

2/2 & 1527-60

Not Approved
denied
14/08/22
take photo after repair
2 days.

CHINA TAIPING INSURANCE P/L		NAME :	WIP :	25829
3 ANSON ROAD		ADDRESS :	DATE:	13-Jun-22
#16-00 SPRINGLEAF TOWER				
SINGAPORE 079909				
ATTN. :	MOTOR CLAIMS	TEL :		

VEH NO :	SMS2577K	DATE IN :		CONTACT PERSON :	JESS
CHASSIS NO :	JM6GL1072K0319804	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA 6	DATE REG.:	18-Feb-20		

NATURE OF WORKS

NO	DESCRIPTION	QTY	UNIT PRICE	1st	Supp	PARTS NO	REVISED	PRICES
1	REAR BUMPER	1	1,099.00			MGSK1-50-221ABB	R X	1,099.00
2	TAPE, PROTECTOR	4	4.70			MBCKA-50-EM1	11X	18.80
3	TAPE SEAL	2	13.70			MGSH7-50-2G1	11X	27.40
4	BRACKET CENTER REAR BUMPER	1	5.40			MDFR5-50-251	11X	5.40
5	REINFORCEMENT REAR	1	538.30			MGHK1-50-260	11X	538.30
6	FASTENER	6	3.00			MB45A-56-146A	11X	18.00
7	RIVET	2	9.20			MTK21-50-355	11X	18.40
8	FASTENER	6	8.00			MEA01-50-037	11X	48.00
9	GASKET RH TAIL LAMP	1	43.80			MGRF5-51-153	new	43.80
10	GASKET LH TAIL LAMP	1	43.80			MGRF5-51-163	new	43.80

SUPPLEMENTARY

NO	DESCRIPTION	QTY	UNIT PRICE	1st	Supp	PARTS NO	REVISED	PRICES
1								
						TOTAL PARTS		1,860.90
						TOTAL PARTS COST		1,860.90

Labour Description

			REVISED	PRICES
1	TO REPLACE REAR BUMPER.		660	800.00
2	TO RESPRAY REAR BUMPER.		630	700.00
3	MZ-BR-REVSSEN TO TRANSFER REVERSE SENSORS.		11X	500.00
4	MZ-BR-ELECTR TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		11X	250.00

5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	150	300.00
6	MZ-BR-SUNDRI	SUNDRIES.	12x	50.00

SUPPLEMENTARY LABOUR DESCRIPTION

1		#N/A			
<p>REMARKS:</p> <p>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.</p>			TOTAL LABOUR	-	2,600.00
			TOTAL PARTS	-	1,860.90
			TOTAL	-	4,460.90
			LESS EXCESS	-	-
			TOTAL AFTER EXCESS	-	
			GST 7%	-	-
			GRAND TOTAL	-	-

TRANS EUROKARS PTE LTD

 Authorised Signature

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

Acknowledged by Repairer

Signature:

Date:



TRANS EUROKARS PTE LTD

27A TANJONG PENJURU, SINGAPORE 609042

FINALIZE COST OF REPAIRS

CHINA TAIPING INSURANCE P/L 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909 ATTN : MOTOR CLAIMS		NAME : ADDRESS : TEL :		WIP : 25829 DATE: 7-Sep-22	
VEH NO :	SMS2577K	DATE IN :		CONTACT PERSON :	JESS
CHASSIS NO :	JM6GL1072K0319804	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA 6	DATE REG.:	18-Feb-20		

NATURE OF WORKS

NO	DESCRIPTION	QTY	UNIT PRICE	1st	Supp	PARTS NO	REVISED	PRICES
1	REAR BUMPER	1	1,099.00			MGSK1-50-221ABB		1,099.00
2	TAPE,PROTECTOR	4	4.70			MBCKA-50-EM1		18.80
3	TAPE SEAL	2	13.70			MGSH7-50-2G1		27.40
4	BRACKET CENTER REAR BUMPER	1	5.40			MDFR5-50-251		5.40
5	REINFORCEMENT REAR	1	538.30			MGHK1-50-260		538.30
6	FASTENER	6	3.00			MB45A-56-146A		18.00
7	RIVET	2	9.20			MTK21-50-355		18.40
8	FASTENER	6	8.00			MEA01-50-037		48.00
9	GASKET RH TAIL LAMP	1	43.80	✓		MGRF5-51-153	43.80	43.80
10	GASKET LH TAIL LAMP	1	43.80	✓		MGRF5-51-163	43.80	43.80

SUPPLEMENTARY

NO	DESCRIPTION	QTY	UNIT PRICE	1st	Supp	PARTS NO	REVISED	PRICES
1								
						TOTAL PARTS	87.60	1,860.90
						TOTAL PARTS COST	87.60	1,860.90

Labour Description

						REVISED	PRICES
1		REPAIR REAR BUMPER. 10950				660.00	800.00
2		SPRAY REAR BUMPER.				630.00	700.00

3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS.	-	500.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	-	250.00
5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	150.00	300.00
6	MZ-BR-SUNDRI	SUNDRIES.	-	50.00

SUPPLEMENTARY LABOUR DESCRIPTION

1		#N/A			
<p>REMARKS:</p> <p>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.</p>			TOTAL LABOUR	1,440.00	2,600.00
			TOTAL PARTS	87.60	1,860.90
			TOTAL	1,527.60	4,460.90
			LESS EXCESS	-	-
			TOTAL AFTER EXCESS	1,527.60	
			GST 7%	106.93	-
			GRAND TOTAL	1,634.53	-

TRANS EUROKARS PTE LTD

Authorised Signature

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	10/06/2022 18:28 (SGT)
Date of Accident	09/06/2022 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR WEST LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2577K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mr Chua Han Siong Eric
NRIC No	SXXXX397A
Email Address	chs.eric@gmail.com
Mobile Phone No	(Phone) +65-93837698
Alternative Phone No	(Home) +65-93837698

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2000

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	Mr Chua Han Siong Eric
NRIC No	SXXXX397A

Date Of Birth	09/01/1976
Occupation	Indoor
Date Of Driving Pass	22/11/1995
Driving experience	26 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93837698
Alt. Phone Number	(Home) +65-93837698
Email Address	chs.eric@gmail.com
Address	Blk 314 Yishun Ring Road #08-1178
Address complement	-
Postcode	760314
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	DAMP

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?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TECHNICAL ISSUE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW4462U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALLEN
NRIC No	SXXXX346H
Contact Number	(Phone) +65-81232770

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 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 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.
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.
- (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:

10/6/2022

Driver's Signature

(If driver is not the policyholder)

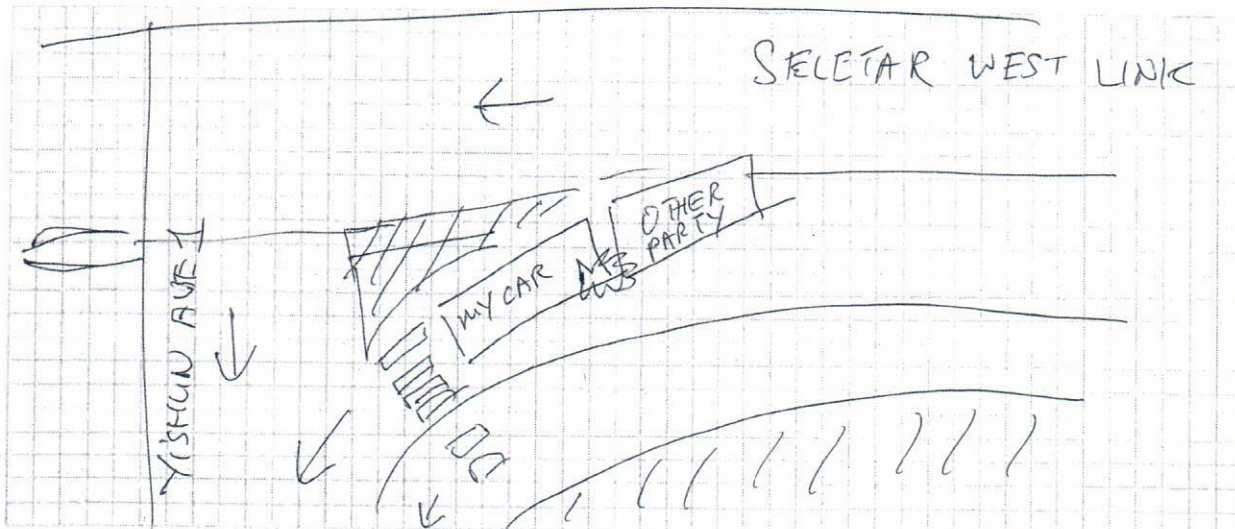
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~On 9/6/2022 when~~
 On 9/6/2022 at about 1945 hrs when turning out of Siletar West Link to Yishun Ave 1, I stopped my car at the pedestrian crossing. The Van behind did not stop in time and bang into my car.
 The road is wet due to the rain earlier.

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:

Reporting Centre/Personnel's Signature
 Name:
 NRIC/FIN No.: