TOTAL

			Not Allus
			Llak
	UTO PTE LTD		1 2./022
BLK1 KAKI I	BUKIT AVE 6		P/2 \$ 2168,32
01-46,48,5	0 AUTOBAY		71
SINGAPORI	E 417883		Light.
/EHICLE NO:	SMG 8284D		
QTY	PARTICULAR		44 MAIS V
1 PCS	BOOTLID //72 ft		11,245.00 X
PCS	REAR DUMPER		70/De \$1,288.30
PCS	REAR BUMPER REINFORCEMENT \$11.60		\$715.00
PCS	REAR BUMPER SIDE RETAINERS @\$68.00		1 → \$136.00 X
SET	REAR BUMPER CLIPS		Au \$50.00
PCS	REAR END PANEL	12.97	\$482.60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
1 SET	REAR REVERSE SENSOR	000	\$280.00 × \$4,196.90
			\$4,190.90
	LABOUR CHARGES:		
	TO CHECK WIRING		\$50.00 20
	TO DISMANTLE & REFIX REVER SENSOR		\$80.00 470
	TO DISMANTLE & REFIX SEAT, CUSHION UPHOLSTRE	Y	\$120.00 60
	TO SPRAY RUST PROOFING		1 \$60.00 x
	LABOUR FOR PANEL BEATING & REPLACING PARTS		\$680.00 257
	TO PUTTY & SPRAY PAINTING		\$800.00 4
			TOTAL \$5,986.90

P-1735.40 2000 P-1388.32

LKK Auto Consultants hance notify the Repairer of the following:

• To resurvey before aller spray pointing

- . To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- . Third purry survey is on a "Witwout Prejudice" basis
- No illegii regulavion(s) is allowed
- Supplementary dentition must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

Gender

- 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/05/2019 14:04
Date Of Accident	26/05/2019 04:00
Exact Location Of Accident	ALONG JB CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
President of the second of the second of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG8284D
Insured/Policyholder	
Name Of Registered Owner	LO CHEE YEN (LUO ZHIYUAN)
NRIC No	S8270315B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93837576
Alternative Phone No	OFFICE-93837576
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 6
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900010629
Cover Note Number	
Driver	
Name of Driver	LO CHEE YEN (LUO ZHIYUAN)
NRIC No	S8270315B
Date Of Birth	30/04/1982
Occupation	INDOOR
Date Of Driving Pass	30/11/2000

18 YEARS AND 5 MONTHS

(LOCAL) +65-93837576

OFFICE-93837576

MALE

NOEMAIL

Address

BLK 54 WOODLANDS DR 16 #05-12

Postcode

737899

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW418R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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 Authorised Driver.
- information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
 - 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 complie 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:
 - 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.

S.

Policyholder's Signature Date & Time: h

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SHIELD, SECTION AND SHIPS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated late and time, I was driving along JB CUSTOM Suddenly relicle B hit on my near portion CLARATION The declary the foregoing particulars are true in every respect. And the state of the foregoing particulars are true in every respect. And the state of the foregoing particulars are true in every respect. And the state of the foregoing particulars are true in every respect. And the state of the foregoing particulars are true in every respect. And the state of the foregoing particulars are true in every respect. And the state of the foregoing particulars are true in every respect. And the state of the foregoing particulars are true in every respect. And the state of	e declare the foregoing pa	As.		Jul
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated late and time, I was driving along				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated late and time, I was driving also				
A-SMG8284D B-SLW418R	on the sta	ted date o		
A-SMG8284D			16	B-SLW418R
SKETCH PLAN				A-SMG8284D

> Back to OneMotoring

Enquire PARE/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC		
Owner ID:	0315B		
/ehicle Details			
ehicle No.:	SMG8284D		
ehicle to be Exported:	No		
ntended Deregistration Date:	28 May 2019		
ehicle Make:	MAZDA		
/ehicle Model:	MAZDA6 SEDAN 2.0 AT STANDARD		
	2WD		
Primary Colour:	Grey		
Nanufacturing Year:	2018		
ingine No.:	PE21249989		
Chassis No.:	JM6GL1072K0311159		
Maximum Power Output:	121.0 kW (162 bhp)		
Open Market Value:	\$18,617.00		
Original Registration Date:	31 Dec 2018		
irst Registration Date:	31 Dec 2018		
ransfer Count:	0		
Actual ARF Paid: ntended PARF Rebate Details	\$18,617.00		
PARF Eligibility:	Yes		
ARF Eligibility Expiry Date:	30 Dec 2028		
PARF Rebate Amount: ntended COE Rebate Details	\$13,962.00		
COE Expiry Date:	30 Dec 2028		
COE Category:	E - Open - all except motorcycle		
COE Period(Years):	10		
QP Paid:	\$32,900.00		
OE Rebate Amount:	\$30,014.00		
otal Rebate Amount:	\$43,976.00		

The information contained herein is correct as at 28 May 2019

OK