

A.S.S. REC. BY: JohnREF: 44/FLI21005577/Rlea34846

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SKC1866Rat Workshop m/s TRANS EUROKARSof 27A, THAYOON PONTIAN RDInsured: FCI

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.

Bal. or Market Value: 91K

IDAC Accident Report: \_\_\_\_\_ 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: SKC1866R Yr Regn: 2019, MuzType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAZDA CX-32-0AT, DELUXE.c 1998Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 19749 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 3M60K2W TAK0416086Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim orTyre Size: F: 225/50R18R: 7

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

TOYO / YOKO or . \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 26/04/21 D.O.I. 18/05/21Survey held at TRANS EUROKARS

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

Repair limit - 35K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.S. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL





TRANS EUROKARS PTE LTD

EUROKARS GROUP

## ESTIMATE COST OF REPAIRS

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD

#16-01

CITY HOUSE SINGAPORE 068877

ATTN.:

FAX:

NAME: Ms Leong Nyet Ken

ADDRESS: 1 Leong Piasang Batu

Singapore 197929

TEL: 97324863

WIP: 33548

EXCESS:

DATE: 29-Apr-21

VEH NO:	SKC1866R	DATE IN:		CONTACT PERSON:	Jess 8128 9802
CHASSIS NO:	JM6DK2W7AK0416088	MILEAGE:		TYPE OF CLAIM:	THIRD PARTY CLAIM
MODEL:	CX3	DATE REG:	14-Aug-19	POLICY NO.:	

## NATURE OF WORKS

## Parts Description

NO	PART NO.	QTY	1st	2nd	REVISED	PRICES
1	MASCOT, REAR <i>ne /</i>	MD11B-51-730	1		-	54.30
2	ORNAMENT <i>ne /</i>	MD10J-51-771A	1		-	56.60
3	ORNAMENT, CAR NAME-REAR <i>ne /</i>	MD10J-51-721	1		-	55.70
4	REAR BUMPER <i>he /</i>	MDHYF-50-22XABB	1		-	1,088.40
5	PIN, LOCATOR <i>ne /</i>	MD10J-50-1K5	1		-	3.90
6	BRACKET, REAR @ 26.10-NECESSARY ?	MD10J-50-271	2		-	52.20
7	FASTENER @ 3.00-NECESSARY <i>ne /</i>	MB45A-56-146A	10		-	30.00
8	GROMMET @ 2.70-NECESSARY <i>ne /</i>	MBHN1-50-0Z1A	6		-	16.20
9	PAD @ 7.60-NECESSARY <i>ne /</i>	MBR5S-56-994	2		-	15.20
10	REINF., REAR ?	MDB2P-50-260A	1		-	362.80
11	RETAINER LH, REAR X	MD10J-50-2J1B	1		-	24.60
12	RETAINER RH, REAR X	MD10J-50-2H1B	1		-	24.60
13	TAPE @ 3.50-NECESSARY <i>ne /</i>	MG043-62-864A	2		-	7.00
14	COVER, UNDER X	MD10J-50-C51	1		-	42.60
15	GUARD ?	MD10J-50-371	1		-	17.10
16	CLIPS @ 2.90-NECESSARY <i>ne /</i>	MBGV4-56-145	6		-	17.40
17	PAD @ 7.80-NECESSARY <i>ne /</i>	MG001-67-061	12		-	15.60
18	SENSOR, ULTRASONIC - CENTER @ 200.50 ?	MGMC8-67-UC1	2	1pc	-	401.00
19	CORD, SHORT ULTRASONIC ?	MD24H-67-SH0	1		-	119.70
TOTAL PARTS						2,404.90
TOTAL PARTS COST						2,404.90

## Labour Description

1	MZ-BR-REAR02	REPLACE REAR BUMPER. REPAIR TAILGATE AND AREAS AFFECTED BY THE ACCIDENT.	660 -	1,320.00
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	MZ-SP-SREAR2	SPRAY REAR BUMPER, TAILGATE.	1260	1,575.00
3	MZ-BR-REVSSEN	TO TRANSFER REVERSE SENSORS.	NETT	330.00
4	MZ-BR-CAMERA	TO TRANSFER REVERSE CAMERA.	NETT	X 330.00
5	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	NETT	150.00
6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	NETT	180.00
7	MZ-BR-SUNDRI	SUNDRIES.	-	10 100.00

TOTAL LABOUR		3,985.00
TOTAL PARTS		2,404.90
TOTAL		6,389.90
LESS EXCESS		-
TOTAL AFTER EXCESS		6,389.90
GST 7%		447.29
GRAND TOTAL		6,837.19

#### SUPPLEMENTARY PARTS

NO	PARTS NO	QTY	1st	Supp	REVISED	PRICES
1	0	0				-
2	0	0				-
TOTAL PARTS						-
TOTAL PARTS COST						-

#### SUPPLEMENTARY LABOUR DESCRIPTION

1	#N/A					-
2	#N/A					-
SUPPLEMENT LABOUR						-
SUPPLEMENT PARTS						-
TOTAL SUPPLEMENT						-
GST 7%						-
GRAND TOTAL						-

#### REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT TAKE NOTE THAT SHOULD YOU DECIDE

TRANS EUROKARS PTE LTD



BEFORE THE REPAIRS ARE BEING CARRIED OUT, TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A **QUOTATION FEE OF \$400** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

\_\_\_\_\_  
Authorised Signature

Paul

Hp 90010068

4 days

11/05/21 @ 1415

Resy 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:

Date:



## 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	28/04/2021 10:28 (SGT)
Date of Accident	26/04/2021 19:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY WAY GATEWAY DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1866R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ms Leong Nyet Ken
NRIC No	SXXXX484E
Email Address	ch_liml@hotmail.com
Mobile Phone No	(Phone) +65-97324863
Alternative Phone No	(Home) +65-97324863

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-3
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

#### DRIVER

Name of Driver	CHAN JUN WEI
NRIC No	SXXXX663H





Date Of Birth	20/02/1989
Occupation	Indoor
Date Of Driving Pass	09/06/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82012200
Alt. Phone Number	-
Email Address	chan_junwei89@gmail.com
Address	348 BUKIT BATOK ST 34 #04-236
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Head to Rear
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 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?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6207X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMAD NURAIMI BUN ARIPIIN
NRIC No	SXXXX777F
Contact Number	(Phone) +65-88140311
Address	-



Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -



## 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 Authorized 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. 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.
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:

Reporting Centre's Signature  
Date & Time:  
NRI/TIN No:



A hand-drawn diagram on lined paper. It features a horizontal line. Below this line, there is a vertical line segment labeled 'A' next to a small square. Below the square, the text 'in step position' is written. To the left of the vertical line, there is a curved line that starts from the bottom and goes up towards the horizontal line.

Stop at traffic junction due to red light. Drive come from behind and knock me.

I/We declare the foregoing particulars are true in every respect.

27-4-2021

Reported by: [Signature]  
Name: [Signature]  
KIDC/TIN No. [Signature]



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	484E
Vehicle No.:	SKC1866R
Vehicle to be Exported:	No
Intended Deregistration Date:	12 May 2021
Vehicle Make:	MAZDA
Vehicle Model:	CX-3 2.0 AT DELUXE 2WD
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	PE31337107
Chassis No.:	JM6DK2W7AK0416088
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$20,867.00
Original Registration Date:	14 Aug 2019
First Registration Date:	14 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$21,214.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Aug 2029
PARF Rebate Amount:	\$15,910.00
COE Expiry Date:	13 Aug 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$52,502.00
COE Rebate Amount:	\$39,621.00
Total Rebate Amount:	\$55,531.00

The information contained herein is correct as at 12 May 2021

OK



[mart.com/used\\_cars/info.php?ID=991295&DL=2014](http://mart.com/used_cars/info.php?ID=991295&DL=2014)

# Mazda CX-3 2.0A Deluxe

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

## JACK CARS

DRIVE WITH ASSURANCE

**Price****\$90,800****Depreciation** ?

\$9,670 /yr

[View models with similar depre](#)**Reg Date**

31-Jul-2019

(8yrs 2mths 18days COE left)

**Mileage**

23,485 km (13.2k /yr)

**Manufactured** ?

2018

**Road Tax** ?

\$1,210 /yr

**Transmission**

Auto

**Dereg Value** ?\$55,202 as of today ([change](#))**OMV** ?

\$21,847

**COE** ?

\$52,410

**ARF** ?

\$22,586

**Engine Cap**

1,998 cc

**Power**

115.0 kW (154 bhp)

**Curb Weight** ?

1,290 kg

**No. of Owners** ?

1

**Type**[Compare](#)

SUV