SE0P236Q0001 / EUROKARS SERVICES PTE LTD [609042] ENTRY DATE & TIME: 26/06/2023 17:49 (SGT) SUBMITTED BY: EUROKARS SERVICES PTE LTD - TANJONG PENJURU VERSION: 1 (26/06/2023 17:49 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

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

26/06/2023 17:49 (SGT) Both Policyholder and Actual Driver 24/06/2023 13:25 (SGT) Singapore VICTORIA ST AND BAIN ST JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ8949U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address

Mobile Phone No Alternative Phone No No GOH LEONG KHOON, GEOFFREY SXXXX791A GEOFFREYGOH@GMAIL.COM (Phone) +65-91549779

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

Vehicle Category Transmission

No - Claiming third party Private car Auto

MG

ZS

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

GOH LEONG KHOON, GEOFFREY SXXXX791A 27/08/1968 Indoor

Date Of Driving Pass 28/07/1989 Driving experience 33 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-91549779 Alt. Phone Number Email Address GEOFFREYGOH@GMAIL.COM Address 8 LOR 38 GEYLANG #08-09 Address complement Postcode 398106 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 - Major/Minor Rd Weather Conditions Clear Road Surface 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) 2 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 PASSENGER 1 Name LEE CHEE SIANG Gender Male 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 PLEASE 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 SNC364T Vehicle Manufacturer Volkswagen Vehicle Model

Vehicle Variant

Vehicle Colour	¥
Vehicle Category	Private car
Name of Driver	*
Contact Number	(Phone) +65-94556161
Address	*
Address complement	
Postcode	
Insurance Company Name	Allianz Insurance Singapore Pte, Ltd.
Nature Of Damage	5 I DI -
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

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

Jan 1 21-41 ...

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

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Name:

NRIC/FIN No.:



REPAIR ESTIMATE

Name & Address:

ALLIANZ INSURANCE (S) PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

claims@allianz.com.sg

Contact No:

Vehicle No:

SMZ8949U 5-Jul-23

Brand & Model:

Franchise:

MG ZS EV DELUXE

Date:

Chassis/VIN No:

Contact Person (Eurokars):

LSJW74091MZ137847

WONG

Date Of Registration:

Contact No (Eurokars):

6331 0680

Type of Claim: THIRD PARTY

Email/Fax No:

Policy No:

24/05/2021

NO	DESCRIPTION	PART NO.	OTY	MARK	REVISED	T	PRICE
1	FASCIA-FRT BPR UPR (FRT BUMPER UPPER)	10336751-SPRP	1			\$	774.00
2	COVER-FRT BPR FASCIA TOWG (FRT TOWING COVER)	10338991-SPRP	1			\$	14.00
3	BRACKET-FRT BPR FASCIA SI MTG (FRT BUMPER BRACKET RH)	10560914	1			\$	77.00
4	BRACKET-FRT BPR FASCIA SI MTG (FRT BUMPER BRACKET LH)	10560912	1			\$	77.00
5	FASCIA-FRT BPR LWR (FRT BUMPER LOWER)	10636556	1		2	\$	597.00
6	FINISHER-FRT FOG LP CVR (FRT CHROME RH)	10014695	1			\$	198.00
7	FINISHER-FRT FOG LP CVR (FRT CHROME LH)	10014694	1			\$	198.00
8	LLE-FRT BPR FASCIA LOWER (FRT GRILLE MESH LOWER) 10636557 1	1		2	\$	149.00	
	PANEL-FRT BPR LWR (FRT SPOILER LOWER)	10422032	1			\$	197.00
10	GRILLE ASM-RAD (FRT GRILLE RADIATOR)	10749654	1		2	\$	1,274.00
11	FINISHER-FRT BPR GRL (FRT GRILLE TOP)		1	i	÷	\$	194.00 137.00
12	SUPPORT-FRT BPR FASCIA CTR (FRT GRILLE TOP BRACKET)		1			\$	
13	PANEL-FRT BPR DUT (FRT GRILLE TOP INNER BRACKET)	10870712	1		- 2	\$	97.00
14	SCRIVET-FRT BPR FASCIA	90003417	1			\$	2.00
15	CHASSIS STICKER	GFAMENUMBER	1		€	\$	20.00
16	LABEL RAD.COVER HS	10243471	1	i i	*	\$	10.00
17	BAR ASM-FRT BPR IMP (FRT INFORCEMENT)	10768740-SEPP	1			\$	674.00 1,680.00
18	HEADLAMP ASM (FRT HEADLAMP RH)	10984562	1				
19	EMBLEM ASM-FRT LIC PLT (FRT LOGO)	11471186 /SS 10465797	1		×	\$	178.00
20	MOLDING ASM-FRT WHL (FRT WHEEL MOLDING RH)	10252368	1		-	\$	68.00
21	LINER ASM-FRT W/H (FRT WHEEL LINER RH)	10921102 / SS 10729782	1		¥	\$	172.00
22	FENDER ASM-FRT (FRT FENDER RH)	10292956-SEPP	1			\$	530.00
23	BRACKET ASM-F/FDR FRT LWR (FRT FENDER BRACKET RH)	10230199-SEPP	1			\$	19.00
24	HOOD ASM (BONNET)	10230176-SEPP	1			\$	1,974.00
25	HINGE ASM-HOOD (BONNET HINGE RH)	11514982-SEPP / SS 10457979-SEPP	1	ΪΪ		\$	77.00
26	HINGE ASM-HOOD (BONNET HINGE LH)	11514981-SEPP / SS 10457978-SEPP	1		2	\$	77.00
27	CLIP-F/CMPT INSL	91000573	13			\$	13.00
28	MODULE-FRT END (FRT SUPPORT PANEL)	10473761	1		8	\$	417.00
29	PANEL ASM-HDLP & FRT BPR FASCIA MT (FRT SUPPORT PANEL BRACKET RH)	10334514	1		*	\$	49.00
30	DEFLECTOR-U/B FRT (FRT UNDER COVER)	10674366	1			\$	174.00
31	SOCKET-CHRG (FRT CHARGING PORT)	10950317	1			\$	2,388.00
32	COVER-CHRG SOCT SEAL (FRT CHARING PORT COVER)	10849758	1		*	\$	74.00
33	SHROUD ASM-RAD CLG(SHROUD-RIGHT)	10237884	1			\$	39.00

Sub-Total (Parts Price) \$ 12,618.00

LABOUR / SERVICES CHARGES							
NO	DESCRIPTION	REVISED		PRICE			
1	TO REMOVE & REPLACE FRT BUMPER, BONNET, FRT FENDER RH, GRILLE TOP, FRT SUPPORT PANEL, FRT REINFORCEMENT & FRT CHARGING PORT. AND ALL ACCIDENT AFFECTED AREA ON FRONT PORTION.		\$	6,600.00			



REPAIR ESTIMATE

2	TO RESPRAY FRT BUMPER, GRILLE TOP, FRT FENDER RH, BONNET.		\$ 3,150.00
3	TO SUPPLY FRT NUMBER PLATE.	NETT	\$ 70.00
4	TO RECHARGE THE CAR BY USING AC CHARGER (2 HOURS).	NETT	\$ 165.00
5	For carrying out the checks, verifying and disabling connection of power (HV or 12V)" before repair and "checking, reconnection of power" after repair	NETT	\$ 165.00
6	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 250.00
7	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		\$ 300.00
8	TO CARRY-OUT BODY CAVITY PRESERVATION.(INCLUDING NEW PARTS AND CAOUTCHOUC).		\$ 250.00
9	SUNDRIES		\$ 50.00

Survey Date & Time:	Repair Days:	Excess:	

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.

Į.	Sub-Total (Labour Price)	\$	•	\$ 11,000.00
		REVISED		PRICE
	Parts Price	\$	€.	\$ 12,618.00
	Labour Price	\$	Ģ.	\$ 11,000.00
	Total (Initial Estimate)	\$	*	\$ 23,618.00
	Supp 1	\$		\$
	Supp 2	\$	*	\$ 14
	Supp 3	\$	*	\$
	Total (Before Excess)	\$		\$ 23,618.00
	Less Excess	\$		\$ -
	TOTAL (After Excess)	\$		\$ 23,618.00
	GST 8%	\$		\$ 1,889.44
	GRAND TOTAL	\$	•	\$ 25,507.44

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SNC364T

Date of Accident

24/06/2023

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Allianz Insurance Singapore P...

Period of Insurance 27/11/2022 - 26/11/2023

Requested By TRANSEUROKARS PTE LTD - TA...

Requested Date 26/06/2023 12:24

Payment details

Request Amount: **\$\$1.85**GST Amount: **\$\$0.15**

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

General Insurance Association

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 6 8 3 2 7 9 1 A

Name:

GOH LEONG KHOON, GEOFFREY

Birth Date: 27 Aug 1968

Issue Date: 24 Aug 2016



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

EFFECTIVE DATE

28 Jul 1989

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:S6832791A

NP 428A

WORKSHOP LONG ONLY