

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

Estimate

01/12/2017

FIRST CAPITAL INSURANCE LTD
36 Robinson Road
#16-01 City House
Singapore 068877.

Attention :- XA026

Page # :- 1
Veh # :- SLK1754B
Veh Model :- MERC
Estimate# :- CK416743
Claim # :-
ACC. Date :- 29/11/17
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1	FRONT HEADLAMP LH	1	PC 1,250.00	1,250.00 <i>SLR</i>
2	FRONT BUMPER GUIDE LH	1	PC 140.00	140.00 <i>B7</i>
3	FRONT BUMPER SPONGE LH	1	PC 128.00	128.00 <i>B7</i>
4	FRONT BUMPER RIVET	10	PC 6.00	60.00 <i>upl</i>
5	FRONT BUMPER SENSOR LH - CHECK	1	PC	
6	FRONT BUMPER - REPAIR	1	PC	
7	FRONT FENDER LH - REPAIR	1	PC	
	LIST TOTAL S\$			1,578.00
	10% DISCOUNT S\$			-157.80
				1,420.20

LABOUR :
TO REPAIR FRONT BUMPER & FRONT FENDER LH
TO REMOVE & REPLACE ACCIDENT DAMAGED PARTS
& REALIGN ALL AFFECTED AREAS

TO SPRAY PAINT ON ACCIDENT AFFECTED AREAS

TO INSPECT FRONT LIGHTING & WATER LEAKAGE
TEST

LABOUR TOTAL S\$

380 ~~420.00~~
450 ~~550.00~~
40.00
1,010.00

E & O.E

NON-TAX AMOUNT S

AMOUNT S\$

2,430.20

GST @ 7 %

170.11

AMOUNT DUE S\$

2,600.31

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

2KK AUTO WORKSHOP
REK1 WATAS
15/12/2017 1735
[Signature]

40AS
PAP
BF PAINT

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	30/11/2017 16:48
Date Of Accident	29/11/2017 10:40
Exact Location Of Accident	RIVER VILLAGE RD. AFTER KIM SENG JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1754B
Insured/Policyholder	
Name Of Registered Owner	KRISMAN
Passport No/FIN	PN192566
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92981198
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK200ML

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA009339
Cover Note Number	

Driver

Name of Driver	STEVEN KRISMAN
Passport No/FIN	F2561981K
Date Of Birth	05/11/1985
Occupation	INDOOR
Date Of Driving Pass	22/07/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96263198
Fax Number	
Contact Number	
Email Address	STEVENKRISMAN@GMAIL.COM

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7297P
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver LOW MENG LIANG
NRIC/Passport Number S1377270C
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

SKETCH PLAN

IMPORTANT NOTICE

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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' 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 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' 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

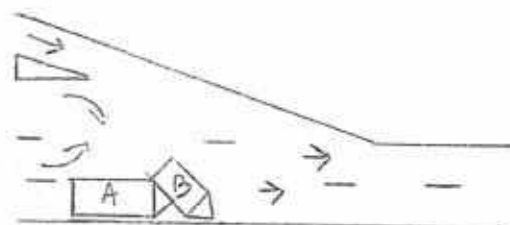
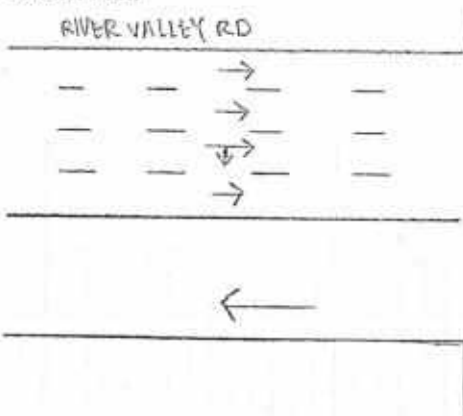
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLK 1754 B

B: SHA 7297 P

Sketch Plan Pg. 2

Describe Circumstances of the Accident	LICENSE PLATE NUMBER: SLK1754B
ACCIDENT DATE: 29 NOV. 2017	CONTACT NUMBER: 96263198
ACCIDENT TIME: 10:40 AM	EMAIL: StevenKrisman@gmail.com
LOCATION: ALONG RIVER VALLEY RD. AFTER KIM SENG JUNCTION.	
<p>I, Steven Krisman, was travelling along River Valley Rd and stopped at the red light just before the Kim Seng Rd junction. The lane that I stopped at was a go-straight and right-turn lane. The taxi (SHA 7297P) involved in the accident stopped at the red light as well. He was 2 lanes to the left of me. When the light turned green, I accelerated and connected to the my appropriate lane after I passed the Kim Seng junction. The taxi, however, cut 2 lanes and veered into my lane without signalling nor slowing down. I applied the brake as hard as possible but it was not enough to avoid the accident. As a result, his rear right fender came into contact with my vehicle's front left fender. We both immediately put stopped and got out our car to take photos of the accident scene. The pictures clearly show that the taxi intercepted my right of way. There was no room for me to manoeuvre as immediately to my right is the lane barrier.</p>	
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.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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 Centre Personnel