

ASS. REC. BY: JohnREF: CS/CT122002642/Rvy3650H

- ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMY 8738Sat Workshop m/s AUBURN AUTOof 116, SIN MINH DR #14-18Insured: CTI

Policy No. _____

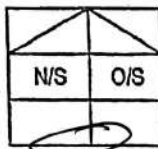
Claims No. _____

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: 102K

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: SMY 8738S Yr Regn: 2021 / MAR 2Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAZDA 3 1.5 ATM-Hybrid cc 1496Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 76407 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BP2SAAM1107112Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

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

TOYO / OKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 17/03/22D.O.I. 23/03/22Survey held at AuburnDes. 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
	<u>REPAIR LIANT - 57K</u>

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$ _____)

S + RS. SI

☐ : Tech. Invs (\$ _____)

Photos

☐ : Weekend (\$ _____)

Others

Report Format: _____

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

TOTAL

Transportation:

AUBURN AUTO PTE LTD

176 Sin Ming Drive #04-18 Sin Ming Autocare, Singapore 575721

Tel : +65 9773 6360

Email: mak.auburnauto@gmail.com

Vehicle No: SMY8738S

Model: Mazda 3 Hybrid

QTY	Description	Repairer's Estimate	
Spare Parts - List Items			
1	Rear bumper <i>de ✓</i>	\$	1,600.00
1	Rear end panel <i>X</i>	\$	1,600.00
1	Rear boot lock <i>X</i>	\$	500.00
1	Rear bumper sensor <i>?</i>	\$	300.00
1	Reverse camera <i>X</i>	\$	250.00
1	Rear carplate light <i>?</i>	\$	120.00
1	Carplate <i>?</i>	\$	50.00
1	Carplate holder <i>?</i>	\$	30.00

} 35

\$ 4,450.00

\$ 4,450.00

c/f: \$

Special Nett Items

AMT S\$

\$ -

S/N. Labour Charges

1	Remove and refit rear Panel	\$	600.00 200
2	Remove, refit and replaced damage and check up rear electrical wiring	\$	150.00 60
3	Remove and refit inner garnishes trim to assist repair	\$	200.00 X
4	To apply undercoating on replaced panel	\$	120.00 X
5	To Respray Painting.	\$	600.00 400

\$ 1,670.00

GRAND TOTAL

\$ 6,120.00

Survey:

1st / 2nd / 3rd

(delete accordingly)

Surveyor Details:

(Name) Rasul
(Contact) 90010068
(Email) rasul@lkkauto.com
(Signature) R
(Date/Time) 23/03/22 @ 1620

Rasul ~~after~~ before paint
3 days / P/P

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 18/03/2022 17:00 (SGT)
Date of Accident 17/03/2022 08:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE NEAR BEDOK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY8738S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ALPHA MOTORS PTE. LTD.
Company Reg No 2XXXXX050H
Email Address den.goldencharter@gmail.com
Mobile Phone No (Phone) +65-97736360
Alternative Phone No +65-97736360

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3 4DR 1.5 AT M-HYBRID CLASSIC
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 Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5121408521-01
Cover Note Number -

DRIVER

Name of Driver MOHAMED SALLEH BIN SHAMSU
NRIC No SXXXX873A

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

03/08/1967
Outdoor
15/01/2016
6 YEARS AND 2 MONTHS
Male
(Phone) +65-90911153
-
mak.auburnauto@gmail.com
BLK 302 UBI AVE 1 #03-31
-
400302
No
Hirer
No
-
-

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? Yes
Was any injured conveyed to hospital by ambulance? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name SAPIAH BINTE MOHD SHARIF
Gender Female

PASSENGER 2

Name MOHAMED BIN KAMPIN
Gender Male

PASSENGER 3

Name MUHAMMAD ASRI BIN ABDULLAH
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Traffic Police
Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT .

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - AUBURN AUTO

ATTACHMENT(S)

-cident photos at
- there any video cap
-s there any audio reco

Vehicle Registration
Vehicle Man
Vehicle

RUPIK LIM - 15K

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMU4588E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMED SALLEH BIN SHAMSU
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMY8738S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person SAPIAH BINTE MOHD SHARIF
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMY8738S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person MOHAMED BIN KAMPIN
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMY8738S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 4

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

MUHAMMAD ASRI BIN ABDULLAH

SMY8738S

ETCH PLAN

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.
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:



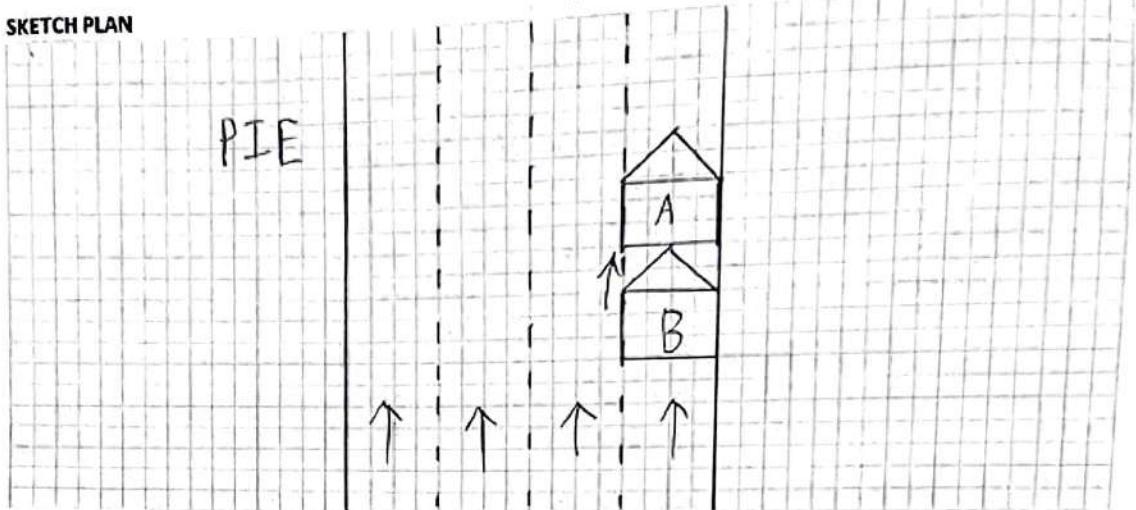
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Vehicle A - SMY87385 Vehicle B - SMU45508

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

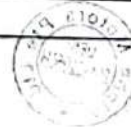
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

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



GUARANTY SIGNATURE (If any)



SINGAPORE POLICE FORCE



T/20220318/7007

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220318/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2022 11:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED SALLEH BIN SHAMSU			Address: 302 UBI AVENUE 1 #03-31 SINGAPORE 400302		
ID Type / ID No.: NRIC NO / S1816873A			Contact No.: Home/Office: Mobile: 92220115		
Nationality: SINGAPORE CITIZEN			Email: mak.auburnauto@gmail.com		
Sex: Male	Age: 54	Date of Birth: 03/08/1967	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2022 08:40	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMY8738S	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220318/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220318/7007

CONTINUATION OF REPORT

Driver			
Name	MOHAMED SALLEH BIN SHAMSU	ID No.	S1816873A
Related Vehicle	SMY8738S (Car)	Contact No.	92220115
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On 17/03/2022 at around 0840Hrs, I was driving my rental vehicle bearing SMY8738S along PIE near bedok with my cousins. I was driving on the first lane within the speed limit when suddenly, I heard a loud bang and felt impact from the rear of my car. A vehicle bearing SMU4588E had collided into my car. It was a red audi. My car sustained damages on the rear. When we alighted, the driver of the vehicle that collided into me said he was sorry and gave me his contact and told me to contact him as he was in a rush to a meeting. I told him my vehicle is a rental vehicle so I decided to go through insurance settlement instead to settle fairly. After that i felt unwell and went to see a doctor and was given mc. My cousins told me they were aching from the accident so they wen to see a doctor and was given mc too.



**SINGAPORE
POLICE FORCE**



T/20220318/7007

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220318/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/03/2022 11:00

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	050H
Vehicle No.:	SMY8738S
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Mar 2022
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4DR 1.5 AT M-HYBRID CLASSIC
Primary Colour:	Blue
Manufacturing Year:	2021
Engine No.:	P520727191
Chassis No.:	JM6BP2SAAM1107112
Maximum Power Output:	88.0kW (118 bhp)
Open Market Value:	\$20,364.00
Original Registration Date:	29 Mar 2021
First Registration Date:	29 Mar 2021
Transfer Count:	0
Actual ARF Paid:	\$5,510.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Mar 2031
PARF Rebate Amount:	\$4,132.00
COE Expiry Date:	28 Mar 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$44,589.00
COE Rebate Amount:	\$40,178.00
Total Rebate Amount:	\$44,310.00










The information contained herein is correct as at 24 Mar 2022

OK

Mazda 3 Mild Hybrid 1.5A Classic

Overview

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

Price	\$102,000		
Depreciation 	\$11,000 /yr View models with similar depre	Reg Date	09-Mar-2021 (8yrs 11mths 12days COE left)
Mileage	28,000 km (26.9k /yr)	Manufactured 	2019
Road Tax 	\$682 /yr	Transmission	Auto
Dereg Value 	\$42,733 as of today (change)	Fuel Type	Petrol-Electric
COE 	\$42,000	OMV 	\$21,280
Engine Cap	1,496 cc	ARF 	\$6,792
Curb Weight 	1,385 kg	Power	88.0 kW (118 bhp)
Type of Vehicle	Mid-Sized Sedan	No. of Owners 	1