ASS. REC. BY: Taufik | REF: CS/CT1 2101/116/THY3.

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: SLG 6426L

Policy No. DMPCSNW00209672104

Claims No. SNM21D206137/C02/THAMY

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
X	

Bal. or Market Value: ______

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: ______ days Res.: Yes or No

Lum Sum: ______ % 3 Val.: Yes or No

WP

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SCM448M Yr Regn: 2016, April

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Mazda 2 c.c 1496

Colour: Blue A/C: Insured / Std / NI / NA

Sp.Reading 78926 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: MM 6DL2AA GW186202

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

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

Tyre Size: F: 185/60R16

R: " "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 26/10/2021 D.O.I. 19/11/21

Survey held at Trans Eurokar

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

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

Date / Time	Action / Instruction
3/3/22	Final fig $2835.90 confirmed by email (red 7572.63,72%)

Date/Time, File Pass to? [ ] : Preli. Report [ ] : Final Report

1)

Date/Time, File Return to?

2) 3/3/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($ ______) [ ] : Interview ($ ______) [ ] : Tech. Invs ($ ______) [ ] : Weekend ($ ______)

Survey Fee: ______
Transportation: ______
___S + RS.___SI ______
Photos ______
Others ______
TOTAL ______

Report Format: Merimen

~~Lump Sum~~ / L.B.I. ($2835.90)

TRANS EUROKARS PTE LTD
27A TANJONG PENJURU, SINGAPORE 609042
ESTIMATE COST OF REPAIRS

EUROKARS SERVICES

CHINA TAIPING INSURANCE P/L		**NAME :**		**WIP :**	10885
3 ANSON ROAD		**ADDRESS :**		**EXCESS :**	
#16-00 SPRINGLEAF TOWER				**DATE:**	27-Oct-21
SINGAPORE 079909					
ATTN. :	MOTOR CLAIMS	**TEL :**			
FAX :					
VEH NO :	**SCM448M**	**DATE IN :**		**CONTACT PERSON :**	RONALD
CHASSIS NO :	MM6DL2SAAGW186202	**MILEAGE :**		**TYPE OF CLAIM :**	THIRD PARTY CLAIM
MODEL :	MAZDA 2	**DATE REG.:**	28-Apr-16	**POLICY NO. :**	

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	QTY	1st	Supp	PARTS NO	REVISED	PRICES
1	REAR BUMPER	1			MDB7A-50-221BBB	✓	$ 954.50
2	STAY,REAR BUMPER	2			MDB7A-50-271	?	$ 26.00
3	RETAINER LH REAR	1			MDB7A-50-2J1	?	$ 22.80
4	BRACKET LOWER REAR BUMPER	1			MDB7H-50-251	?	$ 24.40
5	CLIP	1			MGJ21-50-049	✓	$ 3.40
6	FASTENER	7			MB45A-56-146A	✓	$ 21.00
7	REFLECTOR LH	1			MD350-51-5L0E	?	$ 53.00
8	SPLASH SHIELD LH REAR	1			MDB7A-50-350	X	$ 55.60
9	STONE GUARD LH	1			MDB1L-50-4R2	X	$ 14.70
10	TAIL LAMP LH	1			MDB7A-51-160B	?	$ 395.30
11	GASKET TAIL LAMP RH	1			MDB7A-51-153	✓	$ 33.50
12	GASKET TAIL LAMP LH	1			MDB7A-51-163	✓	$ 33.50
13	REAR END PANEL	1			MDBYA-70-75Z	?	$ 656.00
14	PLATE CORNER LH REAR	1			MDBYA-71-490	X	$ 41.30
15	PANEL REAR FENDER LOWER LH	1			MDBYB-71-40XA	X	$ 287.70
16	CHAMBER,EXTRACTOR	1			MD350-51-920A	X	$ 74.90
					TOTAL PARTS		$ 2,697.60
					TOTAL PARTS COST		**$ 2,697.60**

SUPPLEMENTARY

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

		Labour Description		REVISED	PRICES
1		TO REPLACE REAR BUMPER, REAR END PANEL AND PANEL REAR FENDER LOWER AND REPAIR AREAS AFFECTED BY THE ACCIDENTS.		660.	$ 2,640.00
2		TO RESPRAY REAR BUMPER,REAR END PANEL,PANEL REAR FENDER LOWER AND AREAS AFFECTED BY THE ACCIDENTS.		630	$ 2,520.00
3	MZ-BR-SEALER	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING		X NETT	$ 360.00
4	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS.		180.	$ 660.00
5	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		120.	$ 250.00
6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		180.	$ 300.00
7	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOUC)		X	$ 250.00
8	MZ-BR-SUNDRI	SUNDRIES.		20.	$ 50.00

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.*

TOTAL LABOUR	$ -	$ 7,030.00
TOTAL PARTS	$ -	$ 2,697.60
TOTAL	$ -	$ 9,727.60
LESS EXCESS	$ -	$ -
TOTAL AFTER EXCESS	$ -	$ 9,727.60
GST 7%	$ -	$ 680.93
GRAND TOTAL	$ -	$ 10,408.53

SUPPLEMENTARY LABOUR DESCRIPTION

				REVISED	PRICES
1		#N/A			
2		#N/A			

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.*

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

Taufik 97495449/62563581
wip 19/11/21 @ 1015
p/p Resurvey before paint
2 days
taufik@ihkauto.com

TRANS EUROKARS PTE LTD

IHK 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:

Authorised Signature

SN0721AQ000P / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 26/10/2021 15:12 (SGT)
SUBMITTED BY: Muhammad Nizam bin Alias
VERSION: 1 (26/10/2021 15:12 (SGT))

TP claim - CT - Sent

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	26/10/2021 15:12 (SGT)
Date of Accident	26/10/2021 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ON SLIP ROAD FROM TAMPINES LINK INTO TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM448M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAMZAH BIN PADALE
NRIC No	S1721745C
Email Address	Yoda147x@yahoo.com
Mobile Phone No	(Phone) +65-98502457
Alternative Phone No	+65-98502457

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5088645635-04
Cover Note Number	-

DRIVER

Name of Driver	HAMZAH BIN PADALE
NRIC No	S1721745C

Date Of Birth	14/10/1965
Occupation	Indoor
Date Of Driving Pass	09/01/1992
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98502457
Alt. Phone Number	+65-98502457
Email Address	Yoda147x@yahoo.com
Address	BLK 147 RIVERVALE CRESCENT #09-26
Address complement	-
Postcode	540147
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)	1
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

REFER TO SKETCH PLAN.

ATTACHMENT(S)

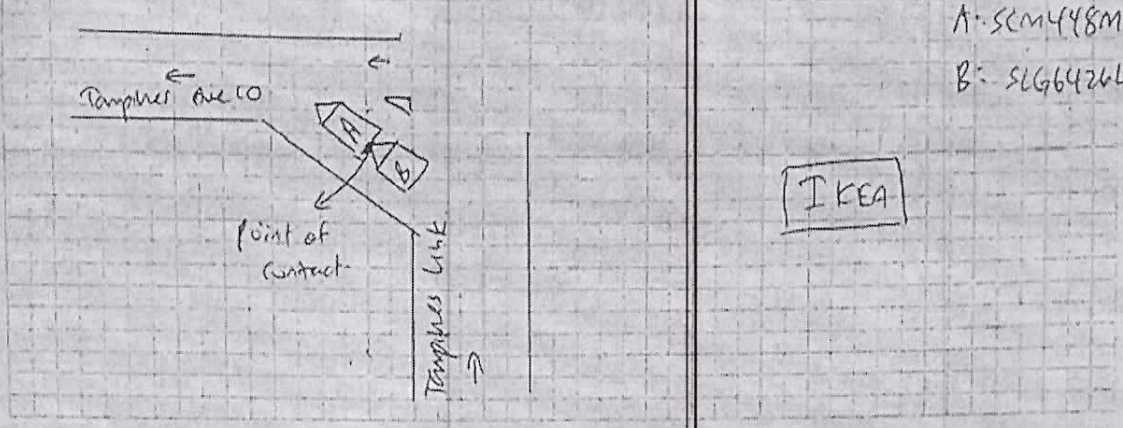
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6426L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PEH MENG WOON
NRIC No	S7436659G
Contact Number	-
Address	-

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26/10/2021 at about 12.30pm, I was travelling on Tampines Link and entered the slip road into Tampines Ave 10. While I was on the slip road, I made a check on the right and saw an oncoming truck. So I stopped my car SCM448M before the give way line. When I stopped my car, that is when the car SLG6426L came from the rear and hit the rear of my car SCM448M.

There were no injuries.

DECLARATION

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

Policyholder's Signature
Date & Time: 26/10/2021 @ 1500

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/10/2021 @ 1500

Reporting Centre Personnel's Signature
Name: NIZAM
NRIC/FIN No.: 9935J

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 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: 26/10/2021 @ 1500	Driver's Signature (If driver is not the policyholder) Date & Time: 26/10/2021 @ 1510	Reporting Centre Personnel's Signature Name: NIZAM NRIC/FIN No.: 99385