	(Phone) +65-98560261
Alt. Phone Number	-
Email Address	HUIJEEN@GMAIL.COM
Address	Blk 217A Sumang Walk
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLEASE 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	YN6611C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	EQ Insurance Company Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/04/2012 12:07 PM

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

caM444C SketchPlanForm V4