

REF:

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: _____

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

	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMY3210E Yr Regn: 2021 / Feb.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Make: Mazda 2 C.C. 1496

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

Sp. Reading 916 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: DJLFS 70337*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or





Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/65R15

R: 185/65R15

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

TOYO / YOKO or

Front		Rear	
R/Bal. 	mm	R/Bal. 	mm
L/Bal. 	mm	L/Bal. 	mm
D.O.A.		D.O.I.	22/03/21

Survey held at BW

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

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

Date / Time	Action / Instruction
	TP China .
	MV : 72K
	PV : 45.5K
	Nett : 26.5K .

Date/Time, File Pass to?

☐: Preli. Report

d)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.F.: (S)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ Interview (\$

Tech. Invs (3)

☐ : Weekend (8)

Survey Fee:

Transportation:

3) $S + RS \rightarrow SI$

Photos

1	Others	10
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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 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 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	17/03/2021 17:47 (SGT)
Date of Accident	16/03/2021 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE SLE BEFORE PUNGGOL RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY3210E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VENTURE CARS PTE. LTD.
Company Reg No	200921343K
Email Address	INN_EE_WONG@BW.COM.SG
Mobile Phone No	(Phone) +65-98250042
Alternative Phone No	+65-98250042

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5112271230-01
Cover Note Number	-

DRIVER

Name of Driver	LENA SEW GAIK LIN
NRIC No	S7273608G
Date Of Birth	11/11/1972
Occupation	Indoor

Date Of Driving Pass	27/11/1999
Driving experience	21 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98250042
Alt. Phone Number	-
Email Address	INN_EE_WONG@BW.COM.SG
Address	BLK 659A #11-771
Address complement	PUNGGOL EAST
Postcode	821659
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA9086X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALEX YIP
Contact Number	(Phone) +65-88186483
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBL1064Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG JOO KHEONG
NRIC No	S0096937J
Contact Number	(Phone) +65-96622413
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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.
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.
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7. 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 :
 - (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 Signature
Date & Time:



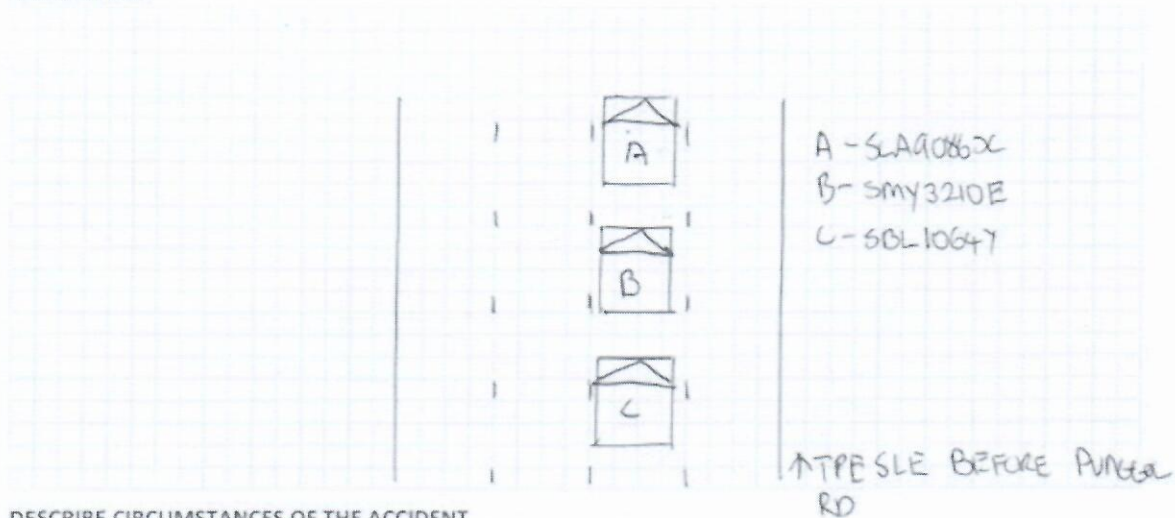
Driver's Signature
(If driver is not the policyholder)

Date & Time: 17/07/2021 / 15:00hrs

Reporting Centre Personnel's Signature

Name: WIKY
NRIC/FIN No.: S098545

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I slowed down when I noticed vehicle A slowed down. Suddenly I felt a strong impact at the rear of my vehicle causing my vehicle to surge forward and ~~colliding~~ ^{collided} against vehicle A.

DECLARATION

I/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: 17/07/2021 / 13:50hrs

Reporting Centre Personnel's Signature
Name: IKHAN
NRIC/FIN No.: S04687

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner Details	
Owner ID Type:	Company
Owner ID:	343K
Vehicle Details	
Vehicle No.:	SMY3210E
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2021
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA2 1.5S HATCHBACK
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	P520648151
Chassis No.:	DJLFS703375
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$18,823.00
Original Registration Date:	26 Feb 2021
First Registration Date:	26 Feb 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Feb 2031
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	25 Feb 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,000.00
COE Rebate Amount:	\$41,687.00
Total Rebate Amount:	\$45,437.00

The information contained herein is correct as at 22 Mar 2021

OK



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New Mazda 2 Cars for Sale (1 vehicles)

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15 results/page

Car Model	Price	Dealer	Built in	User Rating
Mazda 2 Hatchback  <ul style="list-style-type: none"> <input type="checkbox"/> 1.5 Standard (A) <small>FACELIFT</small> <input type="checkbox"/> 1.5 Deluxe (A) <small>FACELIFT</small> Promotion available 	\$79,888 \$7,700 /yr \$84,888 \$8,200 /yr	Trans Eurokars (Mazda) • 18.5km/l 114bhp 6-speed (A) • 18.5km/l 114bhp 6-speed (A) with manual shift	Japan	10 User Reviews

Car Model	Price	Dealer	Built in	User Rating
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15 results/page

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(2015-2021)



Mazda 2 Sedan
(2016-2021)



Mazda 2 Hatchback
(2007-2014)



Mazda 2 Sedan
(2010-2012)



Mazda 2 Demio
(2003-2007)

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