

ASS. REC. BY: Stere. 1 CS/EG/2011777/Er f3

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.

N/S	O/S

Bal. or Market Value:	_____		
IDAC Accident Report:	_____	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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Vch No: SLK 8390x Yr Regn: 11/8/21
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
 Make: Mazda 6 c.c. 1998
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 16955 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6GL1073M0454732
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: NII / S/Rim / STD A/Rim or _____
 Tyre Size: F: 225/55R17
 R: 17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 13/10/21 D.O.I. 27/4/22
 Survey held at Trans Euri kers
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

[illegible]

Date/Time, File Pass to?

☐: Preli. Report

Days Of Repair: _____

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee: : Site Insp (\$

1: Site Insp (\$

Interview (\$

Tech. Invs (\$)

: Weekend (\$

S + R.S. SI

) Photos

Others

Report Format : _____

Lump Sum / I.B.F. (%) _____)

TOTAL



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

EUROKARS SERVICES

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985

ATTN.: MOTOR CLAIMS

FAX:

NAME:

ADDRESS:

TEL:

WIP: 47065

EXCESS:

DATE: 13-Oct-21

VEH NO: SLK8390X

DATE IN:

CONTACT PERSON:

DEREK

CHASSIS NO: JM6GL1073M0454732

MILEAGE:

TYPE OF CLAIM:

THIRD PARTY CLAIM

MODEL: MAZDA 6

DATE REG.:

11-Aug-21

POLICY NO.:

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	QTY	1st	Supp	PARTS NO	REVISED	PRICES
1	REAR BUMPER / OR	1	✓		MGSK1-50-221ABB		\$ 1,099.00
2	TAPE PROTECTOR / MK	4	✓		MBCKA-50-EM1		\$ 18.80
3	RETAINER S.S ULTRASONIC CENTER X	2			MKD45-67-UC5A51		\$ 33.60
4	SENSOR, ULTRASONIC CENTER X	2			MGMK6-67-UC1 51		\$ 378.00
5	TAPE SEAL / NE	2	✓		MGSH7-50-2G1		\$ 27.40
6	GROMMET, SCREW / NE	4	✓		MBHN1-50-021A		\$ 10.80
7	BRACKET CENTER REAR BUMPER ?	1			MDFR5-50-251		\$ 5.40
8	REINFORCEMENT REAR ?	1			MGHK1-50-260		\$ 538.30
9	COVER, UNDER-RR X	1			MGSH7-50-C51		\$ 122.20
10	RIVET / NE	2	✓		MTK21-50-355		\$ 18.40
11	RIVET / NE	6	✓		MEA01-50-037		\$ 48.00
12	COVER TOWING LH REAR / MS	1	✓		MGSH7-50-EL1 BB		\$ 46.60
13	COVER TOWING RH REAR / MJ	1	✓		MGSH7-50-EK1 BB		\$ 46.60
14	RETAINER LH REAR X	1			MGJR9-50-2J1		\$ 41.00
15	RETAINER RH REAR V	1			MGJR9-50-2H1		\$ 41.00
16	GASKET TAIL LAMP RH / NE	1	✓		MGRF5-51-153		\$ 43.80
17	GASKET TAIL LAMP LH / NE	1	✓		MGRF5-51-163		\$ 43.80

TOTAL PARTS \$ 2,562.70

TOTAL PARTS COST \$ 2,562.70

SUPPLEMENTARY

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display the car's condition survey
- To display the car's condition survey

NO DESCRIPTION

1* Third party on a "no win, no fee" basis

2* No time limit for repair

3* Supplemental parts to be supplied by the repairer and the repairer is subject to the approval of the insurance company

Acknowledged by repairer

Signature:

Date:

QTY	1st	Supp	PARTS NO	REVISED	PRICES

		TOTAL PARTS		\$ -
		TOTAL PARTS COST		\$ -

Labour Description

			REVISED	PRICES
1		TO REPLACE REAR BUMPER.	660	\$ 1,980.00
2		TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.	680	\$ 1,890.00
3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS.	330	\$ 660.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	290	\$ 250.00
5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	250	\$ 300.00
6	MZ-BR-SUNDRI	SUNDRIES.	70	\$ 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	\$ -	\$ 5,130.00
TOTAL PARTS	\$ -	\$ 2,562.70
TOTAL	\$ -	\$ 7,692.70
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	\$ 7,692.70
GST 7%	\$ -	\$ 538.49
GRAND TOTAL	\$ -	\$ 8,231.19

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	\$ -	\$ -

Steve (LKF)
27/4/22, 11.30

TRANS EUROKARS PTE LTD

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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	13/10/2021 14:10 (SGT)
Date of Accident	13/10/2021 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	IN FRONT OF ICA BLDG TOWARDS GEYLANG TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8390X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Mr TEOH CHOW YEANG
NRIC No	GXXXX383K
Email Address	ronald.yap@eurokars.com.sg
Mobile Phone No	(Phone) +65-81132177
Alternative Phone No	(Home) +65-81132177

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	-
Cover Note Number	-

DRIVER

Name of Driver	GOH LEONG TECK
NRIC No	SXXXX116J

Date Of Birth	12/11/1973
Occupation	Indoor
Date Of Driving Pass	03/06/1995
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96320395
Alt. Phone Number	-
Email Address	ronald.yap@eurokars.com.sg
Address	166 TAMPINES ST 12
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Wet

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

PLEASE SEE ATTACHED

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	YG99H
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) -

Describe Circumstances of the Accident

Lined area for describing the circumstances of the accident.

Declaration

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

Accident Signatures Date & Time

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

Witnessed by Reporting Centre
Reference

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 misreporting or withholding of material facts may allow insurers to continue to repudiate policy liability.
4. The assent 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(s), my workshop and the General Insurance Association of Singapore (GIA) may be 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' law firms/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' law firms/law firms, may be 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 law firms/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