

ASS. REC. BY: gsm

REF:

CC4/ASM22 00 3920/Rea3

009h

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SW 28702at Workshop m/s JEMENTAH MOTRof 14, DEPH LANG 10 #01-406Insured: ASM

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: 26k

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: SW 28702Yr Regn: 2010 / MARType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MAZDA 31-6L SONIX C.C. _____Colour: WHITE

A/C: Insured / Std / NI / NA

Sp. Reading: 139358

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BL1021A0117126Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt or _____Brake: Order / Jammed / Leaked / Burnt or _____Modl: NII / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or _____

ROTALLA

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 24/04/22D.O.I. 27/04/22Survey held at JEMENTAHDes. of Damages: Front / 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 - 16K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.L. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

利民达摩多



Jementah Motor Works

Blk 14 Defu Lane 10 #01-406

Singapore 539195

H/P : 9299 6636 Fax : 6285 7054

Date : 27-Apr-22

Estimated repair cost of SJW 2870 C MAZDA 3

<u>Qty</u>	<u>Description</u>	<u>Amt S(\$)</u>
	<u>List Items</u>	
1	Front headlamp -RH <i>cm</i> /	\$ 2,254.00
1	Front grille <i>de</i> /	\$ 581.00
1	Front bumper <i>de</i> /	\$ 1,031.70
1	Front bumper lower grille <i>X</i>	\$ 128.30
1	Front bumper reinforcement <i>?</i>	\$ 568.40
1	Front bumper logo <i>an</i> /	\$ 85.00
<i>2</i> <i>1pc</i>	Front bumper side retainers <i>RH-?</i>	\$ 85.00
1	Front bumper side grille <i>?</i>	\$ 315.00
1	Front bumper rubber seal <i>xxxx</i> ?	\$ 112.00
1	Rear windscreen moulding <i>an</i> /	\$ 98.90
1	Rear boot lid <i>bt</i> /	\$ 972.00
2	Rear boot hinges <i>bt</i> /	\$ 280.80
1	Rear boot inner trim <i>de</i> /	\$ 172.90
2	Rear boot lamps <i>RH-ca</i> / <i>LH-?</i>	\$ 492.00
1	Rear boot inner lock <i>bt</i> /	\$ 221.80
1	Rear boot logo <i>an</i> /	\$ 69.00
1	Rear boot rubber <i>an</i> /	\$ 120.00
1	Rear boot "MAZDA 3" emblem <i>an</i> /	\$ 55.50
2	Rear taillamps <i>ca</i> / <i>RH-ca</i> / <i>LH-?</i>	\$ 1,699.20
1	Rear end panel <i>bt</i> /	\$ 624.70
1	Rear end panel inner garnish <i>de</i> /	\$ 212.50
1	Rear bumper <i>an</i> /	\$ 998.00
2	Rear bumper brackets <i>an</i> /	\$ 67.00
2	Rear bumper reflectors <i>ca</i> /	\$ 124.00
1	Rear bumper reinforcement <i>bt</i> /	\$ 547.00
2	Rear bumper side retainers <i>an</i> /	\$ 77.20
1	Rear floor board <i>X</i>	\$ 193.90
1	Rear floor panel <i>repair</i>	\$ 2,114.20
2	Rear fenders <i>LH-X</i> / <i>RH-bt</i> /	\$ 2,182.00
2	Rear fender inner shields <i>X</i>	\$ 147.00
2	Rear fender inner trims <i>LH-X</i> / <i>RH-ca</i> /	\$ 468.80
		<hr/>
		\$ 17,098.80
	Less 20%	\$ 3,419.76
		<hr/>
		\$ 13,679.04

Special Nett Items

- 1 Front bumper clip (1 set) *ms*
- 1 Rear windscreen sealant *ms*
- 1 Rear bumper clip (1 set) *ms*
- 1 Rear number plate with holder *ms*
- 1 Rear reverse sensor (1 set) *ms*

\$	50.00	30
\$	80.00	40
\$	50.00	30
\$	50.00	35
\$	350.00	200
\$	580.00	

S/N

LABOUR CHARGES

- 1 To check wiring and reset headlamps focusing.
- 2 To remove, replaced damaged lamps and check up rear wiring.
- 3 To remove and refit inner garnishes.
- 4 To remove and refit rear reverse sensor.
- 5 To transfer boot lid mechanism and wiring assembly.
- 6 To remove and refit fuel tank assembly with all attachments.
- 7 To remove and refit rear windscreen glass.
- 8 To apply undercoating.
- 9 Panel beating.
- 10 To re-spray painting on the affected areas.

\$	80.00	25 60 X
\$	80.00	30
\$	150.00	60
\$	150.00	60
\$	80.00	60
\$	150.00	60
\$	180.00	120
\$	200.00	100
\$	2,000.00	1400
\$	1,800.00	1200
\$	4,870.00	

Grand Total :

\$ 19,129.04

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:

Rasm
Hr 900/10068

12 days

4/5

27/04/22 @ 1240

Resy after repair

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	25/04/2022 15:09 (SGT)
Date of Accident	24/04/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI) BEF ONRAET ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2870C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Company Reg No	200713089K
Email Address	RENTAL@PRESTOEXPATMOTORING.COM
Mobile Phone No	(Phone) +65-96567767
Alternative Phone No	+65-96567767

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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109441522-02
Cover Note Number	-

DRIVER

Name of Driver	DEAN JOHN SCOTT
Passport No/FIN	G5787756T

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

28/12/1976
 Indoor
 03/07/2013
 8 YEARS AND 9 MONTHS
 Male
 (Phone) +65-90675204
 -
 RENTAL@PRESTOEXPATMOTORING.COM
 69 CORONATION ROAD WEST
 -
 269282
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Chain Collision
 Raining
 Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 4
 Yes
 Yes
 Yes
 2
 No

PASSENGER 1

Name
 Gender

BARNABY SCOTT
 Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Bukit Timah Neighbourhood Police Centre
 (Phone) +65-18004629999
 (Fax) +65-64628933
 1 Duke Road Singapore 268914
 No
 -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer

FBS593G
 -

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE2715P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	UNKNOWN
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR191H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	UNKNOWN
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS593G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 willful misrepresentation or withholding of material facts may allow insurance companies to provoke 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 insurer, 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 making 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) any 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;
- (ii) to regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
- (iii) for complying with requirements under any regulations, law 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: MUMU DA
GIA/IFA No: 504233F

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

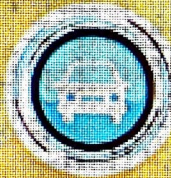
Owner ID Type:	Company
Owner ID:	089K
Vehicle No:	SW2870C
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Apr 2022
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 1.6L SDN LUX
Primary Colour:	White
Manufacturing Year:	2009
Engine No:	Z6815787
Chassis No:	JM6BL10Z1A0117126
Maximum Power Output:	77.0kW (103 bhp)
Open Market Value:	\$21,996.00
Original Registration Date:	16 Mar 2010
First Registration Date:	16 Mar 2010
Transfer Count:	2
Actual ARF Paid:	\$21,996.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	15 Mar 2025
COE Category:	A - Car (1600cc & below)
COE Period (Years):	5
PQP Paid:	\$16,604.00
COE Rebate Amount:	\$9,542.00
Total Rebate Amount:	\$9,542.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Apr 2022

OK

Mazda 3 1.6A Luxury (COE till 12/2024)

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

Car Search

We Represent You

Price **\$23,800**

Depreciation **\$8,970 /yr**

Reg Date **22-Dec-2009**
(2yrs 7mths 23days COE left)

Mileage **175,000 km (14.2k /yr)**

Manufactured **2009**

Road Tax **\$965 /yr**

Transmission **Auto**

Dereg Value **\$8,480 as of today (change)**

OMV **\$19,926**

COE **\$15,988**

ARF **\$19,926**

Engine Cap **1,598 cc**

Power **77.0 kW (103 bhp)**

Curb Weight **1,275 kg**

No. of Owners **4**