



STUTTGART AUTO PTE LTD
27A TANJONG PENJURU, SINGAPORE 60904; EUROKARS GROUP
ESTIMATE COST OF REPAIRS

PORSCHE

First Capital Insurance Limited		NAME :		WIP : 28434	
36 Robinson Road		ADDRESS :		EXCESS :	
#16-01 City House				DATE: 18-Mar-22	
Singapore 068877		TEL :			
ATTN. : MOTOR CLAIMS					
FAX :					
VEH NO :	SJJ698R	DATE IN :		CONTACT PERSON :	DEREK 63310683
CHASSIS NO :	WP0ZZZ99ZAS730600	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY
MODEL :	911 Targa 4S	DATE REG.:	9-Oct-10	POLICY NO. :	
NATURE OF WORKS					
S/NO	Parts Description			1ST	SUPP
	QTY			REVISED	PRICES
1	REAR BUMPER <i>X R</i>	1	P997-505-911-08-G2L		\$ 3,208.80
2	TOWING COVER <i>X</i>	1	P997-505-803-03-		\$ 37.60
3	RETAINING STRIP-RR BUMPER LWR <i>X</i>	1	P997-505-837-00-		\$ 72.80
4	BLIND RIVET (NEC) <i>/ REC</i>	8	P999-190-104-30-		\$ 12.80
5	EXHAUST TRIM LH <i>/ REC (Pth)</i>	1	P997-505-651-01-01C		\$ 273.60
6	EXHAUST TRIM RH <i>/ REC (Pth)</i>	1	P997-505-652-01-01C		\$ 273.60
7	RIVET (NEC) <i>/ REC</i>	4	P999-591-941-40-		\$ 10.80
8	BUMPER REINFORCEMENT <i>?</i>	1	P997-505-121-12-		\$ 934.50
9	IMPACT PIPE BUMPER <i>?</i>	2	P996-505-019-01-		\$ 168.60
10	R/BUMPER TUBE SEAL <i>?</i>	2	P996-505-775-00-		\$ 25.00
11	SUPPORT BRACKET LH <i>?</i>	1	P997-505-831-03-		\$ 546.30
12	SUPPORT BRACKET RH <i>?</i>	1	P997-505-832-03-		\$ 546.30
13	REAR BUMPER CENTER BRACKET <i>?</i>	1	P997-505-641-03-		\$ 134.30
14	RIVET (NEC) <i>/ REC</i>	4	P999-591-941-40-		\$ 10.80
15	PROTECTIVE FILM (NEC) <i>/ REC</i>	2	P997-504-631-00-		\$ 24.00
16	SENSOR <i>?</i>	4	P997-606-191-01-		\$ 1,462.80
17	STRUT-RR BUMPER BRACE LH <i>X</i>	1	P997-505-681-01-		\$ 112.90
18	STRUT R RBUMPER BRACE RH <i>X</i>	1	P997-505-682-01-		\$ 112.90
19	REFLECTOR COVER <i>X</i>	1	P997-512-259-05-		\$ 2,497.50
20	REAR LIGHT (RH) <i>X</i>	1	P997-631-418-05-		\$ 1,443.50
21	REAR SILENCER MUFFLER <i>X</i>	1	P997-111-159-32-		\$ 2,023.70
22	RESTRAINING STRAP <i>X</i>	2	P997-113-119-31-		\$ 324.00
23	GASKET <i>X</i>	2	P997-111-113-30-		\$ 50.80
24	TAIL PIPE RH <i>/ CUT</i>	1	P997-111-982-34-		\$ 1,844.00
25		0	0		\$ -
TOTAL PARTS					\$ 16,151.90
TOTAL PARTS COST					\$ -
TOTAL PARTS COST					\$ 16,151.90

SUPPLEMENTARY							
NO	DESCRIPTION	QTY	PARTS NO	1st	Supp	REVISED	PRICES
1							
2							
3							
	Labour Description						
1	TO REMOVE /REPLACE REAR BUMPER, REINFORCEMENT & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.					1560	\$ 3,900.00
2	TO RESPRAY REAR BUMPER .					1300	\$ 1,500.00
3	TO SUPPLY REAR LICENCE PLATE WITH CASING					NETT	\$ X 70.00
4	TO REMOVE & REPLACE THE REAR EXHAUST ASSY.					NETT ?	\$ 1,560.00
5	TO TRANSFER THE REVERSE SENSORS.					150	\$ 300.00
6	TO INSTALL / SUPPLY BODY WRAP STICKER (PRICE TO BE ADVISE) (Involve)					NETT ?	
7	TO APPLY SPECIAL CERAMIC COATING. (PRICE TO BE ADVISE) (Inrak bill)					NETT	
8	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.					150	\$ 250.00
9	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.					NETT	\$ 600.00
10	SUNDRIES.					NETT	\$ 20 50.00
				TOTAL LABOUR		\$ -	\$ 8,230.00
				TOTAL PARTS		\$ -	\$ 16,151.90
				TOTAL		\$ -	\$ 24,381.90
				LESS EXCESS		\$ -	\$ -
				TOTAL AFTER EXCESS		\$ -	\$ 24,381.90
				GST 7%		\$ -	\$ 1,706.73
				GRAND TOTAL		\$ -	\$ 26,088.63

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13/4/22, 10.30 am

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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 \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOUR
IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

- 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

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	14/03/2022 19:37 (SGT)
Date of Accident	13/03/2022 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINE PARADE RD AND MARINE PARADE CENTRAL CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ698R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUANG TECK HAI (QUAN DEHAI)
NRIC No	SXXXX524Z
Email Address	TECKHAI@YAHOO.COM
Mobile Phone No	(Phone) +65-98621671
Alternative Phone No	(Home) +65-98621671

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	911
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	3800

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	CHUANG TECK HAI (QUAN DEHAI)
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NRIC No	SXXXX524Z
Date Of Birth	25/11/1972
Occupation	Indoor
Date Of Driving Pass	26/05/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98621671
Alt. Phone Number	(Home) +65-98621671
Email Address	TECKHAI@YAHOO.COM
Address	106 SENNETT AVE
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHIN LI WEN
Gender	Female

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	SG5878P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Bus
YUSOFF MOHAMED HUSAIN
SXXXX516F

-
-
-
-
-
-
-

SKETCH PLAN

IMPORTANT NOTICE

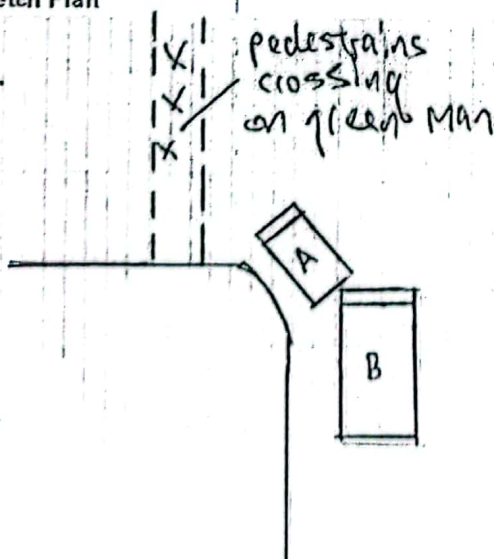
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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



A - SJJ698R

B - SG5878P

Describe Circumstances of the Accident

On 13 Mar, 2022 at about 11:10am I was stopped on Marlborough Road stopped at the red light cross junction with Marlborough Central, waiting to turn left into Marlborough Central, with 2 vehicles in front of me also waiting for the traffic light to turn green to then left into Marlborough Central. A police transit bus SA 587SP service 966 was behind my vehicle.

As the traffic light turned green in my favour, the 1st 2 cars in front of me moved off and turned left into the Marlborough Central but when it was my turn, I had to slow down and stop as the pedestrian crossing that was a subway green man as there were pedestrians crossing. Then my vehicle was hit at the rear by the police transit bus.

No injuries suffered.

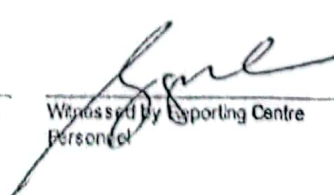
Declaration

We declare the foregoing particulars are true in every respect.

 14 Mar 2022

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel