

TRANS EUROKARS PTE LTD

27A TANJONG PENJURU, SINGAPORE 609042



ESTIMATE COST OF REPAIRS

79 R(ANZ INSURANCE DBINSON ROAD	PTE LTD	NAME : ADDRESS :						WIP : EXCESS :			
SING	APORE 068897	anni-basseni							DATE:	12-Jul-22		
ATTN FAX		MOTOR CLAIMS	TEL:									
VEH	NO :	SLX1437Z	DATE IN :	T				CONTACT PERSON :	JESS			
CHAS	SSIS NO :	JM6BN24A8J02046	81 MILEAGE :			TYPE OF CLAIM:	THIRD PARTY CLAIM					
MODE	EL:	MAZDA 3 1.5L	DATE REG.:		16-Mar-18	3		POLICY NO. :				
				NA7	TURE OF WORK	(S						
NO		DESCRIPTION		<u>QTY</u>	<u>UNIT PRICE</u>	<u>1st</u>	Supp	PARTS NO	REVISED	PRICES		
1	0			0				0		-		
					SUPPLEMENT	ARY						
NO	T	DESCRIPTION		QTY	UNIT PRICE	<u>1st</u>	Supp	PARTS NO	REVISED	PRICES		
1												
						·· •		TOTAL PARTS				
								TOTAL PARTS COST	186112	-		
···												
				Lat	our Descriptio	<u>n</u>						
·							··········		REVISED	PRICES		
1		REMOOVE/REFIT FRON	T BUMPER.							990.00		
2	2 RESPRAY FRT BUMPER.											
3	MZ-BR-ELECTR	TO CHECK ELECTRICAL	SYSTEM FOR PROF	PER FL	JNCTIONING.					250.00		
4	4 MZ-BR-REPROG TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.											
5	MZ-BR-SUNDRI	SUNDRIES.								50.00		
			SUPPLE	MENTA	ARY LABOUR D	ESC	RIPTIC	<u>ON</u>				
1		#N/A										
								TOTAL LABOUR		2,535.00		
REMAF							h	OTAL PARTS		2,335.00		
HIS IS	ONLY AN ESTIMA	ATE FROM VISUAL INSPE OCESS OF REPAIRING, Y	CTION AND SHOULD	THEF	RE BE MORE D	AMAG	E0	OTAL		2,535.00		
IKE BE	:ING CARRIED OL	2000 100 100 100 100 100 100 100 100 100										
KEPAIR	RS, A QUOTATIOI	I FEE OF \$400 WILL BE A	PPLIED ACCORDING	3LY FC	OR MAN-HOURS	,, ,,,, }		OTAL AFTER EXCESS				
V V UL V	IN SOURCING	FOR PARTS PRICE AS V	VELL AS LABOUR CH	IARGE	S.			GST 7%				
							L					

GRAND TOTAL	
REPAIR DAYS	

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 witholding 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.

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Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	05/07/2022 19:38 (SGT) Both 04/07/2022 08:11 (SGT) Singapore THE OCTAGON BUILDING CECIL ST Singapore

Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	05/07/2022 19:38 (SGT) Both 04/07/2022 08:11 (SGT) Singapore THE OCTAGON BUILDING CECIL ST Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SLX1437Z
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No Mr Tan Jun Rui, Desley SXXXX492C TAN.DESLEY@GMAIL.COM (Phone) +65-91280192
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category Transmission CC	Mazda 3 - Private use No - Claiming third party Private car Auto 1500
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	AXA Insurance Pte Ltd
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	Mr Tan Jun Rui, Desley SXXXX492C 22/09/1988 Indoor

Date Of Driving Pass	30/04/2009
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91280192
Alt. Phone Number	-
Email Address	TAN.DESLEY@GMAIL.COM
Address	7 Canberra Drive #09-15
Address complement	-
Postcode	768069
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	
Weather Conditions	Side Swipe
Road Surface	Clear
	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)	3
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	_
PASSENGER 1	
Name	DESLEY TAN
Gender	Male
PASSENGER 2	maio
Name	IMELDA SIMON
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	
Was notice of intended Prosecution given?	No
f yes, against whom?	No
. Jos, against Wildin:	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Nas there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	388M
Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	JOUIVI
Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	
Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	
Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Privat	
Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	
Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	e car
Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	
Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage	
Address complement Postcode Insurance Company Name Nature Of Damage	
Postcode	
Insurance Company Name Nature Of Damage	
Nature Of Damage	
Nature Of Damage	
Details of property damaged in accident	
Letails of property damaged in accident	
M. OCD	
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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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

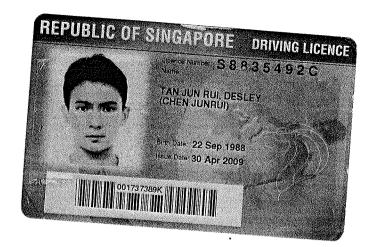
Witnessed by Reporting Centre Personnel (Name as in NR(C/ID card)

Sketch Plan

Describe Circumstance of the Accident
Describe Circumstance of the Accident On 4 July 2022, I was making a turn from the minor road from Cecif st to the intersection of Boan Tat st. I was in the Nght of way, tollowing closely behind the BMD retricte without my notice, the car behind SJN 4388m squeezed between meg vehicle & the noto boke paragragary area, therefore hitting my vehicle instead of getting off the vehicle, the dover proceeded to behave aggressively & counded his horn. This is taxtomount to a hit & non. No contact details were bey exchanged.
Cecil st to the intersection of Boon Tet st. I was in the
night of way to lowing closely behind the RMW relice without
my notice, the agr behind SIN 4388m squeezed between man
vehicle & the nots blue partone area, there for hitting m.
vehicle Instead of actions of the vehicle, the dover appreciate
to behave aggressively & sounded his horn. This is textendent to
a hit & no. No contact details were box southerned
Declaration V
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 521 pm & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Apr 2009 of the driver; and other motor vehicles =< 2500kg



NP 428A