

ASS. REC. BY:

REF:

CS/FC/22001613/ETf3

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
X	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMP 3812R Yr Regn: 24/9/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1696Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 42310 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BP25AAK110A926Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16R: 1BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 16/2/22 D.O.I. 23/2/22Survey held at Trans Kwik Motors

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

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

Date / Time	Action / Instruction
	<u>MV-90K</u>
	<u>Finalize \$6356.10 (P/P, before GST) 4 days</u>
	<u>red: 5981.9;48%</u>

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.J. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL



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

EUROKARS SERVICES

FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877 ATTN : MOTOR CLAIMS FAX :		NAME : ADDRESS : TEL :		WIP : 46032 EXCESS : DATE: 17-Feb-22	
VEH NO :	SMP3812R	DATE IN :		CONTACT PERSON :	JESS
CHASSIS NO :	JM6BP2SAAK1100926	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	M3 M-HYBRID	DATE REG :	24-Sep-19	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO	DESCRIPTION	QTY	UNIT PRICE	1st	Supp	PARTS NO	REVISED	PRICES
1	REAR BUMPER	1	997.40			MBCKA-50-221ABB		997.40
2	BRACKET CENTER REAR BUMPER	1	5.40			MDFR5-50-251		5.40
3	REINFORCEMENT REAR BUMPER	1	541.70			MBCJH-50-260		541.70
4	GROMMET,SCREW	4	2.40			MBCKA-50-0Z1		9.60
5	RETAINER RH REAR	1	33.20			MBCKA-50-2H1		33.20
6	COVER TOWING HOOK LH REAR	1	12.80			MBCKA-50-EL1 BB		12.80
7	COVER TOWING HOOK RH REAR	1	12.80			MBCKA-50-EK1 BB		12.80
8	REFLECTOR LH	1	36.00			MB0J8-51-5M0		36.00
9	REFLECTOR RH	1	36.00			MB0J8-51-5L0		36.00
10	GROMMET,SCREW	4	2.70			MBHN1-50-0Z1A		10.80
11	PLATE SET RR BUMPER	1	213.80			MBCKA-50-2C0A		213.80
12	STAY,RR BUMPER	1	91.90			MBCKA-50-290		91.90
13	COVER,UNDER-REAR	1	63.20			MBCKA-50-C51C		63.20
14	FASTENER	4	3.00			MB45A-56-146A		12.00
15	TAPE,PROTECTOR	3	4.70			MBCKA-50-EM1		14.10
16	BRACKET RETAINER S.S ULTRASONIC	2	23.40			MB0J8-67-UC6		46.80
17	RETAINER S.S ULTRASONIC	1	25.10			MBCPT-67-UC5		25.10
18	RETAINER S.S ULTRASONIC	1	25.10			MBCPV-67-UC5		25.10
19	RETAINER S.S ULTRASONIC	1	57.80			MB0J5-67-UC5 2M		57.80
20	RETAINER S.S ULTRASONIC	1	62.20			MB0J6-67-UC5 PR		62.20
21	SENSOR ULTRASONIC REAR	4	190.00			MB0J8-67-UC1 2M		760.00
22	CORD SHORT RR BUMPER	1	474.20			MBCWC-67-A20A		474.20
23	CAMERA-BACK MONITOR	1	1,016.00			MB0L1-67-RC0C		1,016.00
24	LAMP, LICENSE PLATE	1	115.00			MB0J8-51-26Y		115.00
25	TRUNK LID	1	896.00			MBCY0-52-61XA		896.00
26	WEATHERSTRIP TRK LID	1	84.70			MBCJH-56-95XA		84.70
27	FASTENER	11	3.60			MBP4K-58-762		39.60
28	COVER,HOLE RR LID	3	2.50			MD24H-62-866		7.50
29	GASKET LAMP TRUNK LID	2	19.80			MBCJH-51-3H8		39.60
30	FASTENER	2	6.20			MEG21-51-146		12.40
31	GROMMET,SCREW-R.COMB	2	3.30			MGA7B-51-146		6.60
32	ORNAMENT MAZDA 3	1	42.50			MBCJH-51-771A		42.50
33	ORNAMENT SKYACTIV	1	34.60			MBCJH-51-721		34.60
34	EMBLEM RR M-HYBRID	1	36.70			M11-M-HYBRID		36.70

35	0	0	0	0	0	0	0
SUPPLEMENTARY							
NO	DESCRIPTION	QTY	1st	Supp	PARTS NO	REVISED	PRICES
1							
						TOTAL PARTS	-
						TOTAL PARTS COST	-
Labour Description							
						REVISED	PRICES
1	TO REPLACE REAR BUMPER , TRUNK LID AND REPAIR ALL AREAS AFFECTED BY THE ACCIDENTS.	660	X2			1320	2,640.00
2	TO RESPAY REAR BUMPER , TRUNK LID AND ALL AREAS AFFECTED BY THE ACCIDENTS.	622	X2			1260	2,520.00
3	MZ-BR-REVERSE TO TRANSFER REVERSE SENSORS.					330	660.00
4	MZ-BR-PLATE TO SUPPLY NUMBER PLATE.				C47	NETT	70.00
5	MZ-BR-ELECTR TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.					277	250.00
6	MZ-BR-REPRO TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.					250	300.00
7	MZ-BR-SUNDRY SUNDRIES.					20	50.00
SUPPLEMENTARY LABOUR DESCRIPTION							
1	#N/A						12338
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 (LKK)
23/2/22, 19.30

TRANS EUROKARS PTE LTD

W PL

Authorised Signature

P/P

M BL M
4 Lys

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

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	16/02/2022 17:26 (SGT)
Date of Accident	16/02/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD / COMMONWEALTH AVE WEST JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3812R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mr Choy Da Fu
NRIC No	SXXXX061B
Email Address	CHOYDAFU@GMAIL.COM
Mobile Phone No	(Phone) +65-96806724
Alternative Phone No	(Home) +65-96806724

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	YEO HWEE THENG
NRIC No	SXXXX665J

Date Of Birth	04/06/1968
Occupation	Indoor
Date Of Driving Pass	24/09/1990
Driving experience	31 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96581494
Alt. Phone Number	-
Email Address	ANDREAYEO@GMAIL.COM
Address	Blk 83 Hillview Avenue #05-04
Address complement	-
Postcode	669583
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
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

REFER TO SKETCH PLAN.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9826E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AMINUL RAMLEE B RASHID
Contact Number	(Phone) +65-91489318
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. The 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.
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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.

5. 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:

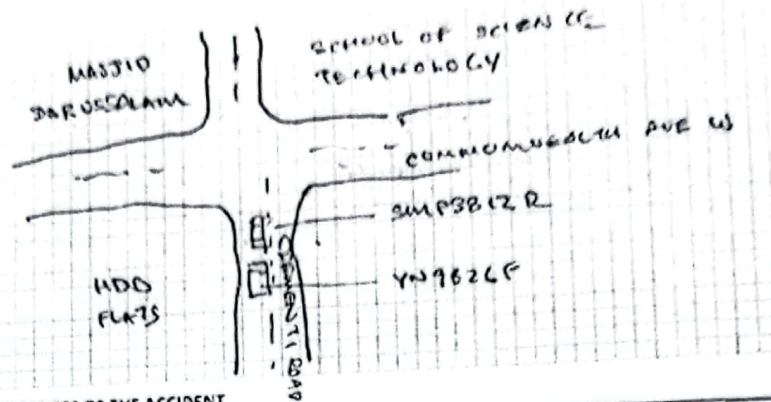
16/2/22 15:00

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

Reported Centre Person's Signature
Name:
NIC/FIN No.:

16/2/2022

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SMP3812R was waiting for the traffic light to change from Red to Green at the junction of Avenanti Road and Commonwealth Ave W. Suddenly a ~~car~~ van (YN9826F) from CYC Movers hit my vehicle from behind. Damage was seen on the rear bumper. The dashboard had a "Engine Malfunction" warning message. No injury is reported.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

16/2/22 15:15

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

[Signature] 16/2/2022
Reporting Center Personnel's Signature
Name:
NR/ID No.: