



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

CHINA TAIPING INSURANCE P/L		NAME :		WIP : 35803	
3 ANSON ROAD		ADDRESS :		EXCESS :	
#16-00 SPRINGLEAF TOWER				DATE: 19-May-21	
SINGAPORE 079909		TEL :			
ATTN : MOTOR CLAIMS					
FAX :					

VEH NO :	SMG8507L	DATE IN :		CONTACT PERSON :	RONALD
CHASSIS NO :	JM6BN24A8K0251665	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA 3	DATE REG.:		POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1	REAR BUMPER	MB63C-50-221ABB	1				\$ 997.50
2	BRACKET, REAR BUMPER	MKD53-50-251	1				\$ 5.40
3	RETAINER RHS, REAR BUMPER	MBHN9-50-2H1C	1				\$ 37.40
4	RETAINER LHS, REAR BUMPER	MBHN9-50-2J1C	1				\$ 37.40
5	GUARD LHS,REAR BUMPER	MB63D-50-371	1				\$ 30.60
6	PROTECTOR, REAR BUMPER	MBHN9-50-369	1				\$ 58.80
7	TOWING HOOK COVER RHS	MB63B-50-EK1 BB	1				\$ 15.80
8	TOWING HOOK COVER LHS	MB63B-50-EL1 BB	1				\$ 15.80
9	TAPE,PROTECTOR	MGS1D-50-EM1A	2				\$ 17.20
10	REAR BUMPER REFLECTOR RHS	MD350-51-5M0E	1				\$ 53.00
11	REAR BUMPER REFLECTOR LHS	MD350-51-5L0E	1				\$ 53.00
12	REAR BUMPER REINFORCEMENT	MB45C-50-260	1				\$ 564.20
13	CLIP, REAR BUMPER	MBGV4-56-145	2				\$ 5.80
14	FASTENER, REAR BUMPER	MB45A-56-146A	2				\$ 6.00
15	RETAINER, SENSOR	MKD47-67-UC5A27	4				\$ 72.80
16	SENSOR, ULTRASONIC	MGMK6-67-UC1 27	2				\$ 361.80
17	SENSOR,ULTRASONIC	MKD47-67-UC1 27	2				\$ 407.20
18	RIVET, REAR BUMPER	MEA01-50-037	2				\$ 16.00
19	GROMMET, REAR BUMPER	MBHN1-50-0Z1A	4				\$ 10.80
20	T/LAMP GASKET RHS, BODY	MBHP1-51-153	1				\$ 22.00
21	T/LAMP GASKET LHS, BODY	MBHP1-51-163	1				\$ 22.00
22	ANTENNA,LF	MKD47-67-6NXA	1				\$ 111.10
23	CLIP,ANTENNA	MKD45-67-6NYA	1				\$ 2.70

TOTAL PARTS							\$ 2,924.30
TOTAL PARTS COST							\$ 2,924.30

SUPPLEMENTARY

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

1	MZ-BR-REAR02	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 2,310.00
2	MZ-SP-SREAR2	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.		\$ 1,890.00
3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS.		\$ 330.00
4	MZ-BR-CAMERA	TO TRANSFER REVERSE CAMERA.		\$ 330.00
5	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 350.00
7	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOU)		\$ 250.00
8	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00

[illegible]

	TOTAL LABOUR	\$ -	\$ -
	TOTAL PARTS	\$ -	\$ -
	TOTAL	\$ -	\$ -
	LESS EXCESS	\$ -	\$ -
	TOTAL AFTER EXCESS	\$ -	
	GST 7%	\$ -	\$ -

GRAND TOTAL	\$	-	\$	-
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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

TP CLAIMS - CT

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	02/03/2021 21:12 (SGT)
Date of Accident	01/03/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE EXIT TO BRICKLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8507L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOON JIAN MING, ADREAN
NRIC No	SXXXX929G
Email Address	ADREANLOON@GMAIL.COM
Mobile Phone No	(Phone) +65-90487736
Alternative Phone No	(Home) +65-90487736

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA558397
Cover Note Number	-

DRIVER

Name of Driver	LOON JIAN MING, ADREAN
NRIC No	SXXXX929G
Date Of Birth	05/11/1986
Occupation	Indoor

Date Of Driving Pass	14/05/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90487736
Alt. Phone Number	(Home) +65-90487736
Email Address	ADREANLOON@GMAIL.COM
Address	BLK 23 YISHUN STREET 51 #09-08
Address complement	-
Postcode	768086
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	LOW CI YAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

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	GBD362K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WONG YEW KWONG
NRIC No	SXXXX529J
Contact Number	(Phone) +65-96696484
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT9516K
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC1392B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHMAD BIN KASSIM
NRIC No	SXXXX450B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	YN1709M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-

Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW CI YAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEADACHE
Injured person in which vehicle?	SMG8507L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

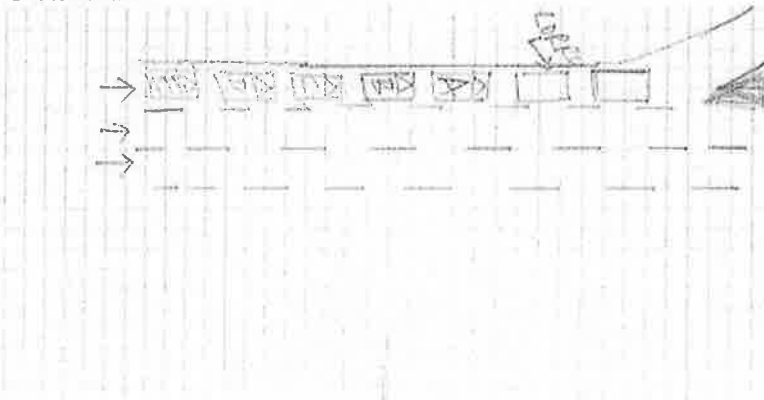
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMG 8507L
B: GBD 362 K
C: SMT 9516K
D: SHC 1392B
E: YN 1709 M


Describe Circumstances of the Accident


✓ AT 1500hrs on 01 Mar 2021 I was travelling on the KJE in the direction of PIE. As I was exiting KJE slip road into brickland road, lorry GBD 362K hit me from the rear. My passenger sought medical attention from A&E Ng Teng Fong hospital.


5 vehicle chain collision.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

2/30
1210P

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


Witnessed by Reporting Centre Personnel

[illegible]

T/20210302/2043

1 of 4

Report No. T252103/22343

Date/Time Report Made: 02/03/2021 13:10	Vide Report No.:	Station Diary No. 58
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Name of Informant: LOON JIAN MING, ADREAN			Address: BLK 23 YISHUN STREET 51 #09-08 SINGAPORE 768086	
ID Type / ID No.: NRIC NO / S8630929G			Contact No.:	Mobile: 90487736
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 34	Date of Birth: 05/11/1986	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Air traffic controller			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident			Type of Location:
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/03/2021 18:10
Type of Location: Straight Road			
Location:			
KRANJI EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain Collision between 5 vehicles		Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD362K	Lorry				Slightly Damaged	0
SHC1392B	Taxi				Seriously Damaged	1
SMG8507L	Car	MAZDA	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6	Grey	Slightly Damaged	1
SMT9516K	Car				Seriously Damaged	1



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT



T/20210302/2043

2 of 4

Report No. T/20210302/2043

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN1709M	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG8507L	AXA INSURANCE SINGAPORE PTE LTD	GA558397	31/12/2020	30/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
Nc. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Wong Yew Kwong		ID No.	S0147529J
Related Vehicle	GBD362K (Lorry)		Contact No.	96699484
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Mohmad Bin Kassim		ID No.	S1265450B
Related Vehicle	SHC1392B (Taxi)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20210302/2043

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Report No. T/20210302/2043

CONTINUATION OF REPORT

Driver			
Name	LOON JIAN MING, ADREAN		ID No. S8630929G
Related Vehicle	SMG8507L (Car)		Contact No. 90487736
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2021	Date Discharge	01/03/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Low Ci Yan		ID No. S8739734C
Related Vehicle	SMG8507L (Car)		Contact No. 90487316
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2021	Date Discharge	01/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date time and location, I was driving my car along KJE towards Brickland Rd. I was at the filter lane of the exit and my car was stationary at that point of time. While stationary, I heard a loud bang. After which I felt an impact coming from the rear. My wife was in my car. I then went to make a check and discovered that I was involved in a Chain Collision accident between 5 vehicles.

A lorry GBD362K had hit onto the rear portion of my car and another car (SMT9516K) had hit onto the lorry. The said car was hit from the rear by a taxi (SHC1392B). The taxi was hit by another lorry (YN1709M) from the rear.

I then took photo of the accident and managed to exchange details with the taxi driver and the lorry driver that hit onto me. As I had an emergency, I had to rush off. I was informed that the passenger of the taxi was conveyed to hospital by ambulance.

After the accident my wife and I went to Ng Teng Fong General Hospital to get treatment. My wife was given 3 days medical leave. I was not given any medical leave but was told to monitor myself.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20210302/2043

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Report No. T/20210302/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 3 MUHAMMAD RIDZUAN BIN ABDUL
RAHMAN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
02/03/2021 13:10

Officer In Charge Of Case:

TP / GIT /

Staff Sgl MOHAMED SUFIAN BIN
JUNID

Contact No.: 65476247

Authentication Stamp
NP168



Classification Of Case:

SN 061

SIGNATURE

Ronald Yap

From: Cecilia Low <cecilia.low@sg.cntaiping.com>
Sent: 11 March 2021 5:42 PM
To: Ronald Yap
Subject: RE: SNM21D201213/C02/GBD362K/LOWCT / FW: YOUR REF: GBD362K / OUR REF: SMG8507L / DOA: 01MARCH2021

[Strictly Confidential]

Without Prejudice

Dear Sirs

We are agreeable to negotiate on Direct Settlement basis, subject to your concurrence on the number of days of LOU/LOR as proposed by our appointed motor surveyor, FormTeam Adjusters Pte Ltd.

Please confirm your agreement of the same.
Thank you.

NOTICE :

In response to the escalating Covid-19 cases, please refrain from sending hardcopy documents to us as delay is to be expected for handling hardcopy documents.

All correspondences should be made via email claimsdept@sg.cntaiping.com or fax at 6224 7175. Any inconvenience caused is much regretted.

Cecilia Low (Ms)
Senior Executive
Claims

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6530 | F: (65) 6225 5879

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平狮城 Taiping SG

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Thursday, 11 March 2021 4:29 PM
To: Ronald Yap <ronald.yap@eurokars.com.sg>; Cecilia Low <cecilia.low@sg.cntaiping.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: O/R: SNM21D201213/C02/GBD362K/LOWCT / FW: YOUR REF: GBD362K / OUR REF: SMG8507L / DOA: 01MARCH2021

Without Prejudice

Dear Cecilia,

Please conduct PRS for SMG8507L.

Note: officer in charge Cecilia Low 63896530.