

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT123003272/4vp3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLD7619G

at Workshop m/s PA 46,

of \_\_\_\_\_

Insured: CB 69 QSD

Policy No. DMB1SNW00006202205

Claims No. SNM23D202299/C02/LEWLC

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: \$ 57k.

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

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

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

CA / REV / REP. / 24 HRS

6906

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: LYN 31359

Veh No: SLD7619G Yr Regn: 28/06/16

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

Truck / Trailer or CAI

Make: mercedes sp c.c. 1998

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

Sp. Reading: 83463 T/Radio: Insured / Std / NI / NA

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

C/No: JM6CW10716 0123865

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55-16

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

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

TOYO / YOKO or

Front 6 Rear 6

R/Bal. mm R/Bal. mm

L/Bal. mm L/Bal. mm

D.O.A. 27/03/23 D.O.I. 17/4/23

Survey held at \_\_\_\_\_

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

Rear

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

Date / Time Action / Instruction Rep 13k.

12/5/23 4/5 @ 4150 in Road Ray (red 4147.56, 49%)

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) 12/5/23-typist

Report Format : Merimen

Lump Sum /H.B.t: (\$4150 )

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$)  : Interview (\$)  : Tech. Invs (\$)  : Weekend (\$)

Survey Fee:	
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	690B
Vehicle Details	
Vehicle No.:	SLD7619G
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Mar 2023
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA5 5-DOOR WAGON 2.0L SP,6EAT SUNROOF
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	PE10347044
Chassis No.:	JM6CW1071G0123865
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$19,741.00
Original Registration Date:	28 Jun 2016
First Registration Date:	28 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,741.00 9870
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jun 2026
PARF Rebate Amount:	\$12,831.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,010.00
COE Rebate Amount:	\$18,528.00
<b>Total Rebate Amount:</b>	<b>\$31,359.00</b>

The information contained herein is correct as at 27 Mar 2023

OK

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## Vehicle Details

<i>Vehicle No.</i> <b>SLD7619G</b>	<i>Make / Model</i> <b>MAZDA / MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF</b>
Vehicle Type : <b>P11 - Passenger Station Wagon/Jeep/Land Rover</b>	Vehicle Attachment 1 : <b>With Sun Roof</b>
Vehicle Scheme : <b>Normal</b>	Chassis No. : <b>JM6CW1071G0123865</b>
Propellant : <b>Petrol</b>	Engine No. : <b>PE10347044</b>
Motor No. : -	Engine Capacity : <b>1998 cc</b>
Power Rating : -	Maximum Power Output : <b>111.0 kW (148 bhp)</b>
Maximum Laden Weight : <b>2130 kg</b>	Unladen Weight : <b>1535 kg</b>
Year Of Manufacture : <b>2016</b>	Original Registration Date : <b>28 Jun 2016</b>
Lifespan Expiry Date : -	COE Category : <b>B - Car above 1600cc or 97kW (130bhp)</b>
Quota Premium : <b>\$57,010.00</b>	COE Expiry Date : <b>27 Jun 2026</b>
Road Tax Expiry Date : <b>27 Jun 2023</b>	PARF Eligibility Expiry Date : <b>27 Jun 2026</b>
Inspection Due Date : <b>27 Jun 2023</b>	Intended Transfer Date : <b>27 Mar 2023</b>

# 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	27/03/2023 16:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/03/2023 07:30 (SGT)
Exact Location of Accident	Bendemeer Rd, Singapore
Additional Location Information	TURN INTO WHAMPOA EAST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7619G
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA YING FONG
NRIC No	SXXXX690B
Email Address	ygfong@gmail.com
Mobile Phone No	(Phone) +65-93830395
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	2000

### INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	GA474153

### DRIVER

Name of Driver	CHIA YING FONG
NRIC No	SXXXX690B
Date Of Birth	25/09/1979
Occupation	Indoor

Date Of Driving Pass	12/10/1999
Driving experience	23 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93830395
Alt. Phone Number	-
Email Address	ygfong@gmail.com
Address	59 JALAN TAMAN
Address complement	-
Postcode	329003
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	-

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?	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

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	CB6905D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number .....	(Phone) +65-98801588
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**

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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.

*COFF*

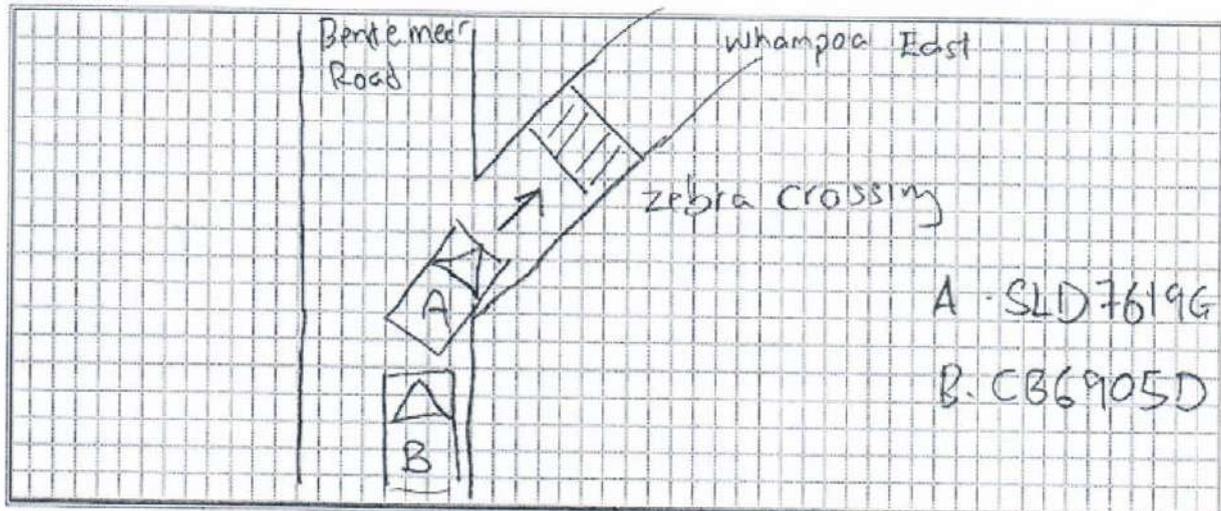
*L*

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

My car (Vehicle A) is travelling on bendemeer Road and turning into Whampoa East Road

My car stopped at zebra crossing waiting for people to cross. My car is stationary.

Vehicle B ~~at~~ was behind me, did not stop in time and hit my vehicle at the back.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

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

# Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716  
 TEL: 6741 5336 FAX: 6741 7208 Email: claims@procarcare.com.sg  
 GST:201006949C RCB NO:201006949C

*Not Adhered  
 dir  
 17/4/23  
 2/5 4150  
 take photo for repair  
 4 days.*

**M/S :** CHINA TAIPING INSURANCE (SINGAPORE) PTE

3 Anson Road  
 Springleaf Tower #16-00  
 Singapore 079909

TEL: 63896111

FAX: 6221033

ATTN: Motor Claim Department

**Estimate No:** EST1509531

Date: 27 Mar 2023

Policy No: GA474153

Veh Reg No: SLD7619G

Make/Model: MAZDA MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF

Chassis No: JM6CW1071G0123865

Engine No: PE10347044

Reg. Date: 28/06/2016

Your Ref No: TP 0323-7335

Claim Type: Third Party

Accident Date: 27/03/2023

TP Veh Reg No: CB 6905 D

## Estimate Repair Cost to Vehicle No :SLD7619G

Description	U/Price	Quantity	Price	Amount
			<u>SS</u>	<u>SS</u>
<b>List Price</b>				
1 REAR BOOT <i>64500</i>	1,637.000	1 PC	1,637.00	—
2 REAR BOOT OUTER GARNISH <i>ene</i>	482.0000	1 PC	482.00	—
3 REAR BOOT TOP LOCK <i>100/5m</i>	256.0000	1 PC	256.00	—
4 REAR BOOT BOTTOM LOCK <i>11</i>	58.0000	1 PC	58.00	X
5 REAR BOOT RUBBER <i>11</i>	177.0000	1 PC	177.00	X
6 REAR BOOT MAZDA 5 WORDINGS <i>111</i>	36.3000	1 PC	36.30	—
7 REAR BOOT SKYACTIVE TECHNOLOGY WORDINGS <i>111</i>	80.0000	1 PC	80.00	—
8 REAR BOOT MAZDA LOGO <i>SCN</i>	36.0000	1 PC	36.00	—
9 REAR BOOT NUMBER PLATE LAMP - LH/RH <i>11</i>	57.0000	2 PC	114.00	X
10 REAR BOOT LAMP - LH/RH <i>CM</i>	409.0000	2 PC	818.00	—
11 REAR BOOT GLASS MOULDING <i>111</i>	105.0000	1 PC	105.00	—
12 REAR BUMPER WITH LOWER (BLACK) <i>11</i>	961.0000	1 PC	961.00	—
13 REAR BUMPER SIDE HOLDER - LH/RH <i>11/5000 0/5m</i>	48.0000	2 PC	96.00	1/2 C
14 REAR BUMPER CLIPS <i>111</i>	4.8000	10 PC	48.00	—
15 REAR BUMPER REINFORCEMENT <i>11</i>	155.0000	1 PC	155.00	X
16 TAIL LAMP ASSY - LH/RH <i>111</i>	601.0000	2 PC	1,202.00	X
17 REAR PANEL <i>111</i>	545.0000	1 PC	545.00	X
18 REAR PANEL TOP GARNISH <i>11</i>	84.4000	1 PC	84.40	X
			6,890.70	
		Less 20%	1,378.14	5,512.56

### Special Net

19 REAR NUMBER PLATE WITH CASING <i>SCN</i>	45.0000	1 PC	45.00	140
20 REAR BUMPER SENSOR <i>sheld</i>	220.0000	1 PC	220.00	200
			265.00	265.00

### Labour

21 TO KNOCK OUT DENTS, CUT/WELD REAR PANEL, REMOVE, REPLACE ACCIDENT PARTS	1,000.000	1 JOB	1,000.00	550
22 TO RESPRAY PAINT ON ACCIDENT PORTIONS (PEARL)	1,000.000	1 JOB	1,000.00	600
23 TO CHECK WIRING	50.0000	1 JOB	50.00	20
24 TO REMOVE, REFIX REAR GARNISH, CARPET, CUSHIOM AND RELATED PARTS	150.0000	1 JOB	150.00	60
25 TO TUFF-KOTE	90.0000	1 JOB	90.00	30
26 TO TRANSFER REAR BUMPER SENSOR	50.0000	1 JOB	50.00	✓
27 TO REMOVE, REPAIR REAR EXHAUST PIPE	100.0000	1 JOB	100.00	X
28 TO TRANSFER BOOT FITTINGS	80.0000	1 JOB	80.00	80

# Progressive Car Care Pte Ltd

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716  
 TEL: 6741 5336 FAX: 6741 7208 Email: claims@proccare.com.sg  
 GST:201006949C RCB NO:201006949C

M/S : CHINA TAIPING INSURANCE (SINGAPORE) PTE  
 3 Anson Road  
 Springleaf Tower #16-00  
 Singapore 079909  
 TEL: 63896111 FAX: 6221033  
 ATTN: Motor Claim Department

Estimate No: EST1509531  
 Date: 27 Mar 2023  
 Policy No: GA474153  
 Veh Reg No: SLD7619G  
 Make/Model: MAZDA MAZDA5 5-  
 DOOR WAGON 2.0L  
 SP.6EAT SUNROOF  
 Chassis No: JM6CW1071G0123865  
 Engine No: PE10347044  
 Reg. Date: 28/06/2016

Your Ref No: TP 0323-7335  
 Claim Type: Third Party  
 Accident Date: 27/03/2023  
 TP Veh Reg No: CB 6905 D

## Estimate Repair Cost to Vehicle No :SLD7619G

Description	U/Price	Quantity	Price	Amount
			SS	SS
			2,520.00	2,520.00
Total				SS 8,297.56
Add GST @ 8%				663.80
Total Amount Payable				SS 8,961.36

TOTAL: SINGAPORE DOLLAR EIGHT THOUSAND NINE HUNDRED SIXTY ONE AND CENTS THIRTY SIX ONLY

For Progressive Car Care Pte Ltd

AUTHORISED 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:

P-4507.3  
 202  
 3605.84  
 240  
 1370  
 5215.84  
 202  
 4972.