ASS. REC. BY: THEF: CS2 INSO	The state of the s
ASS. REC. BY: CASAL REF: CS3 ASM 20	013831/8/9/3
ASSI	GNMENT 8535
Prom: Date:	
Estimated Cost:	Veh No: Skugsill Yr Regn: 7015 Skugsill Yr R
OD / TP / WS / TP RES / OD RES / EVA / INV / MIV	Truck/Trailer or
To Inspect Vehicle No: 8KU 2511H	Make: MAZOA BIANTE S-DOWL 2-OL C.C 1998
at Workshop m/s ALPITA PERFURMANCE	Colour BLUE A/C: Insured / Std / NI / NA
of 48, 10 H GUAN RD ENT HOY-126	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured: AXA	Eng/No:
Policy No.	CINO: JM6CC(071F0108)68.
Claims No. S0M02YX3	Gen. Cond: Good / Falt / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jainmed / Leaked / Burnt or
(Client's Record)	Brake: morder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD AJRim or
	Tyre Size: F: 305 lok(6
(Policy Condition)	R: At CHECK (DID / SUM)
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or PAUCON
Bal, or Market Value: 62 K	Front Rear R/Bal. 6 mm
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, b mm
GIA / PR Seen: Consistent? : Yes or No	Lodi.
Est. Repairs:5 days Res.: Yes or No	10.0.2. 10 10 1000
Lum Sum: % - 3 Val.: Yes or No	Survey held at MUHA PERFORMANCE
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / MS / U/C / Rooftop or
Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision
	The U/C / Chassis frame / Body Structure affected due to comment
Date / Time Action / Instruction	
ESTIMATE REPAIR RANGE / 1940	. of days - 10001 - 1500 / 5 days
16/12/20@3.46pm revised to Yvonne Ang via Sma	
· · · · · · · · · · · · · · · · · · ·	
	British Control of the Control of th
Daie/Time, File Pass to? Profit Report	
. rom. Kepott	Days Of Repair:5
1)18/12 Typist : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	
	Interview (\$
Reputer: SMART CLAIMS -PRS	Principal Principal
Luciap Sium / L.B. f: (#	: Tech, Invs (\$) Others

SS2120CB0002 / STA Inspection Pte Ltd[575627] ENTRY DATE & TIME: 11/12/2020 09:54 (SGT) SUBMITTED BY: Mohamad Farez Bin Jalil VERSION: 1 (11/12/2020 09:54 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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.

4. The issue and acceptance of this Form by insurance companies is not at admission of party that party is the party in the party is the party is a party is a party in the party in the party is a party in the party in the party is a party in the party in the party is a party in the party in the party is a party in the party in the party is a party in the party in the party is a party in the party in the party in the party is a party in the party in the party is a party in the party in the party is a party in the party

ACCIDENT STATEMENT

11/12/2020 09:54 (SGT) Date of Submission 10/12/2020 08:38 (SGT) Date of Accident Jurong West Street 51, #01-277 Block 501, Singapore 640501 Exact Location of Accident ALONG JURONG WEST STREET 51 TOWARDS YUAN CHING Additional Location Information ROAD Singapore Country/State of Loss

IDETAILS OF OWN VEHICLE

Vehicle Registration Number SKV2511H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ONG MOH KIAT SXXXX893J NRIC No ongpatrick74@gmail.com Email Address (Phone) +65-96385412 Mobile Phone No (Office) +65-96385412 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Biante Model

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG Type of Coverage Comprehensive Fleet Policy Policy Number A28801320QMY Cover Note Number

DRIVER

Name of Driver ONG MOH KIAT NRIC No SXXXX893J Date Of Birth 06/04/1954



Outdoor Occupation 19/06/1987 Date Of Driving Pass 33 YEARS AND 6 MONTHS Driving experience Male Gender (Phone) +65-96385412 Mobile Number (Office) +65-96385412 Alt. Phone Number ongpatrick74@gmail.com Email Address BLK 311A CLEMENTI AVE 4 #23-153 Address Address complement 121311 Postcode Yes Is the driver the policyholder? 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 Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No 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? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 118

Yes

No

Vehicle Registration Number SLZ133X Vehicle Manufacturer Toyota Vehicle Model Wish Vehicle Variant Vehicle Colour Brown Vehicle Category Private car Name of Driver NA Contact Number (Phone) +65-98281665 Address Address complement Postcode

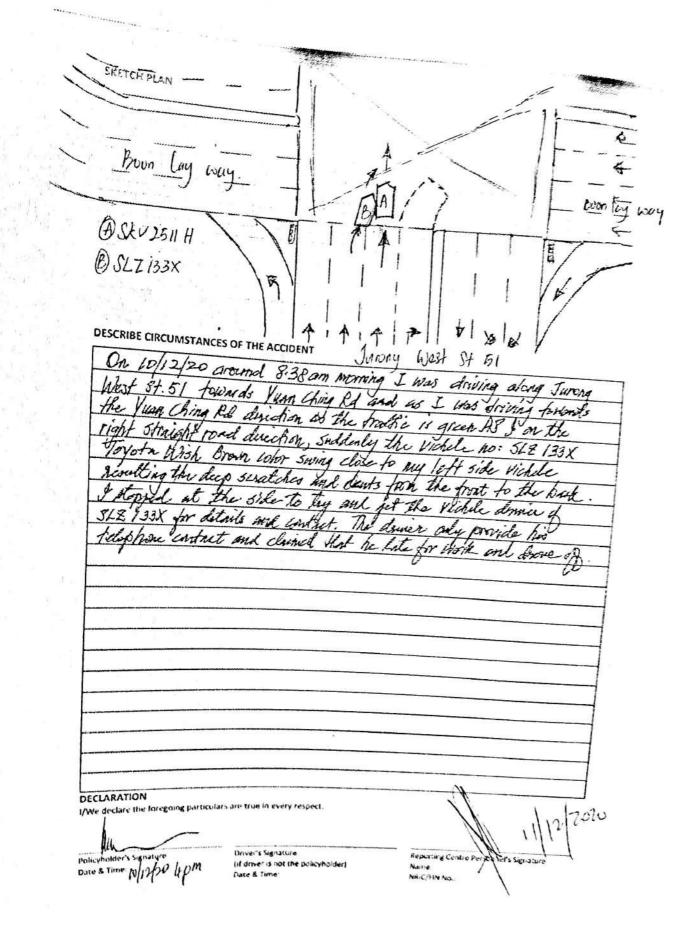
Accident report SS2120CB0002

Was there any audio recorded?

The Ot Dawage RE ST LOUISERY dar.

of Passenger In

Arance Company Name	ē
ature Of Damage	2
etails of property damaged in accident	RIGHT SIDE PORTION
No. Of Passenger (Including Driver)	\$.





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 Oriver.
- 3. Information provided must be as truthful and occurate as possible. Any wilful inhappresentation 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 talke reporting may be referred to the Police for investigation
- 6. The report will be forwarded by the insurers of the GIA Records Management Centra established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee by made available upon application by interested parties.
- 7. By the ledgment 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' 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.
- (d) my Personal Information will also be collected and used to compile 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:
 - (i) 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.

Policyholder's Sign

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre NRIC/FIN No.:

ack to OneMotoring

Owner ID Type:	Singapore NRIC		
Owner ID: Vehicle Details	893J		
Vehicle No.:	SKV2511H		
Vehicle to be Exported:	No		
ntended Deregistration Date:	15 Dec 2020		
Vehicle Make:	MAZDA		
Vehicle Model:	BIANTE 5-DOOR WAGON 2.0L SP.6EAT		
Primary Colour:	Blue		
Manufacturing Year:	2015		
Engine No.:	PE30777779		
Chassis No.:	JM6CC1071F0108268		
Maximum Power Output:	111.0 kW (148 bhp)		
Open Market Value:	\$18,725.00		
Original Registration Date:	07 Sep 2015		
First Registration Date:	07 Sep 2015		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$18,725.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	06 Sep 2025		
PARF Rebate Amount: Intended COE Rebate Details	\$13,107.00		
COE Expiry Date:	06 Sep 2025		
COE Category:	E - Open Category		
COE Period(Years):	10		
QP Paid:	\$61,001.00		
COE Rebate Amount:	\$28,831.00		
Total Rebate Amount:	\$41,938.00		

carmart.com/used_cars/info.php?ID=951358&DL=3320

▶ Mazda Biant	e 2.0A			
LOVEVEN	Financial Accessories	Similar Resear	ch Photos	Map
Price	\$62,000			11 79 <u>11 99</u>
Depreciation ①	\$10,940 /yr View models with similar depre	Reg Date	25-Sep-2015 (4yrs 9mths 8days COE le	eft)
Mileage	100,000 km (19.1k /yr)	Manufactured ⑦	2015	
Road Tax 🕥	\$1,210 /yr	Transmission	Auto	
Dereg Value 🖱	\$43,286 as of today (change)	OMV ⑦	\$19 ,4 73	
COE ①	\$62,101	ARF ②	\$19,473	
Engine Cap	1,998 cc	Power	111.0 kW (148 bhp)	
Curb Weight ⑦	1,664 kg	No. of Owners 🕥	2	
Type of Vehicle	MPV			

Features

2.0L DOHC 16V SkyActiv-G Engine, SkyActiv Drive 6 Speed (A) With Paddle Shifters, ABS, SRS, TRC, Keyless Entry Start, I-Stop, Twin Power Sliding Doors View specs of the Mazda Biante (2014-2018)

Accessories

Original Condition With Coated With 9H Coating, Lightweight Koenig Rims, In-Car Camera, Rear Roof Spoiler, New Shock Absorbers/New Tyres!

