(OBM 1873) WEF . REF: CS CS 240	90115/Rap3
ASS, REC. BY:	
ASS	IGNMENT
Paris	Veh No: SLM 1386C Yr Regn: 2021 APR
From: Date:	Type: M.Cat / M.Cycle / Bue / Van / Lorry / Tani / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD THIWS ITP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No: SLW 1386C	Make: MAZDA 6 2:0 EXE CC 1998
at Workshop m/s Fullukanus	Colour GREY A/C: Insured / Std / NI / NA Sp.Reading 73338 T/Radio: Insured / Std / NI / NA
at Workshop m/s  State 1986  To Inspect Vehicle No:  State 1986  The State 198	Sp.Reading = 1333% T/Radio: Insured / Std / HI / NA
Insured: ICS	Eng/No:
	CNO: 2M69L1073M0454220
Policy No.	Gen. Cond: Good //Faic/ Poor / Burnt
Cleims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil 16/R m / STD A/Rim or
	Tyre Size: F: 275 55 R17
(Policy Condition)	R:
Remark: The yeh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM!
repair at the time of inspection.	TOYO YOKO or
Ball or Market Value: 109/	Front Rear
IDAC Accident Roort: Consistent? : Yes or No	R/Bai. mm R/Bai. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bai. \ mm L/Bai. \ mm
Est. Repairs: days Res.: Yes or No	D.O.A. 03 04 24 D.O.I. 13 04 24
Lum Sum: % 3 Val.: Yes or No	Survey held at TANDONA
	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA 1 REV   REP. 1 24HRS	7 1.11
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
*	The U/C / Chassis frame / Body structure andded due to conson.
Date / Time Action / Instruction  REPAIR LIMIT 56K	· · · · · · · · · · · · · · · · · · ·
Keny no purif	
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٠ مست سا	
A companion we see yet a see	and the company of th
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	· · · · · · · · · · · · · · · · · · ·
Deleffine, Fie Pass to?	
Fren. Report	Days Of Repair:
Final Report	Resurvey No. of Trip: Survey Fee:
Oate/Time, File Return to?	-Transportation:
Add Fee	9: : Site Insp (\$ )s+R6si
	: Interview (\$ ) Photos
Report Format:	:Tech. invs (\$ ); Others
Lump Sum / I.B.I: (\$	
Proud Affilt (Pay /4	:Weekend (\$)
	TOTAL



## **QUOTATION**

JDE:

F0139

USTOMER:

ECICS LIMITED

DDRESS:

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE

SINGAPORE 038987

CONTACT NO.: 6337 4779

MODEL:

MAZDA6 IPM5 2L SDN EXECUTIVE B

CHASSIS NO.: **ENGINE NO.:** 

JM6GL1073M0454220 PE21596479

REG NO .: **REGN DATE:**  SLU1386C 20/04/2021

PAGE NO .:

DOCUMENT NO .:

**DOCUMENT DATE:** 

2679

04/09/2024

POS ID:12

PRINTED BY:

**SERVICE ADV:** 

CSP/OP CODE:

Lee Yao Sheng

15568

Lee Yao Sheng

DEPT:

WIP NO .:

REF. NO .: DATE IN: EXT. WTY:

MILEAGE:

DS/SLU1386C/2048 19/04/2026

DESCRIPTION: Body renair

ltem	Description	Qty.	Unit Price	Stk/Status	Gross ( amount C SGD	
NOTES	SLU1386C -TP Claim -ECICS -DOA:4/9/24		SGD		9.00	0
SUB	TO REMOVE & REPLACE FRT BUMPER. AND ALL ACCIDENT AFFECTED AREA.			792		S
SUB	TO RESPRAY FRT BUMPER.			75	1,512.00	S
SUB	TO TRANSFER FRONT SENSORS.			ts ts	330.00	S
SUB	TO CHECK ELECTRICAL SYSTEM			15	250.00	S
	FOR PROPER FUNCTIONING.				20	
SUB	TO REPROGRAMME AFTER THE			'2	JU 300.00	5
	ACCIDENT REPAIR WORKS.				20	_
SUB	SUNDRIES.			STOCK	20 50.00	S
GSJ8-50-031 BI	B FRT BUMPER GL3 W/PS de-		1,177.81	STOCK	1,177.81	S
C274-50-133	NUT.CLIP M	12.00	2.36	STOCK	28.32	
GHP9-50-0Z5	GROMMET,SCREW	2.00	2.36	STOCK	4.72	
S51S-51-833	RIVET, SPLASH SHIELD **	8.00	3.12	STOCK	24.96	
BBM4-50-355	RIVET	4.00	3.71	STOCK	14.84	S
B45A-56-146A	FASTENER A	2.00	2.36	STOCK	4.72	S
GBVG-50-131	PROTECTOR(L), BUMPER GL3	1.00	79.23	STOCK	79.23	S
GSH7-50-102	COVER LHF BUMPER GL3 ?	1.00	24.87	STOCK	24.87	S
GSH7-50-M42	CAP(L) GL 🔀	1.00	73.00	STOCK	73.00	S
F189-51-356A	SPRING X	2.00	9.28	31001	18.56	S

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:



TRANSEUROKARS Corporate Head Office: Trans Eurokars Pte Ltd,11 Kung Chong Road Singapore 159147
Tel: 6363 3003, Fax: 63693003, BRN.199103859N, GST Regn. No.: M90364005A

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

<sup>\*</sup>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.



## **QUOTATION**

DDE:

MODEL:

**REG NO.:** 

JUSTOMER:

E0139

**ECICS LIMITED** ADDRESS:

CONTACT NO.: 6337 4779

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE

MAZDA6 IPM5 2L SDN EXECUTIVE B

SINGAPORE 038987

JM6GL1073M0454220

PAGE NO .:

DOCUMENT NO .:

2679

2

DOCUMENT DATE:

04/09/2024 12

POS ID:

PRINTED BY:

SERVICE ADV:

Lee Yao Sheng Lee Yao Sheng

CSP/OP CODE:

DEPT:

WIP NO .:

15568

REF. NO .:

DATE IN:

19/04/2026

DS/SLU1386C/2048

EXT. WTY: MILEAGE:

0

CHASSIS NO .:

**ENGINE NO.:** 

**REGN DATE:** 

20/04/2021

PE21596479

SLU1386C

DESCRIPTION: Body repair

Item	Description		Qty.	Unit Price	Stk/Status	Gross amount (	
		_		SGD	STOCK	SGD	
GSH7-50-104	COVER(L),BUMPER GL3	()	1.00	36.50	STOCK	36.50	S
GSH7-50-1V0	PLATE(L), SEAL-F.BUMPER GL	' came	1.00	95.25	STOCK	95.25	S
	RETAINER LHF BUMPER GJ/GL X	100	1.00	14.84	STOCK	14.84	S
	AZRETAINER KF 🗡	Arrowis	1.00	15.77	STOCK	15.77	S
KD47-67-LIC1	2'SENSOR LILTRASONIC ?	1	1.00	184.59	STOCK	184.59	S
GSH7-50-7K0E	MOULD LHF LWR BUMPER GL3	2 /	1.00	303.10	STOCK	303.10	S
GSH7-50-161	BRACKET LHF BUMPER GL 🗲	1 days	1.00	44.76	STOCK	•	S
	PROTECTOR LHF HL GL3 🔏	1.14	1.00	123.15	STOCK	123.15	S
	HEADLAMP LH GL IPM 5 cut	13/09/24	1.00	5,137.13	STOCK	5,137.13	S
	A BRACKET LHF HL GL3 🗡		1.00	15.77	STOCK	15.77	S
GSH7-50-ACX	A BRACKET(L), HEAD LAMP GL3 🗡		1.00	37.01	STOCK	37.01	S
FB01-50-133C	NUT,CLIP 7	Kenst	6.00	3.29	3.33n	19.74	S
		, J					

	•	GST Code	Rate	Service/Goods	GST
Parts	7,478.64	0	-		-
Surcharge Labour	0.00		9.00%	11,504.64	1,035.42
Menus	0.00				

*This is only an estimate from ou	visual inspection	n and sho	uld there be more dama	ges found during	
the process of works you will the	n be informed fo	or your ap	proval before proceeding	g with the repairs.	

<sup>\*</sup>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.

	Before GST	GST	Total
Gross	11,504.64	1,035.42	12,540.06
Less: Deposit**	0.00	0.00	0.00
Amount Due	11,504,64	1,035.42	12,540.06

\*\*Deposit tax invoice No.:

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

Date:

Customer signature

Authorised signature

(STRANS EUROKAPS Corporate Head Office: Trans Eurokars Pte Ltd, 11 Kung Chong Road Singapore 159147
Tel: 6363 3003, Fax: 63693003, BRN.199103859N, GST Regn. No.: M90364005A

Zoom-zoom

Showrooms & Service Centres: 5 Ubi Close Singapore 408605 Sales Tel: 6395 8888 Service Tel: 6395 8899

23 Leng Kee Road Singapore 159095 Sales Tel: 6603 6118 Service Tel: 6603 6128 Sales Fax: 68461700 Service Fax: 6744 9402 Sales Fax: 6476 7073 Service Fax: 6476 7417 **Eurokars Aftersales Centre:** 27A Tanjong Penjuru Singapore 609042 Service Tel: 6331 0606 Service Fax: 6331 0620

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctily</u> the details of the accident to speed up the claims process.

  This could be detailed by the Active Deliver.
- 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 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 Property 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 most of the first of the policy for investigation.
  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 First Submission	04/09/2024 13:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/09/2024 19:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION 10 LEVEL 2 CAR PARK
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Mozdo

Vehicle Registration Number		SLU1386C
-----------------------------	--	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE ZONG HAN (LI ZONGHAN)
NRIC No	SXXXX856D
Email Address	ZONGHAN84@GMAIL.COM
Mobile Phone No	(Phone) +65-98584184
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998
Vehícle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	•

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

#### DRIVER

-	<del></del>	
7	eme of Driver	
4	RIC No	LEE ZONO HAN (LI ZONOHAN)
		LEE ZONG HAN (LI ZONGHAN)
	Pote Of Bift(f)	SXXXX856D
289		25/11/1984
7	orrang rass Date	Indoor
		21/11/2017
	Driving License Validity	3
		Valid
		6 YEARS AND 10 MONTHS
		Male
	Mobile Number	(Phone) +65-98584184
	Alt. Phone Number	
	Email Address	ZONGHAN84@GMAIL.COM
	Address	442A BUKIT BATOK WEST AVENUE 8 #12-871
	Address complement	-
	Postcode	651442
	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	
	GENERAL INFORMATION OF THE ACCIDENT	
		Collision - Head to Rear
	Type of Accident	
	Weather Conditions	Clear
	Road Surface	Dry
	OTHER INFORMATION	
	OTHER INFORMATION	
	O4==1:	No
	Was any foreign vehicle involved in the accident?	2
	Number of vehicles involved in the accident	
	Was anybody injured in the Accident?	No
	Was any injured conveyed to hospital by ambulance?	- Vec
	Was any other vehicle or property damaged?	Yes
	Number of Passengers (Including Driver)	3
	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	-
	DACCENCED 1	
	PASSENGER 1	
	Name	LEE JIA JUN AIDEN
	Gender	Male
	PASSENGER 2	
	Name	GOH PIK WEI
	Gender	Female
	Gelidei	Tomalo
	DETAILS OF POLICE ACTION	
	Was the accident reported to the police?	No
	Was notice of intended Prosecution given?	118
	If yes, against whom?	
	ii yoo, agailoi wiloiii;	•
	CIRCUMSTANCES OF ACCIDENT	
	The state of the s	
	REFER TO THE SKETCH PLAN.	
	ATTACHMENT(S)	

accident photos available for attachment?
as there any video captured by Car Camera?

Yes Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SLH8628C
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

P VEH NETCH PLAN OW IN: ATE-IN O OF Y: -LA

-LI

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust 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
- 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 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.
- S. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/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;

X

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

04/09/24 08:46 Policyholder's Signature / Date &

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

Witnessed by Re Personnel

rear of other driver car

Sketch Plan

Time

FRONT OF MY CAR

86

XETCH PLAN #2

	WHITE HONDA CIVIC SIMBGIBC REVERSE INTO MY CAR ON SEP 63 4
	07:03 PM AT JUNGTION ID LEVEL & OAR MARK
	DRIVER REVERSE OAR TO ALLOW WHITE BYW TO DRIVE OUT OF PARKING LE
	IN ORDER TO OXCUPY THE COT, WHILE REVERSING, DRUER DID NOT NOTCE
	CAR BEHIND.
	MINOR IMPACT TO MY CAR AS A PRESUIT & MY CAR SUFFER 4 PARTIAL DENT
•	THE AGUST BUMPER APIEA
	EXCHGED PARTICUARS, NO INTURY
•	
•	
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Declaration

We declare the foregoing particulars are true in every respect.

01-49

Policyholder's Signature / Date &

8

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

Witnessed by Reporting Centre Personnel

### > Back to OneMotoring

### **Enquire PARF/COE Rebate for Registered Vehicle**

/ehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	856D
Vehicle Details	
Vehicle No.:	SLU1386C
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Sep 2024
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 SEDAN 2.0 AT EXECUTIVE 15
Primary Colour:	Grey
Manufacturing Year:	2021
Engine No.:	PE21596479
Chassis No.:	JM6GL1073M0454220
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$22,890.00
Original Registration Date:	20 Apr 2021
First Registration Date:	20 Apr 2021
Transfer Count:	0
Actual ARF Paid:	\$24,046.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Apr 2031
PARF Rebate Amount:	\$18,034.00
Intended COE Rebate Details	
COE Expiry Date:	19 Apr 2031
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$52,200.00
COE Rebate Amount:	\$34,422.00
Total Rebate Amount:	\$52,456.00
Message	

The information contained herein is correct as at 15 Sep 2024

# m.sgcarmart.com









# Mazda 6 2.0A Executive

**\$103,800** Instalment \$1,146/mth







TRENDING NOW mycarforum

Mercedes EV fire burn down 70 cars at Incheon apartm...

# Overview Financial Photo Research

Depreciation

(i) \$14,640 / year 30-Nov-2020

Reg. Date

(6yrs 2mths 14days COE left) (i) 2019

Manufactured

83,000 km (21.9k / year)

Mileage

Auto

Transmission

1,998 cc

**Engine Cap** 

(i) \$1,210 / year

121.0 kW (162 bhp)

Road Tax

Power

View specs of the Mazda 6

Sedan (2018) ① 1,514 kg Curb Weight

COE \$39,500

\$24,127 OMV

(i) \$43,856 as of today

\$25,778

**ARF** Dereg Value