



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



| | | | | | |
|-----------------------------|-------------------|------------|-----------|------------------|-------------------|
| 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 | le ✓ | \$ 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 | nd ✓ | \$ 3.40 |
| 6 | FASTENER | 7 | | | MB45A-56-146A | nd ✓ | \$ 21.00 |
| 7 | REFLECTOR LH | 1 | | | MD350-51-5LOE | ? | \$ 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 | nd ✓ | \$ 33.50 |
| 12 | GASKET TAIL LAMP LH | 1 | | | MDB7A-51-163 | nd ✓ | \$ 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-REVEN | 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 CAOUTCHOU) | 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 | \$ - | \$ - |

TRANS EUROKARS PTE LTD
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:

Taufik 97495749/62563501
 WP 19/11/21 @ 1015
 p/p Resurvey before paint
 03 days
 taufik@lhkanta.com

Authorised Signature

TP claim - CT - set



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.

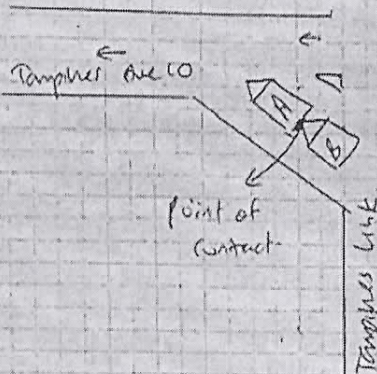
ATTACHMENT(S)

| | |
|---|-----|
| 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 | - |

SKETCH PLAN



A: SCN448M

B: SLG6426L

I KEA

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 SCN448M 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 SCN448M.

There were no injuries.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time: 26/10/2021
2:15pm

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time: 26/10/2021
2:15pm

[Signature]

Reporting Centre Personnel's Signature

Name: N/27m

NRIC/FIN No.: 94385

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 willful 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
1500

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

M2AM
99385