

Name & Address:

Motor Claims Department

INDIA INTERNATIONAL INSURANCE P/L

64 CECIL STREET

#04-#05 IOB BUILDING

SINGAPORE 049711

Email/Fax No:

Contact No:

Vehicle No:

SDV96K

Brand & Model:

Porsche Panamera PDK

Chassis/VIN No:

WP0ZZZ97ZNL100287

Date:

28-Oct-22

Franchise:

PORSCHE

Contact Person (Eurokars):

DEREK

Type of Claim:

THIRD PARTY

YEAR MODEL:

11/03/2022

WIP#:

37495

Contact No (Eurokars):

6331 0684

PARTS / MATERIAL CHARGES

MARK = Survey Marking [Key "A" if item is approved]

NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE
1	REAR BUMPER	P971-807-983- Y-	1		-	\$ 4,687.60
2	TOWING COVER	P971-807-442- -G2X	1		-	\$ 103.40
3	REAR BUMPER LOWER SPOILER	P971-807-514-BY-	1		-	\$ 2,097.20
4	EXHAUST TRIM LH	P971-807-951- -OK1	1		-	\$ 316.60
5	EXHAUST TRIM RH	P971-807-952- -OK1	1		-	\$ 316.60
6	LICENSE PLATE BRACKET	P971-807-287-K -OK1	1		-	\$ 181.80
7	BUMPER SOUND ABSORBER LH	P971-825-477- -	1		-	\$ 339.80
8	BUMPER SOUND ABSORBER RH	P971-825-478- -	1		-	\$ 339.80
9	BRACKET FOR PEDAL SENSOR	P971-807-773-B -	1		-	\$ 112.70
10	SENSOR	P5Q0-919-275-B -G2X	2		-	\$ 966.40
11	SENSOR GASKET	P5Q0-919-133- -9B9	4		-	\$ 13.60
12	REAR BUMPER CENTER BRACKET	P971-807-863-A -	1		-	\$ 251.80
13	SUPPORT BRACKET LH	P971-807-331-C -	1		-	\$ 1,051.10
14	SUPPORT BRACKET RH	P971-807-332-C -	1		-	\$ 1,051.10
15	TAIL LIGHT BRACKET LH	P971-807-125- -	1		-	\$ 157.70
16	TAIL LIGHT BRACKET RH	P971-807-126-A -	1		-	\$ 157.70
17	ANTENNA SENSOR	P971-035-510-E -	1		-	\$ 244.10
18	REAR BUMPER REINFORCEMENT	PPAE-803-184-A -	1		-	\$ 2,116.60
19	WIRE HARNESS FOR PEDAL SENSOR	P971-962-253-C -	1		-	\$ 396.00
20						\$ -

Sub-Total (Parts Price) \$ 14,901.60

LABOUR / SERVICES CHARGES

NO	DESCRIPTION	REVISED	PRICE
1	TO REMOVE /REPLACE REAR BUMPER, REINFORCEMENT & ALL DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		\$ 3,120.00
2	TO RESPRAY REAR BUMPER		\$ 1,500.00
3	TO SUPPLY REAR LICENCE PLATE WITH CASING	nett	\$ 150.00
4	TO TRANSFER THE REVERSE SENSORS.		\$ 300.00
5	TO APPLY SPECIAL CERAMIC COATING. (PRICE TO BE ADVISE)	nett	

6	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
7	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	nett	\$ 600.00
8	SUNDRIES.	nett	\$ 50.00

Survey Date & Time:	Repair Days:	Excess:
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Surveyor Remarks:

Remarks:

- This is only an estimate based on visual inspection. Should there be more damages found during repair, it will be informed and quoted additionally.
- A fee of \$400 (excl. GST) will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

Sub-Total (Labour Price) \$ - \$ 5,970.00

		REVISED	PRICE
Parts Price	\$ -	\$	14,901.60
Labour Price	\$ -	\$	5,970.00
Total (Initial Estimate)	\$ -	\$	20,871.60
Supp 1	\$ -	\$	-
Supp 2	\$ -	\$	-
Supp 3	\$ -	\$	-
Total (Before Excess)	\$ -	\$	20,871.60
Less Excess	\$ -	\$	-
TOTAL (After Excess)	\$ -	\$	20,871.60
GST 7%	\$ -	\$	1,461.01
GRAND TOTAL	\$ -	\$	22,332.61



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 Actual 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	25/10/2022 20:26 (SGT)
Reported by	Driver
Date of Accident	21/10/2022 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV96K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EUROKARS AUTO PTE LTD
Company Reg No	1XXXXX740N
Email Address	INFO-ESPL@EUROKARS.COM.SG
Mobile Phone No	(Phone) +65-63310680
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Panamera
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2995

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	NASHARUDYN SHAWAL
NRIC No	SXXXXX819D
Date Of Birth	16/08/1973
Occupation	Indoor



Date Of Driving Pass	20/10/2000
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-85228505
Alt. Phone Number	-
Email Address	KEION.TOH@PORSCHE.COM.SG
Address	27A TANJONG PENJURU
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Wet

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
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?	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?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND9879K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	_____	-
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.

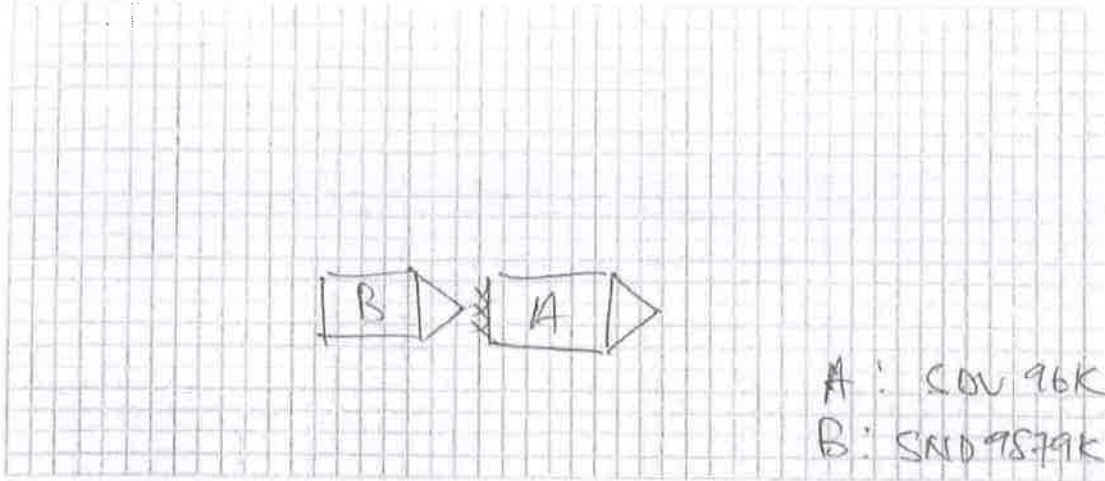


Policyholder's Signature _____
Date & Time: _____

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 the Friday 21 October 2022, i was travelling on PIE towards Changi around 1920hrs, when the traffic in front came to halt, when a car behind me ram to my customer, which i was driving, Car behind was driven by Mr Mohammad Masfirah Hadi Bin Ahmad (S9533888G) vehicle number SND 9879 K.

The next day on 22 October 2022, i visited a doctor and was given Two days medical leave.

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.:

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Oct 2022 / 19:51:29

Receipt Date/Time : 25 Oct 2022 / 19:51:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221025-004135

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SND9879K				
As at 21 Oct 2022/19:20:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SND9879K Enquiry Fee 20221025195013753708	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
454750XXXXXX9785		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

SDV 96 K

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.