Final: Date: Date:	ASS. REC&BY: Steve	TELES - FEET - F
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		TOTAL



EUROKARS AUTO PTE LTD 27A TANJONG PENJURU, SINGAPORE 609042

ESTIMATE COST OF REPAIRS

MSIG	Insurance I	Singapore) Pte Ltd	1						WIP:		33903
	TON WAY	mgapore) Pte Ltd	NAME :						EXCESS:		
	SGX CENTRE		ADDRESS :						DATE:		3-Aug-22
		2							DATE:		
	PORE 068807										
ATTN.	:	MOTOR CLAIMS	TEL:								
FAX :	2				_				DEREK	1	3310684
VEH N		SKM886L	DATE IN:		_	CONTACT PERSON :	-			D PAF	
	IS NO :	WP0ZZZ99ZHS116484	MILEAGE:			TYPE OF CLAIM:			17110	DIA	
MODE	L:	911 Carrera GTS	DATE REG.:			POLICY NO. :					
						WORKS	-				
S/NO			Par	ts Descri	iptio	<u>n</u>			DELVICED	-	PRICES
		00		QTY			151	SUPP	REVISED		
1	REAR FENDER			1		P991-503-962-02-GRV	_			\$	4,324.40
2	BLIND RIVET			4		P999-080-057-01-				\$	23.20
3	STONEGUARD			1		P991-504-836-05-	_	-		\$	130.00
4	REAR WINDS	CREEN GLASS / NO	2	1		P991-545-911-05-				\$	1,754.60
5	RIVET 4	M		8		PN -907-878-02-				\$	16.80
6	CLIP	/ he		8		P991-537-671-00-				\$	52.00
7				0		0				\$	
						TOTAL PARTS				\$	6,301.00
										\$	
						TOTAL PARTS COST				\$	6,301.00
				SUPPL	EM	ENTARY					
NO		DESCRIPTION		(QTY	PARTS NO	1st	Supp	REVISED		PRICES
1											
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							_				
			Labour Descript	ion			Г	T			
						1/2					
-	TO DEMOVE/	PEDLACE REAR FENDER RH 8	S ALL ACCIDENT	DAMAGE	FD BO	DDY PARTS. TO REMAIL (14)	Burn		5460	\$	6,240.00
1		REAS AFFECTED BY THE ACC		15	60	× 7.6	1		3400	+*	0,210.00
	KEPAIK ALL A	KEAS AFFECTED BY THE ACC	JULINI.	. 0	V	1.)		-		+	
_	TO DECEDENT	DEAD FENDED DII			-		\vdash	-	1120	5	1,500.00
2	TO RESPRAY I	REAR FENDER RH .					+	_	11/10	1,	1,300.00
							-	+	250	1	350.00
3	TO SUPPLY SP	PRAY TEROSTAT SEALANT OF	N THE CUTTING A	AREAS.			-	+-	230	\$	350.00
							-	+	1/0	+	252.00
4	TO CARRY-OL	IT BODY CAVITY PRESERVAT	ION.				+	+-	150	\$	250.00
						6.11	-	-	222	+-	
5	TO REMOVE 8	& REFIT CARPET & TRIMS ON	THE REAR SECT	ION TO	GIVE	WAY TO THE (phoh)	-	-	250	\$	500.00
	REPAIR ON TH	HE REAR SECTION.				<u> </u>	-	_		-	
							_	_		-	
6	TO SUPPLY 1	PC BODY CHASSIS STICKER &	& 1 PC TIRE PLAT	E STICKE	R		_	_	NETT	\$	300.00
										-	
7	TO DEMOVE	& REPLACE THE REAR WINDS	SCREEN GLASS						NETT	\$	560.00

8	TO SUPPLY SEALER ON THE REAR WINDSCREEN GLASS.		NETT	\$	195.00
9	TO SUPPLY SOLAR FLIM ON THE REAR WINDSCREEN GLASS.		NETT	\$	300.00
10	TO SUPPLY / INSTALL THE PAINT PROTECTION FILM STICKER. (PRICE	TO BE ADVISE) (INVOICE)	NETT	7	
11	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			\$	250.00
12	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		NETT	\$	600.00
13	SUNDRIES.		NETT	\$	50.00
	REMARKS:	TOTAL LABOUR	\$ -	\$	11,095.00
	THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE	TOTAL PARTS	\$ -	\$	6,301.00
	BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL	TOTAL	\$ -	\$	17,396.00
	BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.	LESS EXCESS	\$ -	\$	
	BE INFORMED BEFORE THE REFAINS AND BEING CARRIED GOT.	TOTAL AFTER EXCESS	\$ -	\$	17,396.00
	TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A	GST 7%	\$ -	\$	1,217.72
	QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS	GRAND TOTAL	\$ -	\$	18,613.72

EUROKARS AUTO PTE LTD

QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

Stew (CKK) M. M. 10/8/22, 5.30p 7 Lyr P/P Ly My

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:

SA1D227T000D-01 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 31/07/2022 00:56 (SGT) SUBMITTED BY: Susan VERSION: 2 (31/07/2022 06:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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

3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of the insurance companies.

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 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

31/07/2022 00:56 (SGT)

Both

24/07/2022 13:31 (SGT)

Singapore

MARINA SQUARE BASEMENT 2

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKM886L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Email Address

Mobile Phone No

Alternative Phone No

No

GAVIN KANAN NARAYANAN

SXXXX308E

Gavinkanan@gmail.com

(Phone) +65-97555882

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

Porsche

911

CARRERA GTS (991-II)

Private use

No - Claiming third party

Private car

Auto

2981

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd

GA552897/1

DRIVER

Name of Driver

Date Of Birth

Occupation

Accident report SA1D227T000D

GAVIN KANAN NARAYANAN

SXXXX308E

14/01/1980

Indoor

Page 1 of 25



Date Of Driving Pass 22/12/2009 Driving experience 12 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-97555882 Alt. Phone Number **Email Address** Gavinkanan@gmail.com 59 Ceylon Road Address Address complement 429643 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 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS NOT IN THE CAR AND WAS NOT THE DRIVER. HAD ENTRUSTED CAR TO THE CAR WASH OPERATOR AT APPROXIMATELU 1215PM. RECEIVED PHONE CALL FROM THE CAR WASH OPERATOR MANAGER (DAVID) AT 131PM, TELLING ME THAT THEY HAD AN ACCIDENT WITH MY CAR. I RUSHED DOWN AND SAW THE DAMAGED CAR PARKED AT THE SIDE OF THE WASHING LOTS. WAS TOLD THAT THEY DAMAGED MY CAR WHOLST PARKING, BY REVERSING INTO A FIRE EXTINGUISHER BOX MOUNTED ON A COLUMN.

ATTACHMENT(S)

Are accident photos available for attachment?

Was 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

Accident report SA1D227T000D

Page 2 of 25



 Vehicle Category
 NA / Unknown

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 Fire Extinguisher

 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Formatust be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow many provided must be as truthful and accurate as possible.
- 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
- 6. The report will be forwarded by the insurers of the GA 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)

- (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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquries 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/mat
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Sketch Plan

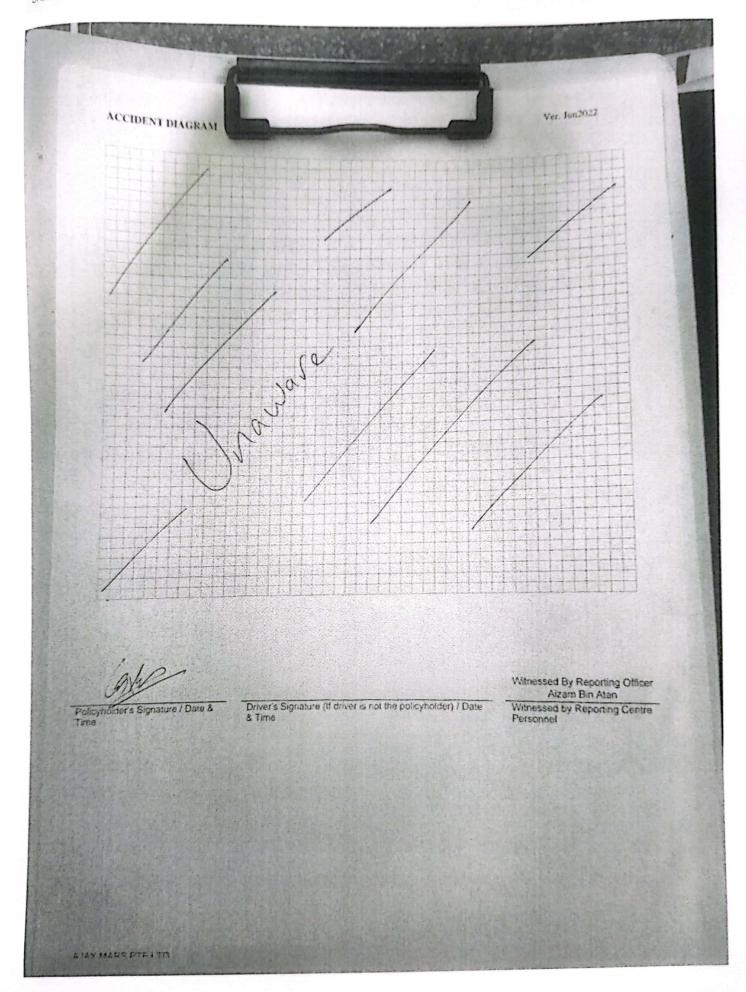
Driver's Signature (# driver is not the policyholder) / Date & Time

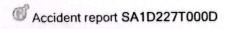
Witnessed By Reporting Officer Aizam Bin Atan

Witnessed by Reporting Centre

REFER TO ATTACHED ACCIDENT DIAGRAM







Describe Circumstances of the Accident

I WAS NOT IN THE CAR AND WAS NOT THE DRIVER. HAD ENTRUSTED CAR TO THE CAR WASH OPERATOR AT APPROXIMATELU 1215PM . RECEIVED PHONE CALL FROM THE CAR WASH OPERATOR MANAGER (DAVID) AT 131PM, TELLING ME THAT THEY HAD AN ACCIDENT WITH MY CAR. I RUSHED DOWN AND SAW THE DAMAGED CAR PARKED AT THE SIDE OF THE WASHING LOTS. WAS TOLD THAT THEY DAMAGED MY CAR WHOLST PARKING, BY REVERSING INTO A FIRE EXTINGUISHER BOX MOUNTED ON A COLUMN.

Declaration

FWe declare the foregoing particulars are true in every respect.

Witnessed By Reporting Officer Alzam Bin Atan

Policyholder's Signature / Date & Time Driver's Signature (# driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel