ASS. REC. BY: Steve REF: CS/FC1911	00111/EVF3
ASSI	Veh No: SLT 8309K Yr Regn: 14/11/17
From: Date:	Veh No; Yr Regn: Yr Regn: 15/11/17
Estimated Cost:	Type: M.Ca) / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TTP WS/TP RES/OD RES/EVA/INY/MY	Make: Mazda 3 c.o 1496
To Inspect Vehicle No:	The state of the s
at Workshop m/s	COIOUT VY / I) /
of	Sp.Reading 16 11
Insured:	Eng/No: 5 M / B N 10 1 ST 018-7053
Polley No.	Gen. Cond: Good / Fair / Poor / Eurnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Line VIII (SEPTIME) STD A/RIM OF
Make of Veh:	Tyre Size: F: 205/55816
	R:
(Policy Condition) N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA /MIC OHTSU / PIR / SUMI /
Remark: The veh had commenced its . N/S 0/S repair at the time of inspection.	TOYO / YOKO or
repair at the time of the party	Front Rear
Bal. or Market Value: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5
Concisiont? Yes of No	L/Bal. 5, mm L/Bal. John Mm
GIA / FR OCOM	D.O.A. 31/192 D.O.I. 10/1922
Fet Repairs:	Survey held at Wah Heng
Lum Sum:	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/OU	The U/C / Chassis frame / Body Structure affected due to collision
Date: Person Contacted:	The U/C / Chassis Hallo / 2009
Date / Time Action / Instruction	
MV-621	
	Days Of Repair:
Date/Time, File Pass to? . , Prell. Report	Survey Fox.
1) ; Final Report	Hansy
Date/Time, File Return to?	Fee: : Site Insp (\$)s+RSSI
2)	Interview (\$
	: Tech. Invs (\$)

:Weekend (\$

Report Format:

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



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)
Email: motor@wahhong.sg
(199806235M)

Vehicle No.

SLT8309K MADZA 3 SEDAN 1.5 AT EU6

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
1 2 1 1 1 1 1	PARTS (LIST ITEMS) Rear bumper		1128.00 58.00 19.00 563.00 1005.0 78.00 56.00 68.00	
		Part Items Total:	2975.0 -20% -595.0 2380.	00
	SPECIAL NETT ITEMS			
1	Rear bumper clips Rear reverse sensor		35.0 200.	alba and an analas and an an analas and an analas an analas and an analas an
		SN Items Tota	al: 235	.00
		Total Parts	2615	5.00



Wah Hong Motors & Credit Pte Ltd

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Vehicle No.

SLT8309K MADZA 3 SEDAN 1.5 AT EU6

Page No. 2

s/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and	1000.00	AN 600
	& reshape the affected areas and replace the damaged parts components		
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	800.00	lgir)
3	To remove/refix/replace wiring system at accident damaged area and check for all electrical proper function	60.00	30
4	To perform anti-rust treatment on affected areas	60.00	30
5	To remove and replace rear reverse sensor	100.00	30
6	To remove and refit/replace rear compartment fitting, trimmings, garnish and etc	100.00	30
	Labour Total	. 2120.00	
	TOTAL (PARTS & LABOUR	The second second second	

Stere (LKK) IN 12 19/2/22, 19.99L L/S 17 /L by 5 fs

LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before latter spray painting

To display damaged part s) during resurvey

 Parts prices are subject to confirmation Third party survey is on a "History Prejudice" basis

• No illegal modification is alleved

 Supplementary item(s) must be resurveyed and Subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Your NCD will be affected due to late reporting

SW0C22240004 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 04/02/2022 16:34 (SGT) SUBMITTED BY: Ng Siew Lay VERSION: 1 (04/02/2022 16:34 (SGT))



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 witholding of material facts may allow insurance companies to repudiste

- 3. Information provided must be as trouble 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 Date of Accident **Exact Location of Accident** Additional Location Information

04/02/2022 16:34 (SGT) 31/01/2022 17:00 (SGT) Near Aljunied West Flyover, Singapore PIE TWDS KJE (RIGHT AFTER KPE EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLT8309K**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YU WEN NRIC No SXXXX201H **Email Address ELEYUW@YAHOO.COM** Mobile Phone No (Phone) +65-98338581 Alternative Phone No +65-98338581

VEHICLE PARTICULARS

Manufacturer Mazda Model 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 1496

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy ... **Policy Number** PNPV2019-00016435-02 Cover Note Number

DRIVER

Name of Driver YU WEN NRIC No SXXXX201H

Accident report SW0C22240004

Page 1 of 20

Date Of Birth 07/11/1968 Occupation Indoor **Date Of Driving Pass** 17/03/2008 **Driving experience** 13 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98338581 Alt. Phone Number +65-98338581 **Email Address** ELEYUW@YAHOO.COM Address 339 CHOA CHU KANG AVE 3 #06-20 Address complement Postcode 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 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 vehicle or property damaged? Yes 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 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 **GBF9452P** Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement

GBF9452P

COMPGE9452P

COMPGE94



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	SLS4784C
Vehicle Manufacturer	4
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	*
Contact Number	
Address	
Address complement	
Postcode	-
Insurance Company Name	•
Natura Of Damasa	-
	-
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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
- 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.
- By the todgement 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)

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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

gh un	SE CRECITO STORY
Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Time Feb. 4, 2021, 4pm & Time Sketch Plan	Witnessed by Reporting Centre Personnel
PIETWOS KJE CRIGHT AFFER KPE EXIT).	A- SLT 8309K B- GBF 9452P C- SLS 4784 C



WALL

Describe Circumstances of the Accident
On 31/01/2020 @ 1700ths, I was driving my
Venue A (SIT 8309K) along PIE TWOS KIE (Kight adrer
on large 3
KPE Exit). I slowed about and skewly swalved to
Jone 2 after cheeking theor. After proceeding to home 2,
I felt an impact from the rear of my venues A (847 8309 K)
I then stepped and alight to open. I realized that my
VEHILLE A (SLT 8369K) rear portion was compled by
behine B (GB+ 9452P) and there was another venue belief
Vehicle B (GBF 9452P). It was a chirtin artisism and the
last retails (1825 4784C) We then exchanged partiachers for
neware dam.

Declaration

We declare the foregoing particulars are true in every respect.

ga cu

holder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Tep. A. 2022. 4pm

> Back to OneMotoring

Maximum Power Output:

COE Category:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Singapore NRIC Owner ID Type: 201H Owner ID: **Vehicle Details SLT8309K** Vehicle No.: No Vehicle to be Exported: 04 Feb 2022 Intended Deregistration Date: MAZDA Vehicle Make: MAZDA3 SEDAN 1.5 AT EU6 Vehicle Model: White Primary Colour: 2017 Manufacturing Year: P520477361 Engine No.: JM6BN22A8J0187053 Chassis No.: 88.0 kW (118 bhp)

Open Market Value:

Original Registration Date:

14 Nov 2017

First Registration Date:

14 Nov 2017

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Nov 2027
PARF Rebate Amount: \$7,777.00

Intended COE Rebate Details

COE Expiry Date:

A - Car up to 1600cc & 97kW (130bhp)

 COE Period(Years):
 10

 QP Paid:
 \$47,112.00

 COE Rebate Amount:
 \$27,207.00

 Total Rebate Amount:
 \$34,984.00

The information contained herein is correct as at 04 Feb 2022

OK