ASS. REC. BY. Now REF: CS SMR 2-1	1006887/Rinf3 . 8792
ASS. REC. BY: / KWL	SIGNMENT
From: Date:	Veh No: SLX 9612 G Yr Regn: 2018 / APPL
From: Date:  Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SLX 96126	Make: MAZOA 2 SEOAN IS DE C.C. 1496
at Workshop m/s SNG ALTEC	Colour ALIAC A/C: Insured / Std / N/ NA
of BLK3, PIONEGE RO NORTH HOI-18	Sp.Reading 40 312 T/Radio: Insured / Std / NI / NA
Insured: SMR SHB 5685K	Eng/No:
	C/No: mm 60L2SAAJW374691
Policy No. ΤΔ Χ / Ω 6 / 21 / 2 Ω / Ω	Gen. Cond: Good / Poor / Burnt
1/0/100/2.1/2040	Steering: norder / Jammed / Leaked / Burnt or
	Brake:   Morder / Jammed / Leaked / Burnt or
(Client's Record)  Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
Make of Veh:	10 eller
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	71-0-6
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value: 60K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. S mm L/Bal. 5 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 20 06/21 D.O.I. 25/06/21
Lum Sum: 4 days 165 165 or No	Survey held at SNA AH TEL
Editi dulli.	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	Q con a la
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	5/5 / Shassis frame / Body Structure directed due to comision.
Preser int - 39k	i i i i i i i i i i i i i i i i i i i
Library	
	1
Confirmed D/D # 2.040.00 4	days
Confirmed P/P \$ 2,042.96, 4 repair of	
(RED \$1641.28; 45%)	
te/Time, File Pass to? : Preli. Report	Days Of Repair: 4
<b>=</b> `	Resurvey No. of Trip: 1 Survey Fee:
16/11 TYPIST <b>Final Report</b> ate/Time, File Return to?	Transportation:
Add F	
	: Interview (\$ ) Photos
Report Format : TP	: Tech. Invs (\$ ) Others
ump 8um / I.B.I: (\$ 2,042.96 )	:Weekend (\$
· · · · · · · · · · · · · · · · · · ·	TOTAL



## 孙亚弟汽车烧焊私人有限公司 SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01 **CITY HOUSE SINGAPORE 068877** 

ATTENTION:

CONTACT: .

FAX NO: 65073849

22/06/2021

ACCIDENT DATE : 20/06/2021

EST/QUOTE NO. SQ006679

VEHICLE NO

: SLX9612G

CHASSIS/ENG.NO: MM6DL2SAAJW374691

VEHICLE MODEL : MAZDA 2

CLAIM NO

POLICY NO

REMARK

9612FIRST TP AGST

80.00

80.00

			and the state of t	SHB5685K			
S/N	. QT	Y UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
			** LIST PRICE **				
1	1	PC	REAR BUMPER &	994.60	20	795.68	795.68
2	10	PC	REAR BUMPER CLIPS M	5.80	20	4.64	46.40
3	1	PC	REAR BUMPER RETAINER LH 🗡	52.80	20	42.24	42.24
4	1	PC	REAR BUMPER REFLECTOR LH ?	52.80	20	42.24	42.24
5	1	PC	REAR BOOT LID regus	861.20	20	688.96	688.96
6	, 1	PC	REAR BOOT EMBLEM NU /	68.20	20	54.56	54.56
7	1	PC	REAR BOOT MAZDA 2 STICKER * /	57.90	20	46.32	46.32
3	6	PC	REAR BOOT INSULATOR CLIPS 🗶	5.80	20	4.64	27.84
			,	* •			
						SUB-TOTAL:	1,744.24
			** SPECIAL NETT PRICE **			**	
	1	PC	REAR PARKING SENSOR 7	280.0	Ó	280.00	200 289-11
	1	10	·				20.00
						SUB-TOTAL	280.00
			** WORK LABOUR **				
	TO KNO	CK RR I	END PANEL, WELD, REMOVE & FIX ON A	BOVE PART	S	750.0	0 500 750.
	TO PUT	TY & SP	RAY PAINTING ON AFFECTED AREAS			800.0	0 600 800.
TO CHECK WIRING				30.0	00 × 30.		
	100	3000					

SAM

PAGE: 1 of 2

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD

TO APPLY ANTI RUST COATING

E & O.E

### Disclaimer clause:

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations. Quotation is only valid for 14 days.



## 孙亚弟汽车烧焊私人有限公司 SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457 TEL: 62686183 (4 lines) FAX: 62681429 | www.sngahtee.com sngahtee@singnet.com | UEN / GST REG. NO.: 200810440N

EST/QUOTE NO. SQ006679

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01

**CITY HOUSE SINGAPORE 068877** 

ATTENTION:

CONTACT: .

FAX NO: 65073849

22/06/2021 DATE

20/06/2021 ACCIDENT DATE: : SLX9612G VEHICLE NO

CHASSIS/ENG.NO: MM6DL2SAAJW374691

VEHICLE MODEL : MAZDA 2

CLAIM NO

POLICY NO

REMARK

9612FIRST TP AGST

SHB5685K

OTY UNIT PRICE S/N. DESCRIPTION

DISC % DISC/MARKUP TOTAL AMT

SUB-TOTAL

1,660.00

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:

Pasur Hp 90010068 4 days who 25/06/21@1045 Resy before paint

PAGE: 2 of 2

SUB-TOTAL: S\$

3,684.24

ADD 7% GST. S\$

257.90.

GRAND TOTAL: S\$

3,942.14

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD

E & O.E

Disclaimer clause:

SAM

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this experience. the circumstances of this or any action taken in reliance on such estimates or quotations. Quotation is only valid for 14 days.

SS1F216L0003 / SNG AH TEE MOTOR & PANEL SERVICE PTE LTD ENTRY DATE & TIME: 21/06/2021 12:25 (SGT) SUBMITTED BY: SAMANTHA TAN VERSION: 1 (21/06/2021 12:25 (SGT))

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.

- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the Police for Investigation.
   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.
   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 21/06/2021 12:25 (SGT) Date of Accident 20/06/2021 17:20 (SGT) Exact Location of Accident Aliunied Flyover, Singapore Additional Location Information TWDS PIE(TUAS) Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLX9612G

#### INSURED/POLICYHOLDER

Is company? ..... No Name Of Registered Owner LOW PEI JUN NRIC No SXXXX879Z Email Address LOWPJ8703@GMAIL.COM Mobile Phone No (Phone) +65-91297986 Alternative Phone No +65-91297986

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda Model Variant ..... Exact purpose for which vehicle was being used at time of 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 1496

#### **INSURANCE COMPANY**

Name of Insurance Company ..... FWD Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number PNPV2020-00003349-01 Cover Note Number

## DRIVER

LOW PEI JUN NRIC No SXXXX879Z

e Of Birth	10/03/1987 Indoor
ate Of Driving Pass	20/10/2006
Driving experience	14 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91297986
Alt. Phone Number	+65-91297986
Email Address	LOWPJ8703@GMAIL.COM
Address	25 JALAN LEKUB
Address complement	-
Postcode	808746
Is the driver the policyholder?	Yes
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	<u> </u>
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Şurface	Wet
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?	<u>-</u>
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)	
and the second 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	R VEHICLE PROPERTY 1
Valciala Designation Number	CUDECOEN
Vehicle Registration Number	SHB5685K
Vehicle Manufacturer	<del>-</del>
Vehicle Model	-

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 LOH SIAW KUM

 NRIC No
 SXXXX872D

 Contact Number
 (Phone) +65-85884872

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

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 missepresentation 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) t understand, acknowledge, agree and consent that:
  - 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")
  - 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
  - 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.
  - 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.
  - 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.

I am awared that my insurer may have a <u>12 days timiframe</u> for me to submit an own damage claim under my own policy. I will check mit policy for MORE DETAILS

and two of margin was

Date & Time:

Driver's Signature

(if driver is not the pollcyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SECRIBE CRICUMSTANCES OF THE ACCIDENT  TO AT 166 DAY & AROUND 1 1990 AND 1 1 WAY TRAVELLING Along PRE(THAS). What At  Algorithed Province Reddendry 1 1990 A Arold City with hospital light on a Letting At control of the extreme myset  AND And I thing may Car but after about 4 feet an inspect on wing Tear 1 part at early  A Wester down to check a found Velocity is rived Blocked onto may year left portion.  A Wester down to check a found Velocity is rived Blocked onto may year left portion.  BECARATION  We decline the foregoing particulars are true in every respect.  Proportion of the control of the policyholdery  Diver's Signature  (If drive is not the policyholder)  Diver's Signature  RECLIFIC No.:  RECLIFIC No.:	ETCH PLAN		
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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Do to lot late a ground 1970 this. I was travelling along pre(time). What sit  Algorithms Flavour Ruddenly I think a shadicar unth Ward light on a thought of extreme right  Algorithm to childe a found While i felt an wapill on way rear I park at auth  a would down to childe a found While is hind allowed both and year lift postary.  Bellaration  We declare the foregoing particulars are true in every respect.  Belly holder's Signature  Diver's Signature  Diver's Signature  Diver's Signature  (If driver is not the policyholder)  Reporting Centre Decedence's Signature  Name:			
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ECLARATION  We declare the foregoing particulars are true in every respect.  Policy No.  Driver's Signature  Oriver's Signature  Oriver's Signature  Oriver's Signature  (If driver is not the policyholder)  Driver's Signature  Reporting Centre Pessonnel's Signature  Name:			
ECLARATION  We declare the foregoing particulars are true in every respect.    Claim OD / TP at other workshop			
ECLARATION  We declare the foregoing particulars are true in every respect.  Driver's Signature  Oriver's Signature  Oriver's Signature  Oriver's Signature  Oriver's signature  Oriver's signature  Oriver's signature  Name:			D Claim third party  E Claim OD / TP at other workshop
We declare the foregoing particulars are true in every respect.    Insurer   FUD   Veh.No CX 96124			
Reporting Centre Personnel's Signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:	ECLARATION		OVALIZA OVALIZA
ote & Time: (If driver is not the policyholder) Name:	We declare the foregoing particula	rs are true in every respect.	Brouser TWD Verhala 2007
ate & Time: (If driver is not the policyholder) Name:	0.1		Zna n
ate & Time: (If driver is not the policyholder) Name:	X-VY		- 1000
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# k to One Motoring

# PARF/COE Rebate for Registered Vehicle

Wehicle Owner Particulars		
owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	879Z	
vehicle No.:	SLX9612G	
Vehicle to be Exported:	No.	
Intended Deregistration Date:	21 Jun 2021	
Vehicle Make:	MAZDA	
Vehicle Model:	MAZDA2 SEDAN 1.5 AT EU6	
Primary Colour:	Blue	
Manufacturing Year:	2018	
Engine No.:	P520450185	
Chassis No.:	MM6DL2SAAJW374691	
Maximum Power Output:	85.0 kW (113 bhp)	
Open Market Value:	\$14,083.00	
Original Registration Date:	18 Apr 2018	
First Registration Date:	18 Apr 2018	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	17 Apr 2028	
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00	
COE Expiry Date:	17 Apr 2028	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$34,114.00	
COE Rebate Amount:	\$26,497.00	
Total Rebate Amount:	\$30,247.00	

The information contained herein is correct as at 21 Jun 2021

ОК

# Mazda 2 1.5A

**Overview** 

**Financial** 

**Accessories** 

Similar

Research

**Photos** 

Мар





# A member of the Jardine Cycle & Carriage Group

Price	\$60,800			
Depreciation ②	\$8,560 /yr View models with similar depre	Reg Date	18-Apr-2018 (6yrs 9mths 21days COE left)	
Mileage	21,400 km (6.7k /yr)	Manufactured ⑦	2018	
Road Tax ②	\$682 /уг	Transmission	Auto	
Dereg Value ⑦	\$28,951 as of today (change)	OMV ⑦	<b>\$14,455</b>	
COE ⑦	\$37,000	ARF (7)	\$5,000	
Engine Cap	1,496 cc	Power	85.0 kW (113 bhp)	
Curb Weight ⑦	1,102 kg	No. of Owners ②		