QUOTATION

1,174.36



Customer Name:
ALLIANA INSURANCE SINGAPORE FIE LID
79 Robinson Road

#NO_N1 Cinganore NERROT

Contact No 1:

Email 1:

Vehicle No:

Date:

SJE9886G

22-Dec-22

Model:

Repair Day(s):

CX-30

0

Contact No 2:

LABOUR

Email 2:

Chassis/VIN No:

Quoted By:

JM6DM2W7AM0103877

GRAND TOTAL

Wei Cin

No	Doscription	Davida Ni		-	and the second	
INU	Description	Parts No.	Unit Price	Qty	Disc %	Net Price
1	REAR WHEEL ARCH FENDER LH	MDFR5-51-W60D	99.46	1	0%	99,46
2	REAR WHEEL ARCH DOOR LH	MDFR5-51-RD0A	338.07	1	0%	338.07

No	o Description		Price
1	TO REMOVE AND REAPLACE THE REAR WHEEL ARCH DOOR LH & REAR WHEEL ARCH FENDER LH.		660.00
w		Sub-Total (Labour Price)	660.00
Remar	<u>'ks</u>	and the second s	en e
	es are valid for 30 days from quotation date.	Parts Price	437.53
 Scope of work is based on visual inspection. Should there be additional damage found during repair, it will be informed and quoted separately. Labour Price Total Price		660.00	
		Total Price	1,097.53
4. A request for detailed Repair Estimate in addition to this quotation will be subject		GST	76.83

- to an administrative fee of \$200 (excl. GST) if repair is not carried out by Eurokars. 5. Repair day(s) is only an estimate and subject to confirmation after repair starts.
- 6. For further enquiry or to make an appointment, please contact us at +65 3661 0680.
- 7. The above quotation does not include replacement car.

EUROKARS SERVICES PTE LTD CUSTOMER ACCEPTANCE Authorised Signature Customer Signature

ST1122CJ0002 / TRANS EUROKARS PTE LTD [408605] ENTRY DATE & TIME: 19/12/2022 18:27 (SGT) SUBMITTED BY: TRANSEUROKARS PTE LTD - UBI VERSION: 1 (19/12/2022 18:27 (SGT))

SINGAPORE ACCIDENT STATEMENT

- IMPORIANT NOTICE

 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 wilful misrepresentation or witholding or material facts may allow insurance companies to reputiate 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	19/12/2022 18:27 (SGT) Both 18/12/2022 09:50 (SGT) Singapore HOUGANG STREET 32 Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SJE9886G
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No Mr Ang Cheng Siang SXXXX085I angcs79@gmail.com (Phone) +65-96904628
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of	Mazda CX30
Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Private use No - Claiming third party Private car Auto 2000
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	Liberty Insurance Pte Ltd
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	Mr Ang Cheng Siang SXXXX085I 16/07/1979 Indoor

Date Of Driving Pass	27/11/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Alt. Phone Number	(Phone) +65-96904628
Email Address	- angcs79@gmail.com
Address	Blk 434B Fernvale Road #16-242
Address complement	-
Postcode Is the driver the policyholder?	792434
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	- NI-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
· · · · · · · · · · · · · · · · · · ·	-
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 Road Surface	Clear
Trodd Odrides	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No 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) Has the driver been approached by unknown person(s)	0
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 SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SLD1183K
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Category	- Private car
Name of Driver	-
Contact Number ,	(Phone) +65-96637987

Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
<u> </u>	-

WITNESS DETAILS

WITNESS 1

Name	AAACOMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	HUA KE XIN
Phone	Manusaanaasaasaasaasaasaasaasaasaasaasaasaas	(Phone) +65-92965759
Email	1////	(Filone) +03-92965/59

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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilfu! 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;

12:24 PM 19/12/2002

- (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 Rurposes.

19/12/250

Policyholder's Signature / Date & Time

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

Sketch Plan

SS€ 48866

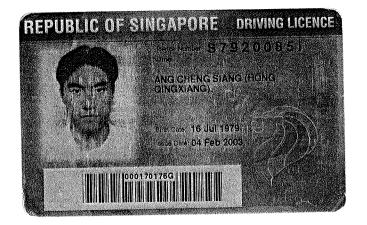
Describe Circumstance of the Accident
My sister was at the left year dow, making sure her son was tricked in the seat. The car 8LD 1183 to reversed into the neighbouring lot. The driver did not see the door opened and knocked into the door and pushed my sister back towards the back of the car. The driver and his passenger digited. The passenger who was the driver's son, admitted that the father's eyesight is bad and that could be why he didn't see the door opened.
he didn't see the dow opened.
Declaration I/We declare the foregoing particulars are true in every respect.

19/12/2002

Policyholder's Signature / Date & Time

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

Witnessee V Tender Centre Personnel (Name as in VRIC/IS card)



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

PASS DATE 27 Nov 2001

NP 428A

Licence No: \$7920085|

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLD1183K

Date of Accident

18/12/2022

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	Allianz Insurance Singapore P
Period of Insurance	22/10/2022 - 21/10/2023
Requested By	TRANSEUROKARS PTE LTD - U
Requested Date	22/12/2022 08:54

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): **\$\$2**

General Insurance Association

Records Management Centre GST Registration No: **M400017735**