

ESTIMATE

3/12/2024

China Taiping Insurance (Singapore) Pte. Ltd
 83 Anson Road #15-00
 Springleaf Tower
 Singapore 079909

Page: 1
 Vehicle No: SMF5622L
 Vehicle Model: MIT ECLIPSE CROSS
 Est No: CBMQ24120025
 Claims ref:
 Accident Date: 28/11/24
 In Charge: BRIAN
 Remarks:

Main Office:
 Mova Building
 No. 22, Jalan Kilang,
 Singapore 159419
 Tel : (65) 6476 3333
 Fax : (65) 6271 5891
 www.mova.com.sg

Workshop Dept:
 Block 1008,
 Bukit Merah Lane 3,
 #01-04/06/08/94
 Singapore 159722
 Tel : (65) 6272 3892
 Fax : (65) 6270 8314
 Co. Reg. 198904033G
 GST Reg. M2-0088864-2

No	Description	Qty	U. Price	Amounts S\$
LIST ITEMS:				
1	F/ BONNET	1 PC	\$ 1,215.60	\$ 1,215.60 <i>bt</i>
2	F/ BONNET HINGE LH	1 PC	\$ 128.00	\$ 128.00 <i>bt</i>
3	F/ BONNET HINGE RH	1 PC	\$ 128.00	\$ 128.00 <i>bt</i>
4	F/ BONNET INSULATOR	1 PC	\$ 272.40	\$ 272.40 <i>de</i>
5	F/ BONNET LOCK	1 PC	\$ 262.40	\$ 262.40 <i>bt</i>
6	F/ GRILLE ASSY	1 PC	\$ 696.30	\$ 696.30 <i>cur</i>
7	F/ GRILLE BASE	1 PC	\$ 226.40	\$ 226.40 <i>cur</i>
8	F/ BUMPER	1 PC	\$ 1,210.00	\$ 1,210.00 <i>de</i>
9	F/ BUMPER LOWER LIP	1 PC	\$ 479.00	\$ 479.00 <i>cut</i>
10	F/ BUMPER GARNISH COVER	1 PC	\$ 546.30	\$ 546.30 <i>de</i>
11	F/ BUMPER CHROME MLDG TOP RH	1 PC	\$ 374.40	\$ 374.40 <i>cur</i>
12	F/ BUMPER CHROME MLDG LOWER RH	1 PC	\$ 226.80	\$ 226.80 <i>cur</i>
13	F/ BUMPER CENTER GRILLE	1 PC	\$ 215.00	\$ 215.00 <i>de</i>
14	F/ BUMPER DISTANCE SENSOR RH	1 PC	\$ 340.00	\$ 340.00 <i>dis</i>
15	F/ BUMPER DISTANCE SENSOR HOLDER RH	1 PC	\$ 33.60	\$ 33.60 <i>dis</i>
16	F/ BUMPER REINFORCEMENT <i>- photo</i>	1 PC	\$ 772.00	\$ 772.00 <i>bt</i>
17	F/ BUMPER UPPER SUPPORT PANEL	1 PC	\$ 543.00	\$ 543.00 <i>bt</i>
18	F/ BUMPER UPPER SUPPORT PANEL TOP COVERING	1 PC	\$ 446.00	\$ 446.00 <i>cut</i>
19	F/ BUMPER SIDE RETAINER RH	1 PC	\$ 89.40	\$ 89.40 <i>de</i>
20	F/ BUMPER LAMP RH	1 PC	\$ 646.00	\$ 646.00 <i>cur</i>
21	F/ BUMPER LAMP CHROME RING RH	1 PC	\$ 166.00	\$ 166.00 <i>cut</i>
22	F/ BUMPER LAMP BRACKET RH	1 PC	\$ 115.00	\$ 115.00 <i>de</i>
23	F/ HEAD LAMP LH	1 PC	\$ 2,240.00	\$ 2,240.00 <i>cur</i>
24	F/ HEAD LAMP RH	1 PC	\$ 2,240.00	\$ 2,240.00 <i>cur</i>
25	F/ HEAD LAMP INJECTOR NOZZLE ASSY RH	1 PC	\$ 293.00	\$ 293.00 <i>dis</i>
26	F/ HEAD LAMP INJECTOR NOZZLE COVER RH	1 PC	\$ 88.60	\$ 88.60 <i>mis</i>
27	F/ SUPPORT PANEL <i>- photo</i>	1 PC	\$ 1,210.00	\$ 1,210.00 <i>bt</i>
28	F/ AIR COND CONDENSOR	1 PC	\$ 940.00	\$ 940.00 ?
29	F/ AIR COND LIQUID TUBE	1 PC	\$ 424.00	\$ 424.00 ?
30	F/ AIR COND COOLING PIPE	1 PC	\$ 533.00	\$ 533.00 ?
31	F/ RADIATOR	1 PC	\$ 1,460.00	\$ 1,460.00 ?
32	F/ HORN	1 PC	\$ 166.00	\$ 166.00 <i>bt</i>
33	F/ WIPER TANK ASSY	1 PC	\$ 248.40	\$ 248.40 <i>de</i>
34	F/ FENDER LH	1 PC	\$ 787.00	\$ 787.00 <i>bt</i>
35	F/ FENDER RH	1 PC	\$ 787.00	\$ 787.00 <i>bt</i>
36	F/ FENDER ARCH EXTENTION COVER RH	1 PC	\$ 277.60	\$ 277.60 <i>x</i>

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Springleaf Tower
Singapore 079909

Page: 1
Vehicle No: SMF5622L
Vehicle Model: MIT ECLIPSE CROSS
Est No: CBMQ24120025
Claims ref:
Accident Date: 28/11/24
In Charge: BRIAN
Remarks:

No	Description	Qty	U. Price	Amounts S\$
	LIST TOTAL S\$			\$ 20,826.20
	10% DISCOUNT S\$			\$ (2,082.62)
				<u>\$ 18,743.58</u>

SPECIAL NET ITEMS:

1	F/ BONNET INSULATOR CLIPS	1	PC \$	40.00	\$ 40.00 <i>200 ✓</i>
2	F/ GRILLE CLIPS	1	PC \$	40.00	\$ 40.00 <i>200 ✓</i>
3	F/ BUMPER CLIPS	1	PC \$	50.00	\$ 50.00 <i>300 ✓</i>
4	F/ NUMBER PLATE + FRAME	1	PC \$	40.00	\$ 40.00 <i>60 ✓</i>
5	F/ RADIATOR COOLANT	1	PC \$	60.00	\$ 60.00 <i>na ✓</i>
6	F/ FENDER LINER CLIPS	1	PC \$	40.00	\$ 40.00 <i>X</i>

SPECIAL NET TOTAL S\$ \$ 270.00

LABOUR CHARGE:

1	TO REMOVE, REPLACE & REFIT AIR COND CONDENSOR, AIR COND LIQUID TUBE, AIR COND COOLING PIPE, RADIATOR, RADIATOR FAN ASSY & ETC.				<i>photo 100?</i> \$ 120.00
2	TO REMOVE, REPLACE & REFIT FRONT BUMPER DISTANCE SENSOR, DISTANCE SENSOR WIRING HARDNESS & ETC. TO EFFECT REPLACE OF FRONT BUMPER				<i>50</i> \$ 100.00
3	TO REMOVE, REPLACE, REPAIR, READJUST & CHISEL FRONT ACCIDENT AREAS SUCH AS FRONT BONNET, FRONT BUMPER, FRONT H/LAMP L/R, FRONT SUPPORT PANEL, FRONT FENDER L/R, FRONT GRILLE, FRONT WHEEL HOUSE & ETC. BACK TO ORIGINAL CONDITONS				<i>700</i> \$ 850.00
4	TO HYDRAULICALLY JACK & REALIGN FRONT BOTH CHASSIS FRAME & ETC. BACK TO ORIGINAL CONDITIONS				<i>200? photo.</i> \$ 350.00
5	TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT SUPPORT PANEL, FRONT FENDER LH/RH, FRONT WHEEL HOUSE CHASSIS LH/RH				<i>1000</i> \$ 1,300.00
6	TO CHECK WIRING & ELECTRICAL SYSTEM				<i>40</i> \$ 80.00
7	TO REFILL AIR COND GAS & VACUUM				<i>? 100 ✓</i> \$ 100.00

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Vehicle No: SMF5622L
Vehicle Model: MIT ECLIPSE CROSS
Est No: CBMQ24120025
Claims ref:
Accident Date: 28/11/24
In Charge: BRIAN
Remarks:

No	Description	Qty	U. Price	Amounts S\$
8	TO DIAGNOSIS FAULTY CODE & RESET MEMORY			\$ 150.00
TOTAL LABOUR COST S\$				\$ 3,050.00

AMOUNT S\$ \$ 22,063.58
GST @ 9% \$ 1,985.72
AMOUNT DUE S\$ \$ 24,049.30

Customer's Signature

MOVA AUTOMOTIVE PTE LTD

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:

Tanfiah 97495749 / 62563561
WP' 4/12/24 @ 230pm
C/S Resurvey after repair
tanfiah @ lkhant.com.
6-7 days.

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 First Submission	29/11/2024 11:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/11/2024 19:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF5622L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ADAM AKBAR MOHAMED AMMAR
NRIC No	SXXXX219H
Email Address	ADAMAMMAR1987@GMAIL.COM
Mobile Phone No	(Phone) +65-92766702
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	ECLIPSE CROSS 1.5 CVT
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	1499
Vehicle Fuel	Petrol
First Registration Date	16/11/2018
Chassis no	JMAXTGK1WJZ004009
Effective Date/Time of Ownership	15/11/2024 12:11 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5150880788

DRIVER

Name of Driver	ADAM AKBAR MOHAMED AMMAR
NRIC No	SXXXX219H
Date Of Birth	08/09/1987
Occupation	Outdoor
Driving Pass Date	18/10/2024
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92766702
Alt. Phone Number	-
Email Address	ADAMAMMAR1987@GMAIL.COM
Address	BLK 126 BEDOK RESERVOIR ROAD 03-1051 SINGAPORE 470126
Address complement	-
Postcode	-
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	EMAIL TO THE INSURANCE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR4394M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA CHONG HAN
Contact Number	-
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	ADAM AKBAR MOHAMED AMMAR
Gender	Male
Phone No	(Phone) +65-92766702
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF5622L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


IMPORTANT NOTICE

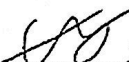
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow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

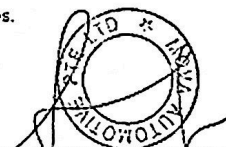
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

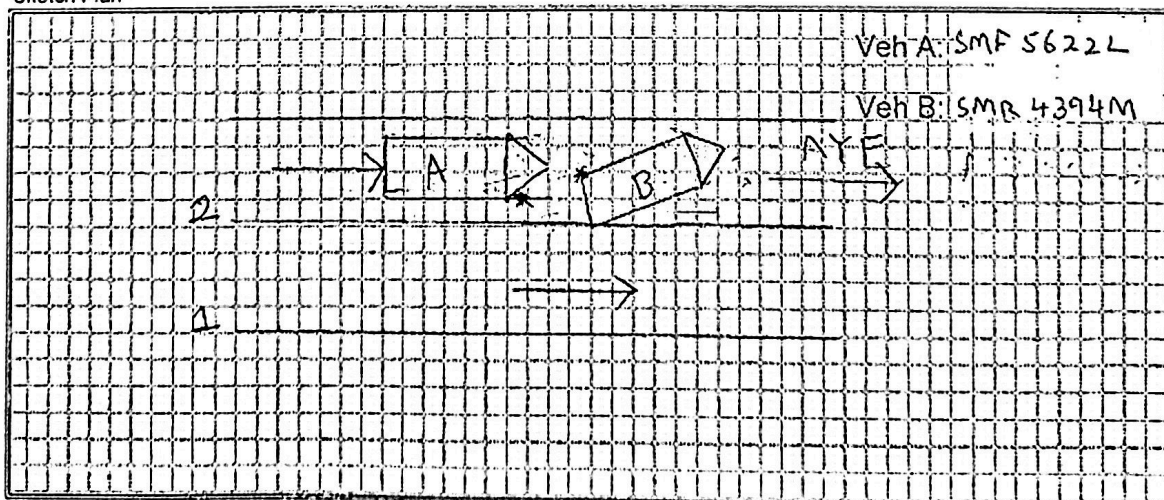
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 29 NOV 2024 11:03 AM
Policyholder's Signature / Date & Time

 29 NOV 2024 11:03 AM
Driver's Signature (if driver is not the policyholder) / Date & Time


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




Sketch Plan



[illegible]

Declaration

We declare the foregoing particulars are true in every respect.

 <u>29 Nov 2024 10:50am</u> Policyholder's Signature / Date & Time	 <u>29 Nov 2024 10:50am</u> Driver's Signature (if driver is not the policyholder) / Date & Time	 <u>29 Nov 2024 10:50am</u> Witnessed by Reporting Centre Personnel (Name as in A/RIC/ID card)
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2



**SINGAPORE
POLICE FORCE**



D/20241128/7078

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20241128/7078

Subjects Involved			
Victim			
Person Name	Adam Akbar Mohamed Ammar		
ID Type	NRIC NO	ID No	S8728219H
Age	37	Nationality	SINGAPORE CITIZEN
Race	Indian	Language	English
Occupation	Mechanical engineer	Address	126 126 Bedok Reservoir Road #03-1051 SINGAPORE 470126
Mobile No	92766702	Email Address	adamammar1987@gmail.com
Is Informant A Victim?	Yes		
Person Name	Adam Akbar Mohamed Ammar (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Contact No.:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
28/11/2024 21:33

Classification Of Case: