- Pu. C	200 5466 R 43			
<u>ASS</u>	SIGNMENT			
From: Date:	Veh No: SLA 5220B Yr Regn: 2016 / MAR			
Estimated Cost:	Type: M.Ca/ 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: SCA 5220B	Make: MYZDA 3 SEDAN 1-5L S/R C.C 1496			
at Workshop m/s 450 & PARTNER	Colour RED A/C: Insured / Std / NI / NA			
of 74, SUNCE KADWEST 1	Sp.Reading 115491 T/Radio: Insured / Std / NI / NA			
Insured: CT1	Eng/No:			
Policy No.	C/No: JM6BN42A8G0327205			
Claims No.	Gen. Cond: Good / Pairy Poor / Burnt			
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil / SIRim / STD A/Rim or			
(Policy Condition)	Tyre Size: F: 205/GoR16			
Remark: The veh had commenced its N/S O/S	BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO/YOKO or			
Bal. or Market Value: 53K	E.,			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal L /			
GIA / PR Seen; Consistent?: Yes or No	I TODAL D MM			
Est. Repairs: days Res.: Yes or No	DOA OLILO			
Lum Sum: % 3 Val.: Yes or No				
CA / PEV / PED / OWIDS	Survey held at YEO & PARTHA !			
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or			
Date: Person Contacted:	The WC / Chassis frame / Redu St			
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.			
PRPAIR LIMIT- 29K				
ESTIMPTE RANKE OF REPAIR / No.				
BILLIAGE DENNE OF REFAIR INO.	of asus-(SK-GK)/6days			
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e/Time, File Pass to? : Prell. Report Da	ays Of Repair:			
[10] 전 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	esurvey No. of Trip: Survey Fee:			
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Final Report Re	Transportation:  Site Insp (\$ )_S+RS_SI			
: Final Report Re	Transportation:			

## **©** 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 repudiate

- 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 07/06/2022 14:55 (SGT) Date of Accident 07/06/2022 10:12 (SGT) **Exact Location of Accident** Near 614A Woodlands Ave 4, Singapore 731614 Additional Location Information Blk 614A Woodlands Ave (MSCP) Country/State of Loss .... Singapore

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

Vehicle Registration Number SLA5220B-

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA LEE FUNG NRIC No S7027881B Email Address jeslyn.chia25@yahoo.com Mobile Phone No (Phone) +65-93630403 Alternative Phone No +65-93630403

VEHICLE PARTICULARS

Manufacturer Mazda Model MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT 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 car Transmission ..... Auto 1496

#### INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5122947483 Cover Note Number

DRIVER

Name of Driver CHIA LEE FUNG NRIC No S7027881B

Accident report SS272267000F

Date Of Birth	25/08/1970 Indoor	
Occupation	21/06/2006	
Date Of Driving Pass	16 YEARS	
Driving experience		
Gender	Female (Phone) +65-93630403	
Mobile Number	(Phone) +03-93000 /05	
Alt. Phone Number	+65-93630403	
Email Address	jeslyn.chia25@yahoo.com	
Address	Blk 617 Woodlands Ave 4	
Address complement	#10-547	
Postcode	730617	
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	augher .	
GENERAL INFORMATION OF THE ACCIDENT		
CENTER ON MATION OF THE ACCIDENT		AND THE RESERVE OF THE PARTY OF
Type of Accident	Collision - Major/Minor Rd	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
Was and family and the same		
Was any foreign vehicle involved in the accident?	No	
Number of vehicles involved in the accident	2	
Was anybody injured in the Accident?	No	THE PARTY OF THE P
Was any injured conveyed to hospital by ambulance?	-	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?		
constant, one migration 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		19 24 14 15 15
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REFER TO SKETCH PLAN		
	The state of the state of	1970
ATTACHMENT(S)	Control of the Contro	to the second promoters.
re accident photos available for attachment?	Yes	
Vas there any video captured by Car Camera?	No	
Vas there any audio recorded?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
ehicle Registration Number	SJZ7606B	
ehicle Manufacturer	-	
ehicle Model	-	
Lists Verice	0.000 V	
ehicle Variant	(F)	
phicle Colour	Private car	*
Phicle Category	Private car	
ame of Driver	AFANDI BIN YA'AKUB	
RIC No	S6901797E	
ontact Number	3 <b>-</b>	
ddress	1 <del>4</del>	
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Page 2 of 11

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Polloyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withholding of material facts may show insurance companies to regudiate 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 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 evailable 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 retains 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' 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 flaw), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &	Driver's Signature (# dri & Tane	ver is not the policyhold		ssed by Reporting Centre onnel
ketch Plan				
A: SLA5220 B				
B: SJZ 7606 B		1	$\mathbf{A}$	Carpark
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		7.   8. E	1 6 8	

	and the second second
Postcode	
Insurance Company Name	**************
Nature Of Damage	**************
Details of property damaged in accid	ent
No. Of Passenger (Including Driver)	

Date	1 73							25.1	
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Driver's Signature (if driver is not the policyholder) / Oato & Time

Witnessed by Reporting Centre

Personnel

Remark T

### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	881B
/ehicle No.:	SLA5220B
/ehicle to be Exported:	No N
ntended Deregistration Date:	10 Jun 2022
Achicle Make:	MAZDA
/ehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	P520335592
Chassis No.:	JM6BM42A8G0327205
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$15,961.00
Original Registration Date:	02 Mar 2016
First Registration Date:	02 Mar 2016
Transfer Count:	2
Actual ARF Paid:	\$10,961.00
PARF Eligibility:	Yes Yes And the first the
PARF Eligibility Expiry Date:	01 Mar 2026
PARF Rebate Amount:	\$7,124.00
COE Expiry Date:	01 Mar 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$43,000.00
COE Rebate Amount:	\$16,008.00
Total Rebate Amount:	\$23,132.00

The information contained herein is correct as at 10 Jun 2022

# Mazda 3-1.5A Sunroof

Overview	Financial Access	ories Similar	Research F	Photos Map
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		GAR (S) PTE LTD		
Price	\$53,800			
Depreciation	\$12,710 /yr View models with	Reg D Similar depre	ACMENIA COLLA COMPRENDICA CONTRACTOR OF THE CONT	Mar-2016 s 9mths 20days COE.Jeft)
Mileage	80,000 km (12.9k	/yr) Manui	actured ( 2016	
Road Tax	\$682 <i>J</i> yr	Transr	n <b>ission</b> Auto	
Dereg Value	\$24,363 as of toda	y (change) OMV	u \$15,8	341
COE (3)	\$45,504	ARF	\$10,8	<b>41</b>
Engine Cap	1,496 cc	Power	88.0	«W (118 bhp)
Curb Weight	1,321 kg	No. of	Owners 1	