ASS. REC. BY;	- REF: Smo/	26/6M020012251/Kad2
Kenneth		CS/SMO20013351/Kqd3
From:		SSIGNMENT
Estimated Cost	Date:	Veh No: SUM 6987E Yr Regn: 04, 17  Type: McCar/ M.Cycle / Bus (Van / Low / Type)
		Type: MCar/M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD /TP/WS/TP RES/OD RES/I To Inspect Vehicle No:	EVA / INV / MV	Truck / Trailer or
at Workshop m/s		Make: Mardo 3
of	Covan Motor	Colour
Insured:		So Poster Insured   Std   MI   NA
Policy No.	460	Eng/No: T/Radio: Insured / Std / NI / NA
Claims No.		
CIVITD20	03500/IJH •	Gen. Cond. Good   Fair   Poor   Burnt
Sum Insured:	Excess:	
(Client's Record) Make of Veh;		Sleering: Inorder / Jammed / Leaked / Burnt or
make of Yen:		Brake: Inorder/Jammed/Leaked/Burnt or
	and the same of th	Modi: NII / S/Rim / STP A/Rim or Tyre Stze: F:
(Policy Condition)		11 6081/
Remark: The veh had commenced its	N/S O/S	1
repair at the time of inspect	tion.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:		
IDAC A-11		Front
IDAC Accident Rport: Cons	sistent?: Yes or No	() Rear
GIA / PR Seen: Cons	sistent?: Yes or No . ,	R/Bail Rear R/Bail P
GIA / PR Seen: Cons Est. Repairs: 04 days	istent?: Yes or No	R/Bal. R/Bal. Pmm R/Bal. Pmm
GIA / PR Seen: Cons Est. Repairs: 04 days	3	R/Bal.   R/Bal.   Pmm   L/Bal.   Pmm
GIA / PR Seen: Cons  Est. Repairs: 04 days  Lum Sum: 20 %	distent?: Yes or No	R/Bal.
GIA / PR Seen: Cons  Est. Repairs: 04 days  Lum Sum: 20 %  CA / REV / REP. / 24 HRS	Res.: Yes or No 3 Val.: Yes or No	R/Bal.
GIA / PR Seen: Cons  Est. Repairs: 04 days  Lum Sum: 20 %  CA / REV / REP. / 24 HRS  Date: Person Contacted	Res.: Yes or No 3 Val.: Yes or No	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/
GIA / PR Seen: Cons  Est. Repairs: 04 days  Lum Sum: 20 %  CA / REV / REP. / 24 HRS	Res.: Yes or No 3 Val.: Yes or No	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/
GIA / PR Seen: Cons  Est. Repairs:	Res.: Yes or No 3 Val.: Yes or No  Vehicle: IN/OUT	R/Bal.
GIA / PR Seen: Cons  Est. Repairs:	Res.: Yes or No Ros.: Yes or No 3 Val.: Yes or No  Vehicle: IN/OUT	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/Bal.   mm   L/Bal.   mm   L/Bal.   mm   mm   L/Bal.
GIA / PR Seen: Cons  Est. Repairs:	Res.: Yes or No 3 Val.: Yes or No  Vehicle: IN/OUT	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/Bal.   mm   mm   mm   L/Bal.   mm   mm   mm   L/Bal.   mm   mm   mm   mm   L/Bal.   mm   mm   mm   mm   mm   mm   mm
GIA / PR Seen: Cons  Est. Repairs:	Res.: Yes or No Ros.: Yes or No 3 Val.: Yes or No  Vehicle: IN/OUT d: to frene by email.	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/Bal.   mm   L/Bal.   mm   L/Bal.   mm   mm   L/Bal.
GIA / PR Seen: Cons  Est. Repairs:	Res.: Yes or No Ros.: Yes or No 3 Val.: Yes or No  Vehicle: IN/OUT d: to frene by email.	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/Bal.   mm   L/Bal.   mm   L/Bal.   mm   mm   L/Bal.
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GIA / PR Seen: Cons  Est. Repairs:	Res.: Yes or No Ros.: Yes or No 3 Val.: Yes or No  Vehicle: IN/OUT d: to frene by email.	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/Bal.   mm   mm   mm   L/Bal.   mm   mm   mm   L/Bal.   mm   mm   mm   mm   L/Bal.   mm   mm   mm   mm   mm   mm   mm
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GIA / PR Seen: Cons  Est. Repairs:	Istent?: Yes or No Res.: Yes or No 3 Val.: Yes or No  Vehicle: IN/OUT d:  I to Irene by email.  ned LS \$3400 (Red s	R/Bal.   mm   L/Bal.   mm   L/
GIA / PR Seen: Cons  Est. Repairs:	ristent?: Yes or No  Res.: Yes or No  3 Val.: Yes or No  Vehicle: IN/OUT d:  to frene by email.  ned LS \$3400 (Red seport	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/
GIA / PR Seen: Cons  Est. Repairs:	ristent?: Yes or No  Res.: Yes or No  3 Val.: Yes or No  Vehicle: IN/OUT d:  to frene by email.  ned LS \$3400 (Red seport	R/Bal.   R/Bal.   Pmm   L/Bal.   L/Bal.   Pmm   L/B
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GIA / PR Seen: Cons  Est. Repairs:	ristent?: Yes or No  Res.: Yes or No  Vehicle: IN/OUT  d:  to frene by email.  ned LS \$3400 (Red (	R/Bal.   mm   R/Bal.   mm   UBal.   mm   D.O.A.   D.O.I.   J.   J.   J.   J.   J.   J.   J.
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GIA / PR Seen: Cons  Est. Repairs:	ristent?: Yes or No  Res.: Yes or No  Vehicle: IN/OUT  d:  to frene by email.  ned LS \$3400 (Red (	R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   mm   L/Bal.   mm

# 源 摩 哆 廠 GUAN MOTOR WORKS

Business Regn. No: 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

### **REPAIR ESTIMATE FOR SLM6987C**

No.	Qty			
	<u>List Items</u>		0	
1	1 Rear bumper	\$	Bu 1,074.80	
2	1 Rear bumper RH reflector	\$	£ 68.40	×
3	1 Rear bumper tow cover	Ś	mir 36.20	ر
4	2 Rear bumper side retainer	Š	/m 92.20	x
5	1 Rear bumper inner reinforcement	خ	537.30	7
6		<u>ب</u>	A	ٔ ۔
7	1 set Rear bumper clips	, 3/	40.00	
	1 Rear boot lid	\$	957.40 May 74.40	
8	1 Rear boot centre "MAZDA" logo	\$	A	
9	1 Rear boot RH "SKYACTIV" emblem	\$ \$	63.60	
10	1 Rear boot LH "MAZDA 3" emblem	\$	Nz 53.40	
11	1 Rear boot RH reflector/lamp	\$	sen 345.70	
12	1 Rear boot weatherstrip	\$	as 193.40	50hsn
13	1 Rear end panel	\$	N 605.10	X
14	1 Rear end panel top garnish	\$	105.10	7
		\$	4,247.00	
	Less 20%		849.40	
	Total:	\$	3,397.60	
	Total .	<del>-</del>	3,337.00	
	Special Nett Items		1.	
15	1 set Reverse sensors	ر	hay 250.00	2001N
16	1 set Rear end panel sealant	5	230.00	
10		- 2	<i>N</i> <sub>2</sub> 80.00	X
	Total:	<u>\$</u>	330.00	
	Labour			
1				_
1	Labour Charges for remove/refit, cutting/welding and	\$	1,000.00	?
_	replacement of damages.			1
2	To putty and spray spray Paintings Charges.	\$ \$ \$ \$ \$ \$	1,000.00	000
3	To check wirings and lightings.	\$	40.00	201
4	To remove, refit reverses sensors.	\$	80.00	501
5	To remove, refit rear bootlid fittings.	\$	80.00	501
6	To remove, refit rear upholsytery and attachments.	Ś	120.00	7
7	To supply and apply anti rust treatment	4		
	Total:	<del>\$</del>	80.00	201
	A land	_ >	2,400.00	
	Not Notheries Total Parts and Labour  11 Sup & LKK Auto Cor the Repairer of To resurvey before the Repairer of To resurvey before the Repairer of To display dama Parts prices are Third party support			
	Total Parts and Labour	: <u>   \$</u>	6,127.60	
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SS1K20C1000R / STA Inspection Pte Ltd ENTRY DATE & TIME: 01/12/2020 15:55 (SGT) SUBMITTED BY: Mohamad Farez Bin Jaiil VERSION: 1 (01/12/2020 15:55 (SGT))

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

IMPORTANT NOTICE

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

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of withouting of making of misrepresentation of 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 **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

01/12/2020 15:55 (SGT) 28/11/2020 23:50 (SGT) Sungei Kadut Ave, Singapore **TOWARDS WOODLANDS ROAD** Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLM6987C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** Mobile Phone No

Alternative Phone No

CHENG LAY KHENG

SXXXX610E

derrick9969@gmail.com

(Phone) +65-93672903

(Home) +65-93672903

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Mazda

3

Private use

No - Claiming third party

Private hire

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

**Policy Number** 

Cover Note Number

NTUC

Comprehensive

No

5100151205-02

DRIVER

Name of Driver

NRIC No

**Date Of Birth** 

Occupation

CHENG LAY KHENG

SXXXX610E

14/01/1966

Outdoor

Accident report SS1K20C1000R

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Of Driving Pass g experience bile Number Mt. Phone Number **Email Address Address** Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

19 YEARS AND 5 MONTHS **Female** 

(Phone) +65-93672903 (Home) +65-93672903 derrick9969@gmail.com 7 JALAN KELULUT

809026

09/06/2001

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

2 No Yes

No

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

**Contact Number** 

Address

Address complement

Postcode

Insurance Company Name

**SBB777H** 

Private car

(Phone) +65-90104200

Accident report SS1K20C1000R

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	rs are true in every respect.  Driver's Signature (If driver is not the policy		Reporting Centre Pen	sonne's Signature	

G Accident report SS1K20C1000R

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