

**QUOTATION**

**TRANS EUROKARS PTE LTD**

12 Sungei Kadut Ave Singapore 729648

CODE: E0004  
 CUSTOMER: EQ INSURANCE COMPANY LTD  
 ADDRESS: 5 Maxwell Road  
 #17-00 Tower Block  
 MND Complex  
 Singapore 069110

DOCUMENT DATE: 07 July 2023  
 POS OD: MU  
 PRINTED BY: JESS FRANCIS  
 SERVICE ADV:  
 CSP/OP CODE: JESS FRANCIS  
 DEPT: 1  
 WIP NO.: XXXXX  
 REF. NO.:  
 DATE IN: 15 June 2023  
 EXT. WTY:  
 MILEAGE: 0

CONTACT NO.:  
 MODEL: MAZDA6 IPM4 2L SDN STD BLACK LS  
 CHASSIS NO.: JM6GL1073L0400174  
 ENGINE NO.: PE21310058  
 REG NO.: SKN2645Y  
 REGN DATE: 31 August 2020

DESCRIPTION:

| Item          | Description   | Qty. | Unit Price |        | Revise amount<br>SGD | Gross amount<br>SGD |
|---------------|---|------|------------|--------|----------------------|---------------------|
|               |   |      | Disc. %    | SGD    |                      |                     |
| MGSB8-69-121A | BODY RH,DOOR MIRROR GL  | 1.00 |            | 545.92 |                      | 545.92              |
| MGHP9-69-115  | COVER(R),HOLE GL  | 1.00 |            | 12.06  |                      | 12.06               |
| MB63B-69-122A | LAMP(R),SIDE TURN BN/GL   | 1.00 |            | 119.35 |                      | 119.35              |
| NOTES         | TP CLAIM - EQ +   |      |            |        |                      |                     |
| SUB           | REPLACE RH SIDE MIRROR.   | 1.00 |            |        | 0                    | 660.00              |
| SUB           | SPRAY RH MIRROR COVER.  | 1.00 |            |        | 0                    | 160.00              |
| SUB           | REPROGRAM AFTER THE ACCIDENT REPAIR.                                | 1.00 |            |        | 0                    | 200.00              |
| SUB           | SUNDRIES.   | 1.00 |            |        | 0                    | 50.00               |
| EXC           | Excess element of insurance repair to be paid by the insured party. | 1.00 |            |        | 0                    |                     |

|           |          | Before GST      |                 | GST<br>8%     | Total           |
|-----------|----------|-----------------|-----------------|---------------|-----------------|
| Parts     | 677.33   | Gross *         | 1,747.33        | 139.79        | 1,887.12        |
| Surcharge | -        | Less: Deposit** | -               | -             | -               |
| Labour    | 1,070.00 | Amount Due      | <b>1,747.33</b> | <b>139.79</b> | <b>1,887.12</b> |
| Menus     | -        |                 |                 |               |                 |

*\*This is only an estimate from our visual inspection and should there be more damages found during the process of works you will be informed for your approval before proceeding with the repairs.*

*\*Take note that should you decide not to proceed with the repairs "a service quotation fee" with a minimum of \$180.00 will be applied and it will varies depending on the time unit that was taken for the checking and diagnosis of your vehicle.*

\*\*Deposit tax invoice No.:

CASH / NETS / AMEX / VISA / MASTER / CHEQUE  
 No.

Date: \_\_\_\_\_

Customer signature \_\_\_\_\_

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 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 ..... 16/06/2023 17:22 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 15/06/2023 11:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BALESTIER ROAD (TOWARDS LAVENDER ST)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKN2645Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Lim Sze Kuan Daniel  
NRIC No ..... SXXXX844I  
Email Address ..... dan@lbbc.sg  
Mobile Phone No ..... (Phone) +65-97908800  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 6  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Policy Number / Cover Note Number ..... P10612851R01

### DRIVER

Name of Driver ..... Lim Sze Kuan Daniel  
NRIC No ..... SXXXX844I  
Date Of Birth ..... 26/09/1974  
Occupation ..... Indoor

|  |                                     |
|--|-------------------------------------|
| Date Of Driving Pass .....   | 28/08/2018                          |
| Driving experience .....   | 4 YEARS AND 10 MONTHS               |
| Gender .....   | Male                                |
| Mobile Number .....  | (Phone) +65-97908800                |
| Alt. Phone Number .....  | -                                   |
| Email Address .....  | dan@lbbc.sg                         |
| Address .....  | Blk 172 Lorong 1 Toa Payoh #11-1154 |
| Address complement .....   | -                                   |
| Postcode .....   | 310172                              |
| 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 .....   | Side Swipe |
| 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) .....   | 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 SKETCH PLAN

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                    |
|-----------------------------------|--------------------|
| Vehicle Registration Number ..... | XD9120Y            |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| Name of Driver .....              | WONG CHEE KIN      |
| NRIC No .....                     | SXXXX781I          |

Contact Number ..... (Phone) +65-91854462  
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 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 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.

*[Handwritten Signature]*

16/6/23  
11:30 pm

*[Handwritten Signature]*

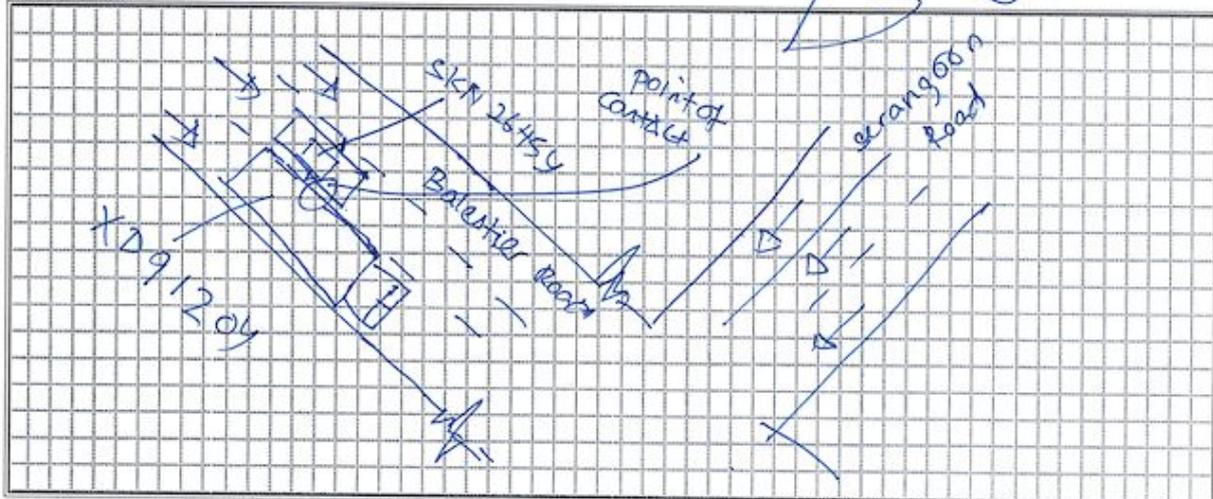
16-6-2023

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



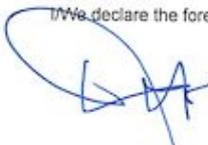
Lavender Street  
X

Describe Circumstance of the Accident

I was Driving straight on the centre lane (SKN2645Y)  
Seng Siang Lomy XD9120Y came from my right lane and  
and hit my right side vehicle mirror.

Declaration

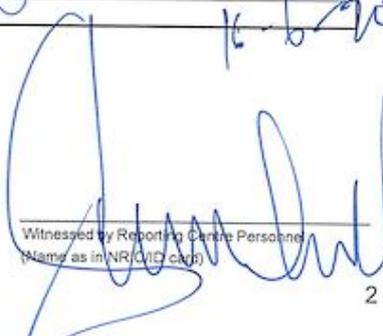
I/We declare the foregoing particulars are true in every respect.

 16/6/23  
11:30pm

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/CID card)

 16-6-2023  
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