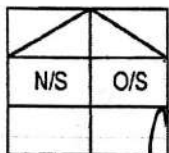


ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SMU 2618R  
 at Workshop m/s KAN Fook SINH MOTOR  
 of BK 8, JTC DEFA Ind City #04-2A  
LPC 2  
 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: 72K  
 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

Date / Time Action / Instruction

REPAIR LIMIT - 28K

Veh No: SMU 2618R Yr Regn: 2017 / MAY  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAZDA 6 SEDAN 2.0L SP c.c. 1998  
 Colour: WHITE A/C: Insured / Std / NI / NA  
 Sp. Reading: 79477 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 2M6GL1071H0118381Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/35ZR19

R: \_\_\_\_\_

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 17/10/22 D.O.I. 20/10/22Survey held at KFS MOTOR

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

O/S REAR

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

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐

Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

) S + RS \$ \_\_\_\_\_

) Photos

) Others

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_



# 簡福星摩多工廠

## KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

LONPAC INSURANCE BHD

DATE : 18-10-2022

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555

VEHICLE NO. : SMU2618R

ACCIDENT DATE : 17-10-2022 07:45

THIRD PARTY REF. : GV1289D

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SMU2618R MAZDA 6 4-DOOR SEDAN 2.0L SP.6EAT

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR LAMP RH <i>cm</i>	1593.00
2	1	REAR BUMPER <i>cut</i>	1266.00
3	1	REAR BUMPER SIDE RETAINER RH ?	59.00
4	10	REAR BUMPER CLIP @\$5.00 <i>m</i>	50.00
			<hr/>
			2,968.00
LESS 20 %			<hr/>
			593.60
TOTAL (A)			<hr/>
			2,374.40

### LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	<del>50.00</del> <i>30</i>
2	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	<del>420.00</del> <i>300</i>
3	1	SPRAYPAINTING CHARGES	<del>420.00</del> <i>400</i>
			<hr/>
TOTAL (D)			890.00
ESTIMATE TOTAL			<hr/>
			3,264.40

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:

*Ryan*  
*Hp 90010068*  
*3 days*  
*45*  
*20/10/22 @ 1015*  
*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 Actual 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	17/10/2022 12:15 (SGT)
Reported by	Both
Date of Accident	17/10/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU2618R

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHUN HAI
NRIC No	SXXXX117H
Email Address	stylim888@yahoo.com.sg
Mobile Phone No	(Phone) +65-83339336
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6 4-DOOR SEDAN 2.0L 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
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128259295

#### DRIVER

Name of Driver	LIM CHUN HAI
NRIC No	SXXXX117H
Date Of Birth	24/12/1967
Occupation	Indoor

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 .....

16/11/1993  
28 YEARS AND 11 MONTHS  
Male  
(Phone) +65-83336736

stvlm888@yahoo.com  
APT BLK 310 HOUGAHS AVE E 4TH FLOOR 530310

Yes

No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collided into Property  
AFTER RAIN  
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? .....  
Translator's name .....  
Translator's ID .....  
Translator's phone number .....  
Translator's email .....  
Original language used in the statement .....

No  
2  
No  
-  
Yes  
1  
No  
-  
-  
-  
-  
-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

#### ATTACHMENT(S)

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

Yes  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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

GV1289D  
-  
-  
-  
Commercial vehicle  
-  
-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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

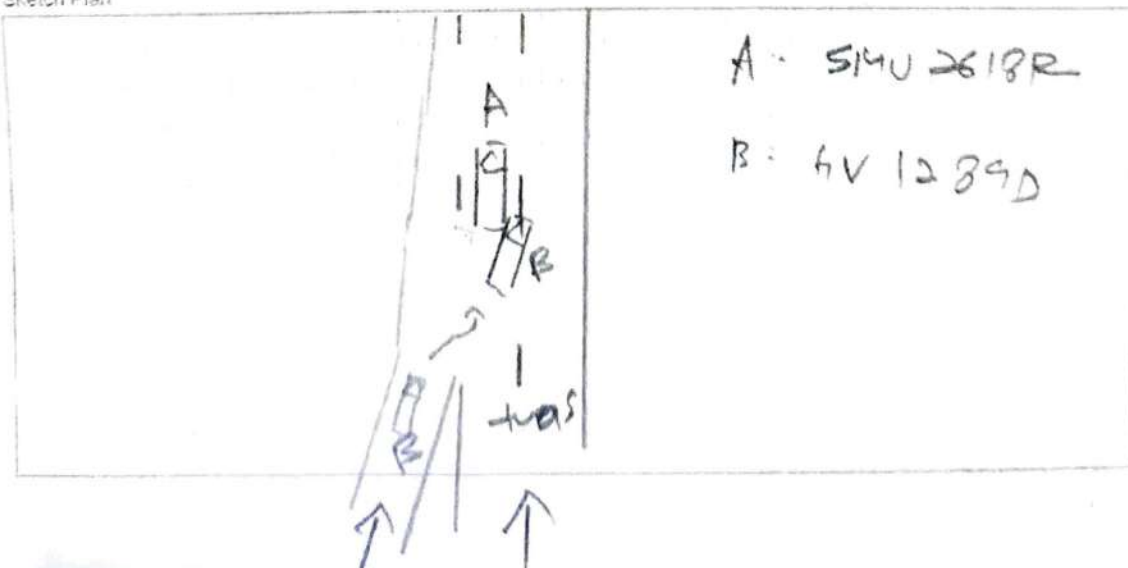
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
Policyholder's Signature / Date & Time

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Clerk  
(Name as in NRIC/ID card)

Sketch Plan



## Describe Circumstance of the Accident

I drive by car SW-5618P along Jalan  
 Ahmad Hakeem, suddenly long HV1289D  
 cut across into my lane from side road  
 and hit over my car rear right  
 portion.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy  
 please check your policy for more information.

## Declaration

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

*Handwritten signature*

Policyholder's Signature / Date & Time

17/10/22 10.10 am

*Handwritten signature*

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



Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	117H

Vehicle No.:	SMU2618R
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Oct 2022
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA6 4-DOOR SEDAN 2.0L SP6EAT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	PE20893279
Chassis No.:	JM6GL1071H0118381
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$23,739.00
Original Registration Date:	19 May 2017
First Registration Date:	19 May 2017
Transfer Count:	2
Actual ARF Paid:	\$25,235.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 May 2027
PARF Rebate Amount:	\$17,664.00

COE Expiry Date:	18 May 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,414.00
COE Rebate Amount:	\$25,342.00
Total Rebate Amount:	\$43,006.00

The information contained herein is correct as at 21 Oct 2022.

OK

# Mazda 6 2.0A

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

## AUTO ZOOM

**Price****\$71,800****Depreciation** ⓘ

\$13,710 /yr

[View models with similar depre](#)**Reg Date**

21-Apr-2017

(4yrs 5mths 30days COE left)

**Mileage**

125,000 km (22.7k /yr)

**Manufactured** ⓘ

2016

**Road Tax** ⓘ

\$1,210 /yr

**Transmission**

Auto

**Dereg Value** ⓘ

\$38,634 as of today (change)

**OMV** ⓘ

\$20,162

**COE** ⓘ

\$54,405

**ARF** ⓘ

\$20,227

**Engine Cap**

1,998 cc

**Power**

121.0 kW (162 bhp)

**Curb Weight** ⓘ

1,472 kg

**No. of Owners** ⓘ

2