

ASS. REC. BY:

REF: CS/CTI 220 11886/Dvp³

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBL 6908E

Policy No. DMCVSNW00015612200

Claims No. SNM22D208480/C02/TAYHP

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 31P 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKQ 6690Z Yr Regn: Dec / 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 C.C. 1496

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 193248 T/Radio: Insured / Std / NI / NA

Eng/No: P520233480

C/No: JM6BM42A 8F 0149894

Gen. Cond: Good / Fair / Poor / Burnt 8

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/150 R16

R: — " —

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

TOYO / YOKO or Yokohama

Front Rear

R/Bal. 5 mm R/Bal. 8 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 24/11/2022 D.O.I. 25/11/2022

Survey held at JWG AMIC

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

O/S Rmt.

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

Date / Time

Action / Instruction

Change Taping GBL 6908E

22/02/23 Inspected 31P 4,274.16 with 4 days of rep (red 14,235.36, 76%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 23/2/23-typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

Report Format: Merimen

Final Sum IEP: \$4274.16

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	075H

Vehicle Details

Vehicle No.:	SKQ6690Z
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Nov 2022
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	P520233480
Chassis No.:	JM6BM42A8F0149894
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$17,997.00
Original Registration Date:	18 Dec 2014
First Registration Date:	18 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$7,997.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2024
PARF Rebate Amount:	\$4,798.00

Intended COE Rebate Details

COE Expiry Date:	17 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$67,889.00
COE Rebate Amount:	\$14,001.00
Total Rebate Amount:	\$18,799.00

The information contained herein is correct as at 24 Nov 2022

OK

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	24/11/2022 14:46 (SGT)
Reported by	Driver
Date of Accident	24/11/2022 01:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 108 BEDOK NORTH ROAD CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6690Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO AH KAU
NRIC No	S1255075H
Email Address	SHANJUVY_HO@YAHOO.COM
Mobile Phone No	(Phone) +65-90015902
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	Income Insurance Limited
Policy Number / Cover Note Number	5086451591-05

DRIVER

Name of Driver	HO YING SHAN
NRIC No	S8607444C
Date Of Birth	12/03/1986
Occupation	Indoor

Date Of Driving Pass	05/10/2016
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90015902
Alt. Phone Number	-
Email Address	SHANJUVY_HO@YAHOO.COM
Address	333 KANG CHING ROAD
Address complement	#06-264
Postcode	610333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
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?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL6908E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

SKETCH PLAN

IMPORTANT NOTICE

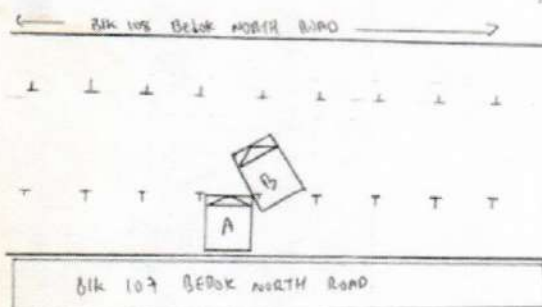
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A: SKA 6690Z

VEH B: GBL 6908E

Describe Circumstances of the Accident

On the stated date and time, my vehicle number PKG 66502 was parked
 stationary at fire lot 8000 north road Co. 1016. When I retrieved my car
 I found out that my vehicle front portion was badly damaged.
 I saw a note on my car door stating that vehicle number
GBL 6908E have collided onto my vehicle.

Declaration

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

Witnessed by Reporting Officer Personal

IMAGES



IMAGES #2



IMAGES #3





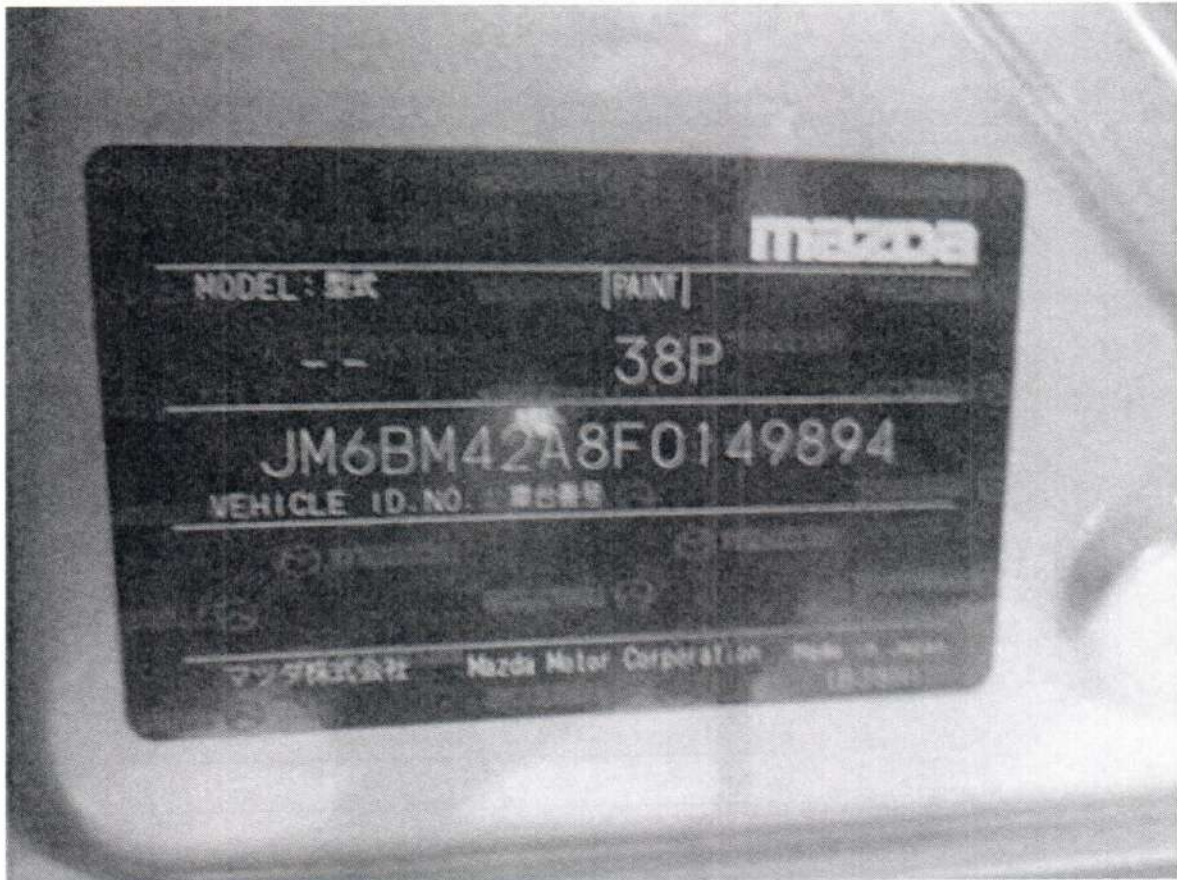


IMAGES #6



IMAGES #7







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1J22BO0002 Vehicle Registration No: 4KQ 6690Z
Name (as shown in NRIC) : HO AH KAU NRIC/FIN/Passport No : 6XXXX075H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 8139 2433 Mobile No. : _____
Email Address : _____
Date of Accident : 24/11/2022 Time of Accident : 01:15
Place of Accident : Blk 108 Bedok North Road Carpark
Insurance Company: Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Owner want to amend the email

Policyholder / Driver's Signature
Date:

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

JWG INTERNATIONAL PTE. LTD.

10, ANG MO KIO IND PARK 2A, #03-08 AMK AUTOPOINT, SINGAPORE 568047

H/P: 9698 8882 | FAX: 6909 9592

E-Mail: jwg.claims@yahoo.com

To: CHINA TAIPING INSURANCE SINGAPORE PTE LTD

Att: Motor Claims Dept

ACCIDENT INVOLVING GBL6908E [YOUR INSURED] & SKQ6690Z [OUR CLIENT]
ON 24/11/2022.

ESTIMATED REPAIR COSTS FOR SKQ6690Z MODEL : MAZDA 3

<u>QTY</u>	<u>PARTS</u>	<u>AMOUNT</u>
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1PC	FRONT BUMPER <i>cut / damaged</i>	\$ 1,066.00
2PCS	FRONT BUMPER SIDE RETAINER LH / RH @ \$99.00 EACH <i>sc</i>	\$ 198.00
1PC	FRONT BUMPER GRILLE <i>HH</i>	\$ 492.00
1PC	FRONT BUMPER FOG LAMP RH <i>HH</i>	\$ 482.00
1PC	FRONT BUMPER FOG LAMP GARNISH RH <i>damaged</i> <i>74.00</i>	\$ 298.00
1PC	FRONT BUMPER FOG LAMP GARNISH CHROME RH <i>HH</i>	\$ 298.00
1PC	FRONT BUMPER NOZZLE COVER RH <i>cut</i> <i>28.50</i>	\$ 132.00
1PC	FRONT BUMPER NOZZLE PUMP RH <i>D.m</i> <i>242.40</i>	\$ 618.00
1PC	FRONT BUMPER NOZZLE PUMP HOSE RH <i>HH</i>	\$ 73.00
1PC	FRONT BUMPER SIGNAL LAMP RH <i>mostly cracked</i>	\$ 362.00
1PC	FRONT BUMPER SIGNAL LAMP HOLDER RH <i>HH</i>	\$ 294.00
1PC	FRONT GRILLE <i>HH</i>	\$ 680.00
1PC	FRONT GRILLE CHROME <i>HH</i>	\$ 391.00
1PC	FRONT GRILLE LOGO <i>HH</i>	\$ 95.00
1PC	FRONT BUMPER UNDER COVER <i>HH</i>	\$ 300.90
1PC	FRONT FENDER RH <i>leg</i>	\$ 1,294.00
1PC	FRONT FENDER INNER SHIELD RH <i>HH</i>	\$ 385.00
1PC	FRONT WHEEL BEARING RH <i>HH</i>	\$ 284.00
1PC	FRONT WHEEL BEARING HUB RH <i>HH</i>	\$ 351.00
1PC	FRONT ABSORBER RH <i>HH</i>	\$ 460.00
1PC	FRONT LOWER ARM RH <i>HH</i>	\$ 609.00
1PC	FRONT KNUCKLE ARM RH <i>HH</i>	\$ 1,004.00
1PC	HEAD LAMP RH <i>cut / broken</i> <i>2357.30</i>	\$ 3,728.00
1PC	HEAD LAMP LOWER BRACKET RH <i>HH</i>	\$ 192.00

PARTS SUM: \$ 14,136.90

PARTS LESS 20%: \$ 2,827.38

PARTS TOTAL: \$ 11,309.52

4,130.20

3,304.16 //

$7 \times 7 \times 7 \times 7 \times 7 \times 7 \times 7$

LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY FRONT BUMPER CLIPS <i>HH</i>	\$ 50.00 <i>20/-</i>
*	TO SUPPLY FRONT GRILLE CLIPS <i>HH</i>	\$ 50.00 <i>X</i>
*	TO SUPPLY FRONT BUMPER UNDER COVER CLIPS <i>HH</i>	\$ 50.00 <i>X</i>
*	TO SUPPLY HEAD LAMP CLIPS <i>HH</i>	\$ 50.00 <i>X</i>
*	TO SUPPLY 1PC SPORT RIM <i>HH</i>	\$ 1,000.00 <i>X</i>
*	TO SUPPLY 1PC TYRE <i>HH</i>	\$ 300.00 <i>X</i>
*	TO SUPPLY FRONT NO. PLATE & GARNISH <i>HH</i>	\$ 100.00 <i>X</i>
		<i>20.00</i>
*	TO REMOVE ALL INTERIOR UPHOLSTERLY ITEMS TO FACILITATE REPAIRS	\$ 300.00 <i>HH</i>
*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 2,000.00 <i>500/-</i>
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	\$ 2,000.00 <i>400/-</i>
*	TO TUFF COAT DAMAGED AREAS	\$ 300.00 <i>20/-</i>
		<i>950.00</i>
*	TO RNR FRONT UNDERCARRIAGE TO FACILITATE REPAIRS	\$ 250.00 <i>HH</i>
*	TO CONDUCT COMPUTERIZED WHEEL ALIGNMENT	\$ 250.00 <i>HH</i>
*	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 200.00 <i>30/-</i>
*	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	\$ 300.00 <i>HH</i>

LABOUR & S/N TOTAL: \$ 7,200.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): \$ 18,509.52

25/02/2022 e 1700h

P/P 4,274.16

*Not Author
2/5m Part by Part
4 days.*

[Signature]

LKK Auto

[Signature]

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: