

ASS. REC. BY:

Steve

CC4/LPC 21097353/P43

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

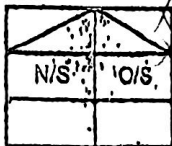
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMN 2119B

Yr Regn:

29/7/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mazda 6

c.c.

1998

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

40432

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

TM16GL 12.72K 0313915

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rm / STD A/Rm or

Tyre Size:

F:

205/55R16

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

U/Bal.

4

mm

U/Bal.

4

mm

D.O.A.

26/6/21

D.O.L.

12/7/21

Survey held at

TRANS Eurocars

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

F1 RH

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-95K

File/Time, File, Pass to:



: Prel. Report



: Final Report

File/Time, File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

Photo

Others

TOTAL

Specialist:

MVA 2000 / 1.2.1.1



TRANS EUROKARS PTE LTD

EUROKARS GROUP

ESTIMATE COST OF REPAIRS

LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555		NAME : ADDRESS : TEL :		WIP : 37225 EXCESS : DATE: 6-Jul-21	
ATTN : MOTOR CLAIMS FAX :		DATE IN :		CONTACT PERSON : JESS	
VEH NO :	SMN2119B	MILEAGE :		TYPE OF CLAIM : THIRD PARTY CLAIM	
CHASSIS NO :	JM6GL1072K0313005	DATE REG : 29-Jul-19		POLICY NO. :	
MODEL :	M6				

NATURE OF WORKS

Parts Description									
NO	DESCRIPTION	PARTS NO	QTY	/UNIT	DISC	1st	Supp	REVISED	PRICES
1	HEADLAMP RH / CUT	MGSK4-51-031A	1	4,759.30	20%	/			4,759.30
2	TAPE SEAL HEADLAMP RH / N/C	MGRF5-51-065A	1	102.00	20%	/			102.00
3	RIVET / N/C	MB092-51-833	1	3.50	20%	/			3.50
4	BRACKET 'A' HEADLAMP RH X	MGS7-50-ABXA	1	30.80	20%				30.80
5	BRACKET 'B' HEADLAMP RH X	MGS7-50-ABYA	1	15.50	20%				15.50
6	SIDE MIRROR RH / CR	MGSB9-69-121A	1	475.90	20%	/			475.90
7	HOUSING SDIE MIRROR RH / CUT	MB63B-69-1N1 13	1	111.00	20%	/			111.00
8	SIGNAL TURN LAMP RH /	MB63B-69-122A	1	85.80	20%				85.80
9	GLASS & HOLDER RH /	MB63C-69-1G1	1	282.50	20%				282.50
10	FRONT FENDER RH /	MGHP9-52-111A	1	383.70	20%	/			383.70
11	FASTENER / N/C	MB45A-56-146A	10	3.00	20%	/			30.00
12	FRT BUMPER X R	MGSJ8-50-031 BB	1	1,211.90	20%				1,211.90
13	GROMMET,SCREW / N/C	MGHP9-50-025	1	2.90	20%	/			2.90
14	CHROME COVER FOG LAMP X	MGBVG-50-121	1	65.80	20%				65.80
15	COVER FOG LAMP X	MGS7-50-101	1	20.50	20%				20.50
16	RETAINER RH FORNT BUMPER X	MGHP9-50-0T1B	1	17.10	20%				17.10
17	RIVET / N/C	MBBM4-50-355	4	4.50	20%	/			18.00
18	RIVET,SPLASH SHIELD X	MS51S-51-833	4	4.00	20%				16.00
19	CHROME MOULD OUTER FRONT DDOR RH X	MGHP9-50-640F /	1	96.00	20%	/			96.00
20	FASTENER X	MGJ6A-68-AB1	9	7.20	20%				64.80
TOTAL PARTS									7,793.00
LESS 20%									1,558.60
TOTAL PARTS COST									6,234.40

SUPPLEMENTARY

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

Labour Description			
1		TO REPLACE FRONT BUMPER AND FRONT FENDER RH. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENTS.	1,650.00
2		TO RESPRAY FRONT BUMPER, FRONT FENDER RH, FRONT DOOR RH AND ALL AREAS AFFECTED BY THE ACCIDENTS.	2,520.00
3	MZ-BR-FRTSEN	TO TRANSFER FRONT PEDESTRIAN SENSORS.	330.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	150.00
5	MZ-BR-REPRO	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	180.00
6	MZ-BR-SUNDR	SUNDRIES.	50.00

TOTAL LABOUR	-	4,880.00
TOTAL PARTS	-	6,234.40
TOTAL	-	11,114.40
LESS EXCESS	-	-
TOTAL AFTER EXCESS	-	-
GST 7%	-	-
GRAND TOTAL	-	-

SUPPLEMENTARY LABOUR DESCRIPTION			
1		#N/A	
2		#N/A	

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.

RANS EUROKARS PTE LT

Authorised Signature

Stere (LKK) wll h
12/7/21, 11:30am
8322 8813
4 yrs
P/P
My Bul sy

- 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:

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	28/06/2021 16:13 (SGT)
Date of Accident	26/06/2021 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2119B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ms Evelyn Ang Poa Yen
NRIC No	SXXXX550I
Email Address	eangpy77@hotmail.com
Mobile Phone No	(Phone) +65-97651376
Alternative Phone No	+65-97651376

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2000

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	LUI PENG HIONG
NRIC No	SXXXX092A

Date Of Birth	23/08/1972
Occupation	Indoor
Date Of Driving Pass	11/03/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98343135
Alt. Phone Number	-
Email Address	U0408218@GMAIL.COM
Address	503 Bishan Street 11 #03-454
Address complement	-
Postcode	570503
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LUI HWEE ENG
Gender	Female

PASSENGER 2

Name	LUI KA HENG
Gender	Male

PASSENGER 3

Name	EVELYN ANG POA YEN
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 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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YP2428G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WANG SHI MIN
Passport No/FIN	GXXXX708P
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

The accident

I was driving my car, SMN2119B and an accident happened on 26-June-21, 545pm. I was turning out from side road into Yishun Central, right before cross junction of Yishun central and Yishun ave 2 heading towards Yishun Avenue 5 and enter yellow box within my lane came to a complete stop and the truck (YP2428G) was on right side of my car. The driver of the truck turned left inside of the yellow box into my lane without checking his left, and collided into the side of my car and crushed my right side mirror. My car was at a complete stop when the truck made contact with my car and sounded my horn many times to alert him but he continue turning left into my car resulted in further collusion to the right front of my car body causing dents, scratches on my head lights and side bumper, and causing more damage to my right side mirror, crushing it further. The right side of the truck was in contact with my car and I was unable to get off my car from the driver side, the truck driver finally noticed the accident and drove forward turning to the right to make room for me to alight from the car. We exchanged details assess the damages and drove away in our separate way. There were no police report launched since there were no injuries.

Sent from my iPhone

Driver of YP2428G told me that he did not check his left and was look out for traffic on the right when he turn to the left and collided into my car

[Signature]
Peng Hsing
28/6/21

[Signature]
Tommy Woon
Representative of
Eurokas Servs P/L.
28/6/2021

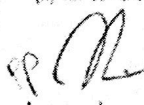
SKETCH PLAN


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 insured 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;
- (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.


 Evelyn Ang
 Policyholder's Signature
 Date & Time:
 28 Jun 21
 1145 hrs


 Hui Peng Heng
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 28 Jun 21
 1145 hrs


 Tommy Wong
 Reporting Centre Personnel's Signature
 Name:
 NRIC/IRN No:
 51318250/G.

SKETCH PLAN

Sketch Plan #3

ENCLOSURE CIRCUMSTANCES OF THE ACCIDENT

See Attached

Investigator: [Signature] Date: 6/28/21

Witness: [Signature]

Accident: [Signature]

Sketch Plan #3