



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



<b>Lonpac Insurance Bhd</b>		<b>NAME :</b>		<b>WIP :</b> 50401	
300 Beach Road,		<b>ADDRESS :</b>		<b>EXCESS :</b>	
#17-04/07, The Concourse				<b>DATE:</b> 1-Dec-21	
Singapore 199555					
<b>ATTN. :</b> MOTOR CLAIMS		<b>TEL :</b>			
<b>FAX :</b>					
<b>VEH NO :</b>	<b>SKS1901M</b>	<b>DATE IN :</b>		<b>CONTACT PERSON :</b>	DEREK 63310684
<b>CHASSIS NO :</b>	WMWZC32010WR77526	<b>MILEAGE :</b>		<b>TYPE OF CLAIM :</b>	THIRD PARTY
<b>MODEL :</b>	Cooper S Countryman RHD	<b>DATE REG.:</b>	30-Mar-15	<b>POLICY NO. :</b>	

**NATURE OF WORKS**

S/NO	Parts Description						
	QTY			1ST	SUPP	REVISED	PRICES
1	REAR BUMPER	1	M51.12.9.806.647				\$ 1,067.37
2	SET OF MOUNTS FOR BUMPER	1	M51.12.2.444.865				\$ 61.81
3	CTR SPOILER R60 COOPER S	1	M51.12.9.804.578				\$ 334.49
4	REAR BUMPER CENTER BRACKET	1	M51.12.9.800.757				\$ 149.69
5	GUIDE BUMPER LH	1	M51.12.9.802.115				\$ 59.87
6	GUIDE BUMPER RH	1	M51.12.9.802.116				\$ 59.87
7	REAR BUMPER CENTER BRACKET REAR	1	M51.12.9.807.144				\$ 179.59
8	REAR BUMPER BRACKET	2	M51.12.9.802.113				\$ 57.08
9	SET OF MOUNTS FOR PDC SENSOR	1	M51.12.9.806.653				\$ 76.96
10	BREATHER COVER	1	M64.22.9.242.797				\$ 30.42
11	VENTILATION COVER	1	M64.22.9.807.827				\$ 47.81
12	NUT	9	M51.12.7.046.911				\$ 13.50
13	PLASTIC CAP	4	M51.16.1.943.122				\$ 4.44
14	BLIND RIVET	12	M51.11.8.222.901				\$ 18.00
15	RIVET	2	M51.16.1.881.149				\$ 1.30
16	REAR BUMPER CENTER BRACKET	1	M51.12.9.800.758				\$ 451.30
17	LICENSE PLATE LIGHT	2	M63.26.2.755.711				\$ 62.80
18	REP. COVER LH	1	M18.30.9.806.429				\$ 235.50
19	REP. COVER RH	1	M18.30.9.807.157				\$ 235.50
20		0	0				\$ -
<b>TOTAL PARTS</b>							\$ 3,147.30
<b>TOTAL PARTS COST</b>							\$ 3,147.30

**SUPPLEMENTARY**

NO	DESCRIPTION	QTY	PARTS NO	1st	Supp	REVISED	PRICES
1							
2							
3							
<b>Labour Description</b>							

TOTAL LABOUR			\$ -	\$ 4,370.00
TOTAL PARTS			\$ -	\$ 3,147.30
TOTAL			\$ -	\$ 7,517.30
LESS EXCESS			\$ -	\$ -
TOTAL AFTER EXCESS			\$ -	
GST 7%			\$ -	\$ -
<b>GRAND TOTAL</b>			\$ -	\$ -



## 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	27/11/2021 13:28 (SGT)
Date of Accident	24/11/2021 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK AT CHEMPAKA COURT, MAPLEWOODS, BUKIT TIMAH RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1901M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIONG TONG KAP
NRIC No	SXXXX773I
Email Address	TK.LIONG@GMAIL.COM
Mobile Phone No	(Phone) +65-98779118
Alternative Phone No	(Home) +65-98779118

#### VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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	1598

#### 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	LIONG TONG KAP
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NRIC No	SXXXX773I
Date Of Birth	30/01/1955
Occupation	Indoor
Date Of Driving Pass	15/05/1980
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98779118
Alt. Phone Number	(Home) +65-98779118
Email Address	TK.LIONG@GMAIL.COM
Address	991 BUKIT TIMAH RD #01-11
Address complement	-
Postcode	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 ATTACH

#### 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	GBB4562J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-93682242
Address	-

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

## SKETCH PLAN

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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

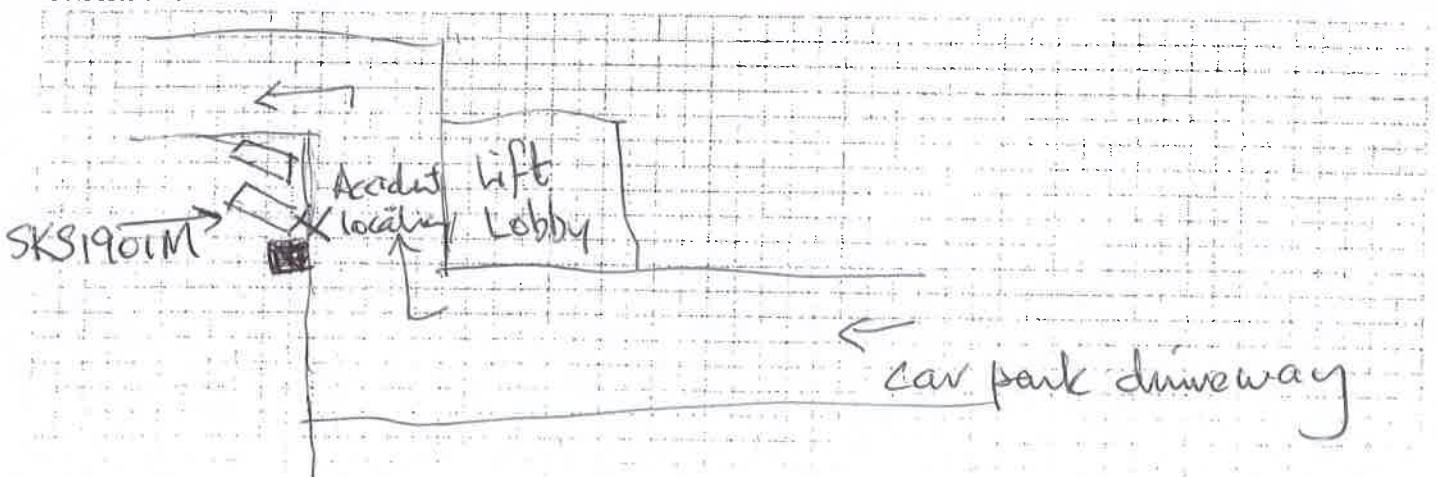
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature/ Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

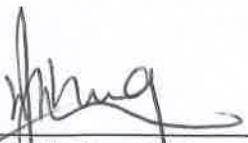
My car was parked in the carpark of Chempaka Court, Maplewoods. A delivery vehicle hit my car from behind when it failed to make a right turn in the car park.

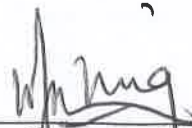
Accident happened on Wednesday 24 Nov 2021, according to a Mr Sheriff of the company Sheriff Delivery. He can be contacted at 93682212.


I came to know about the accident only yesterday afternoon ~~at~~ 18.26 Nov 2021. A note from Sheriff was at my car windscreen.

**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

  
Witnessed by Reporting Centre Personnel



Apologies, I was making a turn towards the bend where your car was parked at. Due to the wet floor and the poor road conditions, when I was making the turn my car went diagonal towards your car. I tried everything I could to counter steer and brake but unfortunately to no avail.

This is my contact details

Sheriff - 9368 2242



## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GBB4562J

Date of Accident

24/11/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**Period of Insurance ..... **09/09/2021 - 08/09/2022**Requested By ..... **EUROKARS HABITAT PTE LTD - ...**Requested Date ..... **27/11/2021 13:12****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

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