

ASS. REC. BY: Taufikh

REF: CS/SPF24120037/Tnh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

Bal. or Market Value: \$22K

IDAC Accident Rport _____ Consistent? : Yes or No

GIA / PR Seenc _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sumr _____ % 3 Val.: Yes or No

WP

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

• Vehicle: IN / OUT

Veh No: SKZ46024 Yr Regn: 2016, 01

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 6 c.c. 1998

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 94207 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Jm665107 260222917

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Modl: NI / SRim / STD A/Rim or

Tyre Size: F: 225/55R17

R: 2

B / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 20/12/24

Survey held at Wah Tong

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufikh confirmed COR \$1673.80 , 2 days. (red, \$1803.4, 51%)

Date/Time, File Pass to?

: Prell. Report

1) _____

: Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Our Ref : WH3549
 Vehicle No. : SKZ4602U
 Make & Model : MAZDA 6

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
<u>PARTS (LIST ITEMS)</u>				
1	Boot lid logo badge		51.00 ✕	
1	Boot lid emblem "MAZDA 6"		46.00 ✕	
1	Boot lid emblem "SKYACTIV TECHNOLOGY"		81.00 ✕	
1	Rear bumper		1261.00	de ✓
1	Rear bumper side retainer RH/LH@2*\$42		84.00	LHx, RH-?
1	Rear bumper towing cover		30.00 ✕	
1	Rear reflector RH/LH@2*\$53		106.00	LHx, RH-?
1	End panel (Repair refer to labour)		0.00 ✕	
1	Boot lid (Repair refer to labour)		0.00 ✕	
			1659.00	
Part Items Total: -20%			-331.80	
			1327.20	
<u>SPECIAL NETT ITEMS</u>				
1	Rear bumper clip		35.00	re ✓
1	Rear bumper lower garnish clip		30.00 ✕	
1	Rear car plate with holder		35.00 ✕	
1	Rear reverse sensor		200.00	ant ✓
SN Items Total:			300.00	
Total Parts:			1627.20	



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

Contact: 6773 7377 / 8778 3338

ROC NO. & GST REG NO.: (199806235M)

Page No. 2

Our Ref : WH3549			
Vehicle No. : SKZ4602U			
Make & Model : MAZDA 6			
S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$)	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	800.00	200
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	800.00	200
3	To remove and refix wiring system at accident damaged area and check for all electrical	90.00	X
4	To perform anti-rust treatment on affected areas	60.00	X
5	To remove and replace rear reverse sensor	100.00	30
Labour Total :		1850.00	
TOTAL (PARTS & LABOUR):		3477.20	

Tanjum 97495749
 WP 20/12/24 R 1015
 tanjum e lkkanto.com
 2 days
 p/p survey before paint.

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:

tel:

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 First Submission	30/08/2024 16:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/08/2024 17:20 (SGT)
Exact Location of Accident	Near 25 Shenton Wy, Singapore 068812
Additional Location Information	OPEN AIR CARPARK P0013 BETWEEN SHENTON WAY & PRINCE EDWARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ4602U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHIH CHIH-LUNG
NRIC No	SXXXX957J
Email Address	drewshih00@gmail.com
Mobile Phone No	(Phone) +65-96810787
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	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00000551-02

DRIVER

Name of Driver	DREW SHIH-YU SHIH
NRIC No	SXXXX676H
Date Of Birth	31/12/1991
Occupation	Indoor
Driving Pass Date	14/01/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96810787
Alt. Phone Number	-
Email Address	drewshih00@gmail.com
Address	41 BURGUNDY DRIVE
Address complement	-
Postcode	658838
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT T/20240830/7061

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	QX5204T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20/24 0930 / 7011

Declaration

(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)

Witnessed by Reporting Crime Personnel
(Name as in NR/CID card)

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:

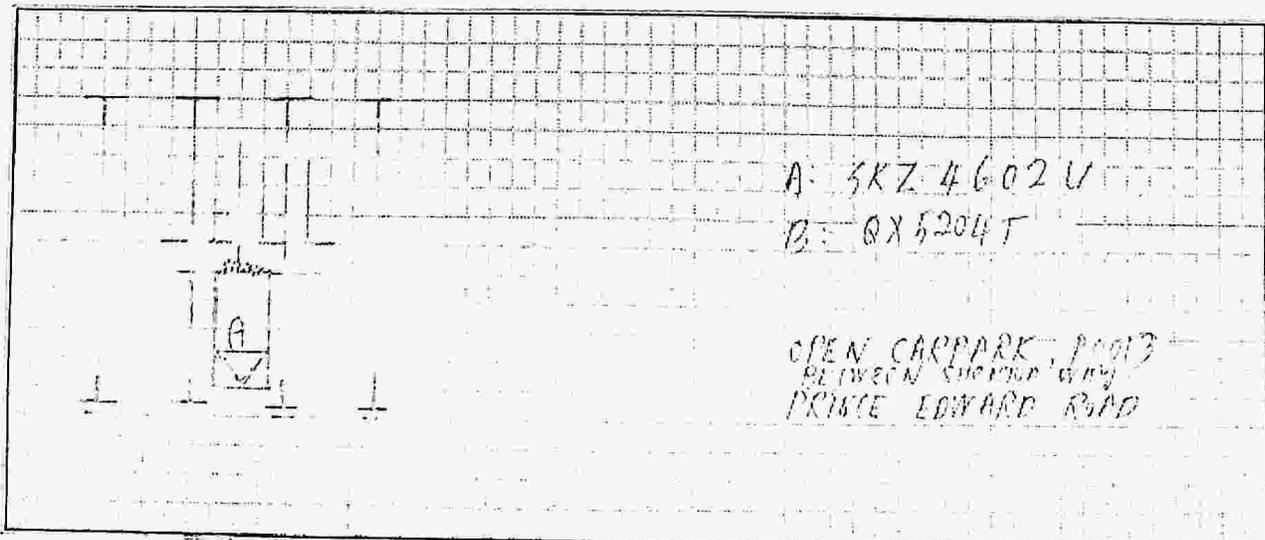
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20240830/7061

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240830/7061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2024 15:01	Vide Report No.: F/20240829/0122	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: DREW SHIH-YU SHIH		Address: 41 BURGUNDY DRIVE SINGAPORE 658838	
ID Type / ID No.: NRIC NO / S9148676H		Contact No.: Home/Office:	Mobile: 96810787
Nationality: SINGAPORE CITIZEN		Email: drewshih00@gmail.com	
Sex: Male	Age: 32	Date of Birth: 31/12/1991	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Policy manager		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 29/08/2024 17:20	Type of Location: Car Park
Location: PRINCE EDWARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: my car was parked and I did not witness the collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ4602U	Motor car					0
	Motor car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240830/7061

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20240830/7061

CONTINUATION OF REPORT

Driver			
Name	DREW SHIH-YU SHIH	ID No.	S9148676H
Related Vehicle	SKZ4602U (Motor car)	Contact No.	96810787
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

At about 2pm on 29 Aug 2024, I parked my car at carpark P0013 between Shenton Way and Prince Edward Road, and walked to my office nearby.

Upon returning to my car at around 7pm, I saw a note attached to my windscreen. The note had the header "Police Department" and claimed to be from the "Traffic Police". The note said that my car had been involved in an accident at 29 Aug 2024 1720HRS, and requested for me to lodge a "police accident report". I have a photo of this note.

At 29 Aug 2024 1720HRS, my car was parked and I was at my office so I did not witness the accident and am unsure how it occurred.

3
7
S
7
C
T
M
C
NI



**SINGAPORE
POLICE FORCE**



T/20240830/7061

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20240830/7061

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476232

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
30/08/2024 15:01

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	957J
Vehicle Details	
Vehicle No.:	SKZ4602U
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Aug 2024
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	PE20705972
Chassis No.:	JM6GJ1072G0222917
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$18,559.00
Original Registration Date:	25 Jan 2016
First Registration Date:	25 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$18,559.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2026
PARF Rebate Amount:	\$10,207.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jan 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$60,003.00
COE Rebate Amount:	\$8,387.00
Total Rebate Amount:	\$18,594.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 30 Aug 2024

OK