

(08/11/13)

ASS. REC.

MARCUS

REF:

CS/CT122001808/UGY3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMU3905E
Trans Eurocars loan.

at Workshop m/s

of

Insured:

ASH 9936A

Policy No.

Claims No.

SNM22D201142/CO2

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:

8120k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

103.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

142h

Vehicle: IN / OUT

Date:

Person Contacted:

LTA 52265

Veh No:

SMU3905E

Yr Regn:

12/8/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA /

Make:

Mazda CX-5

c.c

1998

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

27004

T/Radio: Insured / Std / NI / NA

Eng/No:

JM6KF2W7A*20500828

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/65-17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

15/1/22

D.O.I.

3/3/22

Survey held at

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

0/5 frt.

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

Date / Time

Action / Instruction

20/1/22

have GIA

21/2/2327.90 informed WELCIN. CRD 2860, 55%

Date/Time, File Pass to?

☐

: Preli. Report

1/1/23 10/1/23

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

MER-TP

Lump Sum T.I.B.I. (\$

2327.90

TOTAL



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 supply
- No illegal modification(s) is allowed
- Supplementary work must be resurveyed and is subject to final approval from Insurance Company

TRANS EUROKARS PTE LTD

27A TANJONG PENJURU, SINGAPORE 609042

ESTIMATE COST OF REPAIRS

Not Authorized
LKK
mercus
3/3/22 3 days.
EUROKARS SERVICES
Take photo before painting

CHINA TAIPING INSURANCE P/L

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

ATTN. :

MOTOR CLAIMS

FAX :

NAME :

ADDRESS :

Acknowledged by Repairer

Signature:

Date:

TEL :

WIP : 18433

EXCESS :

DATE: 24-Feb-22

p/p \$2327.90

VEH NO :	SMU3905E	DATE IN :		CONTACT PERSON :	RONALD
CHASSIS NO :	JM6KF2W7AL0500828	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	CX-5	DATE REG.:	12-Aug-20	POLICY NO. :	

NATURE OF WORKS

Parts Description							
NO	DESCRIPTION	QTY	1st	Supp	PARTS NO	REVISED	PRICES
1	FRONT FENDER RH <i>Body</i>	1			MKB7W-52-111	✓	\$ 380.10
2	STAY FENDER RH <i>Body</i>	1			MKBZW-52-1R0A	✓	\$ 51.30
3	MUD GUARD RH FRT <i>Body</i>	1			MKB7W-56-130C	✓	\$ 98.20
4	FASTENER <i>ner</i>	10			MB45A-56-146A	✓	\$ 30.00
5	WHEEL ARCH FRONT RH <i>Body</i>	1			MKB7W-51-W20E	✓	\$ 158.30
6	0	0			0		\$ -
TOTAL PARTS							\$ 717.90
TOTAL PARTS COST							\$ 717.90

SUPPLEMENTARY

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

Labour Description

		REVISED	PRICES
1	TO REPLACE FRONT FENDER RH. TO REPAIR BONNET AND ALL AREAS AFFECTED BY THE ACCIDENTS. <i>600</i>	<i>660</i>	\$ 1,980.00
2	TO RESPRAY FRONT FENDER RH, BONNET AND ALL AREAS AFFECTED BY THE ACCIDENTS. <i>630</i>	<i>630</i>	\$ 1,890.00
3	MZ-BR-ELECTR TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	<i>120</i>	\$ 250.00
4	MZ-BR-REPROG TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	<i>180</i>	\$ 300.00
5	MZ-BR-SUNDRI SUNDRIES. <i>ner</i>	<i>20</i>	\$ 50.00

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND
SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS

TOTAL LABOUR	\$ -	\$ 4,470.00
TOTAL PARTS	\$ -	\$ 717.90
TOTAL	\$ -	\$ 5,187.90

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.

LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	\$ 5,187.90
GST 7%	\$ -	\$ 363.15
GRAND TOTAL	\$ -	\$ 5,551.05

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

Authorised Signature



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



CHINA TAIPING INSURANCE P/L		NAME :	WIP :	18433
3 ANSON ROAD		ADDRESS :	EXCESS :	
#16-00 SPRINGLEAF TOWER			DATE:	24-Feb-22
SINGAPORE 079909		TEL :		
ATTN. :	MOTOR CLAIMS			
FAX :				

VEH NO :	SMU3905E	DATE IN :		CONTACT PERSON :	RONALD
CHASSIS NO :	JM6KF2W7AL0500828	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	CX-5	DATE REG.:	12-Aug-20	POLICY NO. :	

NATURE OF WORKS

Parts Description							
NO	DESCRIPTION	QTY	1st	Supp	PARTS NO	REVISED	PRICES
1	FRONT FENDER RH	1			MKB7W-52-111	\$ 380.10	\$ 380.10
2	STAY FENDER RH	1			MKBZW-52-1R0A	\$ 51.30	\$ 51.30
3	MUD GUARD RH FRT	1			MKB7W-56-130C	\$ 98.20	\$ 98.20
4	FASTENER	10			MB45A-56-146A	\$ 30.00	\$ 30.00
5	WHEEL ARCH FRONT RH	1			MKB7W-51-W20E	\$ 158.30	\$ 158.30
6	0	0			0		\$ -
TOTAL PARTS						\$ 717.90	\$ 717.90
TOTAL PARTS COST						\$ 717.90	\$ 717.90

Labour Description

		REVISED	PRICES
1	TO REPLACE FRONT FENDER RH. TO REPAIR BONNET AND ALL AREAS AFFECTED BY THE ACCIDENTS.	\$ 660.00	\$ 1,980.00
2	TO RESPRAY FRONT FENDER RH, BONNET AND ALL AREAS AFFECTED BY THE ACCIDENTS.	\$ 630.00	\$ 1,890.00
3	MZ-BR-ELECTR TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	\$ 120.00	\$ 250.00
4	MZ-BR-REPROG TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	\$ 180.00	\$ 300.00
5	MZ-BR-SUNDRI SUNDRIES.	\$ 20.00	\$ 50.00

TOTAL LABOUR	\$ 1,610.00	\$ 4,470.00
TOTAL PARTS	\$ 717.90	\$ 717.90
TOTAL	\$ 2,327.90	\$ 5,187.90
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ 2,327.90	\$ 5,187.90
GST 7%	\$ 162.95	\$ 363.15
GRAND TOTAL	\$ 2,490.85	\$ 5,551.05

3 REPAIR DAYS (exclude preparation of estimate, wait for survey/authorization/spare parts, Sat/Sun/PH)

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 11:52 (SGT)
Date of Accident	15/02/2022 14:30 (SGT)
Exact Location of Accident	19 Tuas Rd, Singapore 638488
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3905E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mr See Seow Leng
NRIC No	SXXXX142H
Email Address	VINCENT@SINOCEAN.SG
Mobile Phone No	(Phone) +65-90268274
Alternative Phone No	+65-90268274

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
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	2499

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	Mr See Seow Leng
NRIC No	SXXXX142H

Date Of Birth	10/06/1956
Occupation	Indoor
Date Of Driving Pass	20/04/1987
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90268274
Alt. Phone Number	+65-90268274
Email Address	VINCENT@SINOCEAN.SG
Address	Blk 269C Compassvale Link
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	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)	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

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	GBH9936A
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH CHYE HUAT
NRIC No	SXXXX090B
Contact Number	(Phone) +65-96913789
Address	-

Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1


Describe Circumstances of the Accident

My car was hit by the said lorry while he was reversing into a parking lot. My car was stationary with no one inside at that time of the incident. The lorry driver, Mr. K. Singh, had to take me to my office about the incident.

Visual joint inspection showed that my front right hand side (near to the wheel) was badly dented.

Declaration

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

 16.02.2021
11:00 AM
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

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 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. 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

See attached photos

