

3 ANSON ROAD

## TRANS EUROKARS PTE LTD



## **ESTIMATE COST OF REPAIRS**

WIP: 34510

**EXCESS:** 

DATE: 1-Jun-21

#16-00 SPRINGLEAF TOWER

CHINA TAIPING INSURANCE P/L

SINGAPORE 079909

TEL:

ATTN.:

MOTOR CLAIMS

NAME:

ADDRESS:

FAX:

VEH NO : SMX3467L DATE IN: CONTACT PERSON: DEREK CHASSIS NO: JM6BP2SAAK1102608 MILEAGE: TYPE OF CLAIM: THIRD PARTY CLAIM MODEL: M3 M-HYBRID DATE REG.: POLICY NO. :

NATURE OF WORKS

Parts Description								
NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED		PRICES
1	REAR FENDER RH	MBCYA-70-410	1				\$	1,643.60
2	SIDE STEP RH	MBCJH-51-P50D53	1				\$	757.70
3	CLIP,SIDE STEP	MBP4L-51-SJ3	6				\$	60.00
4	CLIP,SIDE STEP	MBCJH-51-SJ3	22				\$	61.60
5	CLIP,SIDE STEP	MBDGF-51-SJ3	2				\$	7.40
6	REAR DOOR RH	MBCY0-72-02XE	1				\$	954.10
7	WEATHERSTRIP REAR DOOR RH	MBCJH-72-760C	1				\$	70.70
8	FASTENER, WEATHERSTRIP	MBCJH-58-762	22				\$	52.80
9	HINGE REAR DOOR UPPER	MKD53-72-210	1				\$	48.30
10	HINGE REAR DOOR LOWER	MKD53-72-240A	1				\$	44.80
11	MOULDING REAR DOOR RH	MBCJH-50-660F	1				\$	90.00
12	FASTENER REAR DOOR	MBDGJ-58-6B1	2				\$	4.80
13	CLIP REAR DOOR	MBCKA-72-604	2				\$	5.60
14	GROMMET,SCREW REAR DOOR	MBCJH-58-975B	6				\$	14.40
15	CHECKER,REAR DOOR RH	MBCJH-72-270B	2				\$	85.60
16	PLUG,DRAIN	MB45A-56-052	4				\$	10.80
17	FRONT RH DOOR	MBCY0-58-02XF	1				\$	1,127.50
18	MOULDING FRONT DOOR RH	MBCJH-50-640F	1				\$	80.00
19	WEATHERSTRIP FRONT DOOR RH	MBCJH-58-760C	1				\$	96.60
20	FASTENER FRONT DOOR	MBDGJ-58-6B1	2				\$	4.80
21	FASTENER FRONT DOOR	MJ001-56-741	2				\$	4.80
22	FASTENER WEATHERSTRIP	MBC1D-58-762	5				\$	17.00
23	FASTENER WEATHERSTRIP	MBCJH-58-762	22				\$	52.80
24	CLIP,GARNISH	MBCJH-50-M38	4				\$	54.80
25	CLIP,GARNISH	MKD53-50-M38	12				\$	147.60
26	SIDE MIRROR RH	MB0M8-69-121C	1				\$	659.20
27	SIGNAL LAMP SIDE MIRROR	MBCKA-69-122B	1				\$	124.30
28	HOUSING RH SIDE MIRROR	MBCKA-69-1N1 53	1				\$	75.30
29	GLASS & HOLDER RH SIDE MIRROR	MB0L2-69-1GX	1				\$	711.20
30	TRIANGLE SMALL COVER RH FRONT DOOR	MBCJH-69-15YB	1				\$	47.50

31	CLIP,TRIANGLE	SMALL COVER FRONT DOOR	MGHP9-50-M38	6					\$ 66.0
32	WHEEL,DISC-AL	UMI.18X7"	M9965-B3-7080	2				_	2,478.0
33	VALVE,AIR WHI	ELL DISC	M9963-60-4140	2					5 13.4
34	FRONT FENDER	RH	MBCJH-52-110	1					\$ 415.9
35	MUDGUARD FR	ONT RH	MBCJH-56-130E	1					\$ 185.9
36	FASTENER MUD	GUARD	MB45A-56-146A	22				Ş	66.0
37	PLUG,DRAIN		MB45A-56-052	3				Ş	8.1
				TOTAL	PARTS			Ş	10,348.90
				TOTAL	PARTS (	OST		\$	10,348.90
			SUPPLEMENTARY						
NO		DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISE	D	PRICES
1									
3									
				TOTAL	PARTS			\$	720
				TOTAL	PARTS C	OST		\$	(#S
			Labour Description						
1		TO REMOVE & REFIT FRONT & REA DOOR, REAR DOOR AND REAR FEN	R BUMPER AND TO REPLACE F NDER.REPAIR ALL AREAS AFFE	RONT FENDER	R, FRON ACCIDE	T NT,:		\$	5,280.00
2		TO RESPRAY REAR FENDER, REAR	DOOR, FRONT DOOR,FRONT F	ENDER AND S	IDE STE	Р		\$	4,410.00
9	MZ-BR-WHEALI	TO CHECK STEERING GEOMETRY &	& CONDUCT FULL WHEEL ALIGN	IMENT.				\$	560.00
10		TO MOUNT SPORT RIM AND CONDU	JCT WHEEL BALANCING x 2					\$	240.00
11	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FO	OR PROPER.FUNCTIONING.					\$	250.00
12	MZ-BR-REPROG TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.							\$	350.00
13	MZ-BR-CAVITY TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOUC)							\$	250.00
14	MZ-BR-SUNDRI	SUNDRIES.					NETT	\$	100.00
				TOTAL L	ABOUR		\$	s	11,440.00
				TOTAL P			\$		10,348.90
				TOTAL			\$ .		21,788.90
				LESS EXC	ESS		\$ .	Ti.	-

		GST 7%	\$ #	\$ -
		GRAND TOTAL	\$ 8	\$
	SUPPLEME	NTARY LABOUR DESCRIPTION		
	,			
1	#N/A			
2	#N/A			
2	11474			
****		TOTAL LABOUR	\$ 2	\$
		TOTAL PARTS	\$ 134	\$ -
		TOTAL	\$ V <u>a</u> 4	\$ -
		LESS EXCESS	\$ ě	\$ 141
		TOTAL AFTER EXCESS	\$ N#1	
		GST 7%	\$ ((#)	\$
		GRAND TOTAL	\$ 0.	\$ (#)

#### 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** 

ST0B215E0004 / TRANS EUROKARS PTE LTD [609042] ENTRY DATE & TIME: 14/05/2021 17:41 (SGT) SUBMITTED BY: TRANSEUROKARS PTE LTD - TANJONG PENJURU VERSION: 1 (14/05/2021 17:41 (SGT))



# 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

- 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 14/05/2021 17:41 (SGT) Date of Accident 13/05/2021 22:07 (SGT) Exact Location of Accident Choa Chu Kang North 5, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number SMX3467L

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEN WEI JIUN** NRIC No SXXXX021D Email Address weijiun84@gmail.com Mobile Phone No (Phone) +65-96309400 Alternative Phone No +65-98294265

## VEHICLE PARTICULARS

Model Variant ..... Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1496

## 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 **CHEN WEI JIUN** NRIC No SXXXX021D

Date Of Birth 07/04/1984 Occupation Indoor Date Of Driving Pass 08/08/2009 Driving experience 11 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96309400 Alt. Phone Number +65-98294265 Email Address weijiun84@gmail.com Address 50 CHOA CHU KANG NORTH 7 Address complement #15-15 Postcode 689527 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 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 Tey Mei Hsien 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 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? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLK9452U Vehicle Manufacturer Volkswagen Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	:#O
* 1	SXXXX017F
Contact Number	(Phone) +65-91098171
Address	-
Address complement	<b>2</b> 9
Postcode , superior s	41
Insurance Company Name	-:
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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

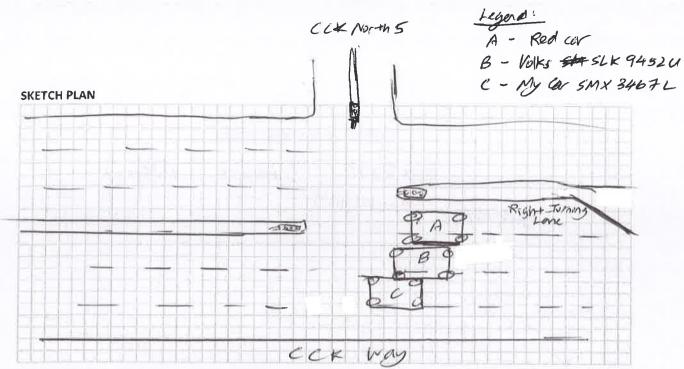
Policyholder's Signature

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

NRIC/FIN No.:

GARREST SERVERS SERVERS OF THE TREE

Date & Time:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13	May	216 Thus	10:07	pm, Vol	kswagen	Jet	ta 5	LK94	52 U
Irim by	Mr.	Easw	van	pm, Vol	amanicke	m 5	P61901	7 F HPS	9109 8
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both	car	s a	hive,	pass the t	raffic i	rght	of 8	GALTIEN	between
Choa	Chu	Kang	Way	& choq	Chy Ka	g Nor	th 5		
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to cl	race	and	Stop	nim a	+ the	3rd	Traff.	c ligh	7
when	it	was	ad	light.					
	1	1							
						7	3		
						4			
		-							

# DECLARATION

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

Policyholder's Signature

Date & Time:
14 May 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: