

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT/21008332/4vc

ASSIGNMENT

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:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

days

Res.: Yes or No

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No:

Yr Regn: 10/11/16

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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



17/8/21 4/583150 confirmed w. h. AH Kai

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format :

Lump Sum / I.B.I: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) ___ S + RS ___ SI

) Photos

) Others

TOTAL

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Jimmy Goh K1
CLAIM DEPARTMENT
DID : 66547618
FAX :

Date : 06/08/2021

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000425

Accident Date : 22/07/2021

Vehicle No : SLH-5790-K

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	BONNET <i>Bo 1.500</i>	1,067.30	✓
1	BONNET HINGE <i>RH o/s 1st</i>	105.90	✓
1	BONNET WEATHER STRIP <i>11</i>	79.00	X
1	FRONT BUMPER <i>100</i>	925.10	✓
1	FRONT BUMPER SIDE RETAINER (RH) <i>o/s 11</i>	25.20	X
<i>1st</i> 10	FRONT BUMPER CLIPS <i>Rec</i>	55.00	✓
1	HEADLAMP (RH) <i>o/s 1st</i>	873.30	✓
1	FRONT FENDER (RH) <i>o/s 1st</i>	392.90	✓
1	FRONT FENDER TOP GARNISH <i>RH o/s 1st</i>	218.60	✓
		<i>812.00</i>	
		<i>166.50</i>	

Date : 06/08/2021

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Vehicle No : SLH-5790-K

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT FENDER INNER SHIELD (R/L) <i>pls 1</i>	129.30	X
<i>62/10</i>	FRONT FENDER INNER SHIELD CLIPS <i>pls ner</i>	55.00	✓
	Sub Total	3926.60	
	Discount 20% On Parts	(785.32)	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	600.00	400
	TO APPLY ANTI RUST COATING ON AFFECTED AREAS	80.00	60
	TO CONDUCT ALL WHEEL COMPUTERISED WHEEL ALIGNMENT	80.00	X
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	20
	TO SPRAY PAINTING ON AFFECTED AREAS	700.00	600

23579.7
200
286376
1080
3943.76

PAGE : 2

Date : 06/08/2021
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : D20MTRENT000425 Accident Date : 22/07/2021
 Vehicle No : SLH-5790-K Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

Sub Total

1490.00

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:

Remarks:

NOT Actual

4,631.28

SUB TOTAL

GST 7.0 % 324.19

TOTAL 4,955.47

Surveyor's name:

marcus 11/8/21 Take photo After repair.

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

*L/S # 3150
 Take photo After repair
 4 days.*

PAGE : 3

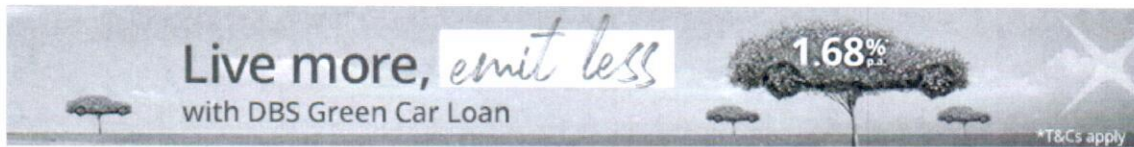
> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	943G
Vehicle Details	
Vehicle No.:	SLH5790K
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Aug 2021
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	P520363768
Chassis No.:	JM6BM42A8G0340904
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$16,510.00
Original Registration Date:	10 Nov 2016
First Registration Date:	10 Nov 2016
Transfer Count:	2
Actual ARF Paid:	\$11,510.00 5755
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Nov 2026
PARF Rebate Amount:	\$8,632.00
Intended COE Rebate Details	
COE Expiry Date:	09 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,506.00
COE Rebate Amount:	\$27,017.00
Total Rebate Amount:	\$35,649.00

The information contained herein is correct as at 11 Aug 2021

OK



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Advertiser Login

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New Facelift VTEC Engine Civic
1.6A
Direct Owner StarAd

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A PEACE OF MIND

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66 vehicles



mazda 3

Advanced Search



Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	mazda 3	Any	Any	2016	Any	Any	Any	Available
	Mazda 3 HB 1.5A Deluxe	\$57,000	\$9,690 /yr	23-Sep-2016	1,496 cc	125,000 km	Hatchback	Available
Most Popular Mazda Hatch Back In The Market. Sonic Silver Metallic Exterior With Black/Red Lining Interior. Original Paint Work Since D...								
Otopac Motors Pte Ltd								
Posted: 11-Aug-2021 Tags: 2016 Mazda 3, Mazda 3, Mazda, 3								
	Mazda 3 HB 1.5A Deluxe	\$50,000	\$9,830 /yr	13-Jan-2016	1,496 cc	115,000 km	Hatchback	Available
\$0 Downpayment, Full Loan Available. Deluxe Sunroof Model, Highest Spec! Agent Maintained Unit. Accident Free. Welcome Evaluation....								
✓ This car comes with 6-mth sgCarMart Warranty - the best protection for your car. Learn More								
Bavarian Marques Pte Ltd								
Posted: 10-Aug-2021 Tags: 2016 Mazda 3, Mazda 3, Mazda, 3								
	Mazda 3 HB 1.5A Deluxe	\$53,800	\$10,580 /yr	29-Jan-2016	1,496 cc	78,896 km	Hatchback	Available
August Promo 1.88% Interest Rate! Sunroof Deluxe Model! Low Depreciation! Low Mileage! Bank And In-House Full Loan At Low-Intere...								
Posted: 10-Aug-2021 Tags: 2016 Mazda 3, Mazda 3, Mazda, 3								
	Mazda 3 HB 1.5A Deluxe	\$52,515	\$10,290 /yr	29-Jan-2016	1,496 cc	93,000 km	Hatchback	Available
Best Deal In Market! Sporty Black High Specs Deluxe Model With Sunroof, Well Maintained With Regularly Servicing, Flexible Bank Loan...								
✓ This car comes with 6-mth sgCarMart Warranty - the best protection for your car. Learn More								
5G Motors								
Posted: 10-Aug-2021 Tags: 2016 Mazda 3, Mazda 3, Mazda, 3								
	Mazda 3 1.5A Deluxe	\$51,800	\$9,370 /yr	31-May-2016	1,496 cc	58,299 km	Sedan	Available
High Specs Deluxe Model With Sunroof Mazda 3 From Japan With HUD, DRL, GPS, Keyless Entry Etc. Well Maintained With Regularly Ser...								
ST Carz Pte Ltd								
Posted: 10-Aug-2021 Tags: 2016 Mazda 3, Mazda 3, Mazda, 3								
	Mazda 3 HB 2.0A Sport Sunroof	\$65,515	\$10,350 /yr	16-Nov-2016	1,998 cc	76,000 km	Hatchback	Available
Best Deal In Market! Very Rare Mazda 3 2.0L High Specs Model With 162 Bhp, 5 x Airbag With Sunroof, 19" Sport Rims, Flexible Bank L...								
✓ This car comes with 6-mth sgCarMart Warranty - the best protection for your car. Learn More								
5G Motors								
Posted: 09-Aug-2021 Tags: 2016 Mazda 3, Mazda 3, Mazda, 3								

Compare

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	22/07/2021 20:59 (SGT)
Date of Accident	22/07/2021 08:00 (SGT)
Exact Location of Accident	Jurong Island, Singapore
Additional Location Information	38 BANYAN AVENUE, JURONG ISLAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5790K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	jackson.teo@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	+65-66547777

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	20MTRENT000425
Cover Note Number	-

DRIVER

Name of Driver	MELE ADRIEN PASCAL
Passport No/FIN	GXXXX787U

Date Of Birth	13/09/1992
Occupation	Indoor
Date Of Driving Pass	26/03/2013
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91424291
Alt. Phone Number	-
Email Address	adrien.mele@arkema.com
Address	101 PRINCE CHARLES CRES #14-05
Address complement	-
Postcode	S(159017)
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ERIC DUCHENE
Gender	Male

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

KINDLY REFER TO SKETCH PLAN.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5801C
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SANKARAN VIIGNESH
Passport No/FIN	GXXXX845R
Contact Number	(Phone) +65-97505074
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 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.
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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.



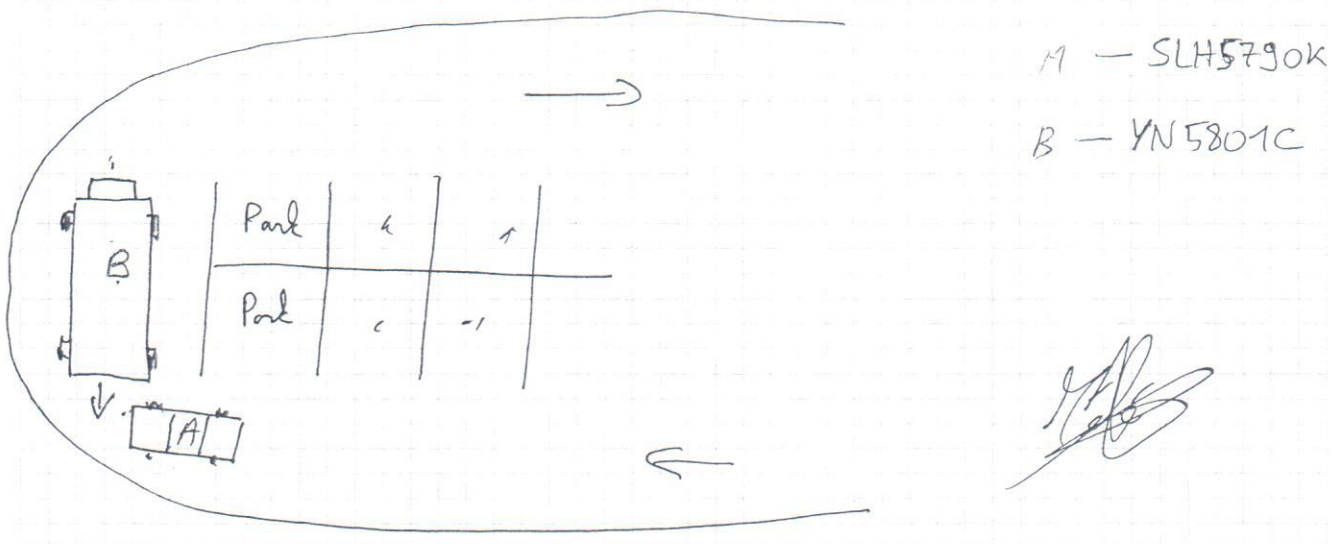
Policyholder's Signature
Date & Time:

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

22/07/2021 6:00PM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were following the truck (B.) with ^{my} car (A) on a car park. The ~~stopped~~ truck stopped at the end of the car park, so we stopped behind ~~him~~ it. Suddenly it started to reverse ~~a~~ without looking in its side mirror. and then hit the right fender of my car.

[Signature]

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input checked="" type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: