

ASS. REC. BY:

Stere

REF

CS/CTI 21097742/ETC

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.

Claiming No.

Sum Insured:

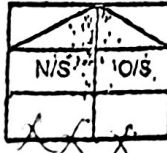
Excess:

(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. Repair:

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:

SGL 1173G

Yr Regn:

24/6/16

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

Truck / Trailer or

Make:

Mazda 6

C.C.

1998

Colour:

Grey

A/O: Insured / Std / NI / N

Sp. Reading

141842

TIRadio: Insured / Std / NI / N

Eng/No:

C/No:

J1601197360241950

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/45ZR17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

U/Bal.

S

mm

U/Bal.

S

mm

D.O.A.

9/7/21

O.O.I.

24/7/21

Survey held at

Trans Eurocars

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-60K

Date/Time, File, Pass lot,



: Prel. Report



: Final Report

Date/Time, File Return lot

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photo

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

Date/Time, File, Pass lot,

Date/Time, File Return lot



TRANS EUROKARS PTE LTD

EUROKARS GROUP

ESTIMATE COST OF REPAIRS

CHINA TAIPING INSURANCE P/L		NAME :		WIP : 38075	
3 ANSON ROAD		ADDRESS :		EXCESS :	
#16-00 SPRINGLEAF TOWER		TEL :		DATE: 13-Jul-21	
SINGAPORE 079909					
ATTN : MOTOR CLAIMS					
FAX :					
VEH NO :	SGL1173G	DATE IN :		CONTACT PERSON :	DEREK
CHASSIS NO :	JMGGJ1072G0240930	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	M6	DATE REG.:	24-Jun-16	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1	REAR BUMPER / <i>OK</i>	MGJR9-50-221ABB	1	/			\$ 1,231.50
2	BRACKET CENTER RR BUMPER <i>3</i>	MKD53-50-251	1				\$ 5.40
3	REINF REAR BUMPER <i>?</i>	MGHK1-50-260	1				\$ 538.30
4	GROMMET,SCREW / <i>OK</i>	MH260-50-841	4	/			\$ 12.00
5	FASTENER / <i>OK</i>	MB45A-56-146A	6	/			\$ 18.00
6	COVER TOWING LH / <i>MIT</i>	MG4YL-50-EL1 27	1	/			\$ 24.90
7	COVERT TOWING RH / <i>MIT</i>	MGJR9-50-EK1A27	1	/			\$ 24.90
8	REFLECTOR LH <i>X</i>	MD350-51-5L0E	1				\$ 53.00
9	REFLECTOR RH <i>X</i>	MD350-51-5M0E	1				\$ 53.00
10	RETAINER LH <i>X</i>	MGJR9-50-2J1	1				\$ 41.00
11	RETAINER RH <i>X</i>	MGJR9-50-2H1	1				\$ 41.00
12	GASKET TAIL LAMP LH / <i>OK</i>	MGHK1-51-163	1	/			\$ 29.10
13	GASKET TAIL LAMP RH / <i>OK</i>	MGHK1-51-153	1	/			\$ 29.10

TOTAL PARTS \$ 2,101.20

TOTAL PARTS COST \$ 2,101.20

SUPPLEMENTARY

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

Labour Description

		TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENTS.	660	\$ 1,100.00
		TO RESPRAY REAR BUMPER, REAR REINFORCEMENT AND ALL AREAS AFFECTED BY THE ACCIDENTS.	630	\$ 1,575.00
3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS.	330	\$ 660.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 200.00
5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 250.00
6	MZ-BR-SUNDRI	SUNDRIES.	20	\$ 50.00

TOTAL LABOUR	\$ -	\$ 3,835.00
TOTAL PARTS	\$ -	\$ 2,101.20
TOTAL	\$ -	\$ 5,936.20
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	\$ -
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

SUPPLEMENTARY LABOUR DESCRIPTION

1		#N/A		
2		#N/A		

Steve (CLKK) ML
 8312 8813 34
 P/P
 My Bly
 21/7/21, 2:30pm

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.

- CLKK 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

ST0B217A0001 / TRANS EUROKARS PTE LTD [609042]
DATE & TIME: 12/07/2021 10:29 (SGT)
SUBMITTED BY: TRANSEUROKARS PTE LTD - TANJONG PENJURU
VERSION: 1 (12/07/2021 10:29 (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 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	12/07/2021 10:29 (SGT)
Date of Accident	09/07/2021 14:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE (NEAR ANG MO KIO) TOWARDS TOWN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL1173G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW CHEE HONG
NRIC No	SXXXX439H
Email Address	VIN_HOMME@YAHOO.COM
Mobile Phone No	(Phone) +65-91071964
Alternative Phone No	+65-63310680

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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100472401-05
Cover Note Number	-

DRIVER

Name of Driver	LOW CHEE HONG
NRIC No	SXXXX439H



Date Of Birth	09/02/1977
Occupation	Indoor
Date Of Driving Pass	06/11/2000
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91071964
Alt. Phone Number	+65-63310680
Email Address	VIN_HOMME@YAHOO.COM
Address	BLK 128C CANBERRA STREET
Address complement	#04-556
Postcode	753128
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM TSE YING
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 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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP3495Y
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	GOH WEI SONG, SEAH
IC No	SXXXX411G
Contact Number	(Phone) +65-91128408
Address	-
Address complement	-
Postcode	-
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 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.
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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:

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

SKETCH PLAN



SGL
A - my car 11736
B - mercedes

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 9 July 2021 around 2pm when I was driving along CTE on the extreme right lane toward Town the Traffic in front was slowing down everyone is driving along the lane, sudden ~~the~~ my car was hit by a mercedes from behind.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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