

Steve

CS/LP(22001445/ETf3

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

SLN 1424M

Yr Regn:

24/4/17

Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /☒ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To inspect Vehicle No:

Truck / Trailer or

at Workshop m/s

Make:

Mazda 3

c.c.

1496

of

Colour

Red

A/C: ☐ Insured / ☐ Std / ☐ N/A

Insured:

Sp. Reading

14231

T/Radio: ☐ Insured / ☐ Std / ☐ N/A

Policy No.

Eng/No:

C/No:

JM6BM42A8G0347344

Claims No. 21/22/22/VP05/025420

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Sum Insured:

Excess:

0

(Client's Record)

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Make of Veh:

Mod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

205/55R16

R:

1'

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent?: Yes or No

R/Bal.

4

mm

R/Bal.

4

mm

GIA / PR Seen:

Consistent?: Yes or No

L/Bal.

4

mm

L/Bal.

4

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

29/1/22

D.O.I.

21/3/22

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Trans. Enrolkals

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

MV-54K 56K

PART BY PART \$9034.20, 7DAYS

RED: 1270;12%

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

7

Resurvey No. of Trip:

Survey Fee:

1)

☐

: Final Report

Transportation:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

) \$ + PS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

) TOTAL

Rep. Formet:

Lump Sum / L.B.B. (\$



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

EUROKARS SERVICES

LONPAC INSURANCE BHD 100 BEACH ROAD #19-00, SHAW TOWER SINGAPORE 189702 ATTN.: MOTOR CLAIMS FAX:		NAME: <i>Store (LKK)</i> ADDRESS: <i>21/3/22, 10-12</i> TEL:	WIP: 46658 EXCESS: DATE: 9-Mar-22
VEH NO:	SLN1424M	DATE IN:	CONTACT PERSON: DEREK
CHASSIS NO:	JM6BM42A8G0347344	MILEAGE:	TYPE OF CLAIM: OWN DAMAGED CLAIM
MODEL:	MAZDA 3	DATE REG.: 24-Apr-17	POLICY NO.:

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	QTY	1st	Supp	PARTS NO	REVISED	PRICES
1	REAR FENDER RH <i>DD</i>	1	✓		MB6YS-70-41X		\$ 1,233.00
2	COVER,HOLE <i>MC</i>	1	✓		MBBM4-56-061		\$ 11.40
3	STONE GUARD RH <i>MC</i>	1	✓		MBHS2-50-4P2		\$ 18.20
4	MUD GUARD REAR RH <i>CRY</i>	1	✓		MB45A-56-1H1A		\$ 153.20
5	NUT,CAP <i>MC</i>	5	✓		MUH71-68-615		\$ 15.00
6	REAR DOOR RH <i>DD</i>	1	✓		MBJY0-72-02XF		\$ 1,049.40
7	WEATHERSTRIP REAR DOOR RH <i>MC</i>	1	✓		MBHN9-72-760C		\$ 126.80
8	FASTENER(R),WEATHERS <i>MC</i>	1	✓		MBHN9-72-762		\$ 4.70
9	RIVET <i>MC</i>	5	✓		MBC1D-58-762		\$ 17.00
10	GROMMET,SCREW <i>MC</i>	11	✓		MGJ6A-58-975		\$ 33.00
11	CLIP,GARNISH <i>MC</i>	5	✓		MKD53-50-M38		\$ 61.50
12	MOULD REAR WINDSCREEN <i>MC</i>	1	✓		MBHN1-50-611C		\$ 77.00
13	GASKET RH REAR BUMPER <i>MC</i>	1	✓		MBHN1-51-153		\$ 22.00
14	GASKET LH REAR BUMPER <i>MC</i>	1	✓		MBHN1-51-163		\$ 22.00
15	0	0			0		\$ -

TOTAL PARTS \$ 2,844.20

TOTAL PARTS COST \$ 2,844.20

SUPPLEMENTARY

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

Acknowledged by Repairer

Signature:

Date:

Labour Description				REVISED	PRICES
1		TO REPLACE REAR FENDER RH, REAR DOOR RH AND REPAIR ALL AREAS AFFECTED BY THE ACCIDENTS. <i>61" X 4</i>		<i>2640</i>	\$ 3,300.00
2		TO RESPRAY REAR FENDER RH, REAR DOOR RH AND ALL AREAS AFFECTED BY THE ACCIDENTS. <i>1 F-1 RH Door - 1 630x3</i>			\$ 1,890.00
3	MZ-BR-DOORME	TO TRANSFER THE DOOR MECHANISM.		<i>330</i>	\$ 660.00
4	MZ-BR-SEALER	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING		NETT	\$ 180.00
5	MZ-BR-GLASS1	TO REMOVE & REFIT THE WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST. <i>(photo)</i>		NETT	\$ 560.00
6	MZ-BR-GLASS2	TO SUPPLY SEALER ON THE WINDSCREEN GLASS.		NETT	\$ 120.00
7	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		<i>150</i>	\$ 200.00
8	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		<i>200</i>	\$ 250.00
9	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOUIC)		<i>100</i>	\$ 250.00
10	MZ-BR-SUNDRI	SUNDRIES.		<i>20</i>	\$ 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	\$ -	\$ 7,460.00
TOTAL PARTS	\$ -	\$ 2,844.20
TOTAL	\$ -	\$ 10,304.20
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	\$ 10,304.20
GST 7%	\$ -	\$ 721.29
GRAND TOTAL	\$ -	\$ 11,025.49

SUPPLEMENTARY LABOUR DESCRIPTION

			REVISED	PRICES
1		#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

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 31/01/2022 15:03 (SGT)
Date of Accident 29/01/2022 16:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information FORT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN1424M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KULDIP KAUR D/O RANJIT SINGH
NRIC No SXXXX665G
Email Address GUDDYSANDHU@GMAIL.COM
Mobile Phone No (Phone) +65-91463519
Alternative Phone No +65-91463519

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05028982
Cover Note Number -

DRIVER

Name of Driver KULDIP KAUR D/O RANJIT SINGH
NRIC No SXXXX665G

Date Of Birth	12/04/1963
Occupation	Indoor
Date Of Driving Pass	30/11/1993
Driving experience	28 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91463519
Alt. Phone Number	+65-91463519
Email Address	GUDDYSANDHU@GMAIL.COM
Address	BLK 48 DORSET ROAD #21-115
Address complement	-
Postcode	210048
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SARINDAR KAUR
Gender	Female

PASSENGER 2

Name	MARIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Cairnhill Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002968999
Police Station Address	Blk 9 Gloucester Road #01-03 Singapore 210009
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JU9998
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)	-

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 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.
 - (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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SLN 1424 M

B: JU 9998

Describe Circumstances of the Accident

REFER POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

3/1
@ 9:00am

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



1/20220129/2074

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

1 of 3
Report No: 1/20220129/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2022 18:07		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: KULDIP KAUR D/O RANJIT SINGH			Address: APT BLK 48 DORSET ROAD #21-115 SINGAPORE 210048		
ID Type / ID No.: NRIC NO / S1619665G			Contact No.: Home/Office: Mobile: 91463519		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 12/04/1963	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2022 16:20	Type of Location: Straight Road
Location: FORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JUB9998	Truck				Slightly Damaged	0
SLN1424M	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP 6EAT	Red	Slightly Damaged	2

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	

**SINGAPORE
POLICE FORCE**

T/20220129/2074

2 of 3

Police Station Of Origin
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No. 1800-2968999

Report No. T/20220129/2074

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN1424M	LONPAC INSURANCE BHD.	Z21VP05028982	24/04/2021	23/04/2022

Brief Details.

While driving along Fort Rd towards ECP, I had ran into an accident and contacted TP. The TP officer at scene seized my 16GB memory card from my in car camera and issued me with an NP323 along with a case card vide G/20220129/0218.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No. 1800-2968999



T/20220129/2074

3 of 3

Report No. T/20220129/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report A / SGT 1 LEE YONG JIE JOSEPH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2022 18:07
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No. : 65476214	Classification Of Case:



CASE CARD

Report Number: 61/2022 939 / 0218
 Traffic Accident along For Rd → FCP.
 involving vehicles: SLN 14243A J49 9798.
 On 27/1/2022 at about 1425 am (pm)

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E (2018)

You are required to be present at Traffic Police on
 at am / pm to meet the Investigation Officer to assist in the investigation.

Please bring along your :-

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Motorist Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: 1524 TEL: 654 76214
 Investigation Branch: 6547 6391 Email: GPF_IP_Invest_Branch@spf.gov.sg

NP319E (2018)



**SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP**

Ref. Report No. G/20220129/0218

I, S55 T110018 Md Azhar
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of Traffic Police.
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1 x Papago! 16gb microSD card.

2
3
4
5
6
7
8
9
10

from S161966SG, Kuldeep Kaur D/o Ranjit Singh.
(Name, NRIC or Passport No. / Rank and No.)

of Bik 48 Dorset Road #21-115 S(210048).
(Address / Police Station / NPC / NPP)

on 29/1/2022 at 5.05 pm.
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)
S161966SG
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
S55 T110018 Md Azhar
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: