

ASS. REC. BY:

REF:

CS/GAU8006219/Rvb n2

Special Instruction:

Survivor

ASSIGNMENT (Office)

From (Person): Kelvyna of GAU Date/Time: 04/04/2018/41pm

Estimated Cost: _____ Bill to: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLH 1585M Insured: _____at Workshop m/s mom Tel: 6272 3892of Blk 1008 Bukit Marsh Lane 3 #01-04Policy No: _____ Claim No: CLMOMVP000000 639Sum Insured: _____ Excess: TBA NILMake of Veh: _____ D.O.A. 29/03/2018

(Client's Record)

☒ CA / REV / REP. / REV 24 HRS07.04.2018 @ 41pm

H.O.D. Endorsement: _____

Date/Time: 04/04/2018 2:20pm Person Contacted: Anil Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SLH 1585M - CS / GAU 8006198 / Kgb</u> <u>DLP: 29/03/18</u>
<u>10/4/18</u>	<u>Email preli. revised to Kelvyna</u>
<u>6/6/18</u>	<u>Final fig \$1355 (Red 282.30, 17B)</u> <u>Confirmed by email</u>

@ 6/6/18
@ 130pm
Kelvyna

Signature *Zane*

REF: GAI

CS / GAI18006219 / Rlvb

0872F

ASSIGNMENT

From: _____ Date: 09/04/18

Estimated Cost: _____

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

To Inspect Vehicle No: SLH 1585M

at Workshop m/s: MOVA

of Blk 1008, Bk1 Meruh Lane 3 # 01-04

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 78A

(Client's Record) After 12pm

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 79K

IDAC Accident Rpt: _____ Consistent?: Yes or No

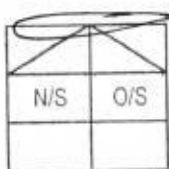
GIA / PR Seen: _____ Consistent?: Yes or No

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

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

☒ CA / REV / REP. / 24 HRS

Vehicle: IN / OUT



Veh No: SLH 1585M Yr Regn: 2016 / OCT

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

Truck / Trailer or

Make: HYUNDAI ELANTRA 1.6 c.c. 1591

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

Sp. Reading: 29212 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH8841CMH4290461

Gen. Cond: Good ☒ Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 205/55 R16 R: _____

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

TOYO / YOKO or Kumho

Front 6 mm Rear 6 mm

R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 29/03/18 D.O.I. 09/04/18

Survey held at MOVA (RM)

Des. of Damages: ☒ Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 06 JUN 2018

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

1) ☐ : Final Report

Date/Time. File Return to?

2) 6/6- typist

Report Format : OD

Lump Sum / I.B.I: (\$) 1355 1/2

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee: _____

Transportation _____

_____ \$ + RS _____ \$

Photos _____

Others _____

TOTAL 250



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: PLEASE ADVISED
Our ref: CS/GAI18006219/R1vb

Date: 10/4/2018

The Motor Claims Department
M/s GREAT AMERICAN INSURANCE COMPANY

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SLH 1585M

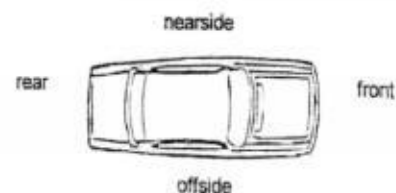
We thank you for your instruction on 4/4/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 9/4/2018 at the premises of M/s MOVA AUTOMOTIVE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$1,608.55
Revised Estimate Amount	: S\$1,326.25
"Check" Items Amount	: S\$89.70
Market Value	: S\$79,000.00
LTA Reimbursement Value	: S\$56,662.00
Nett Value	: S\$22,338.00

Description of Damage:

The vehicle sustained damages at the front portion.



Comments/Present Status:
Damages Consistent

Yours faithfully,

MOHAMMED RASUL
Automotive Assessor

Catherine Chong (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Wednesday, 4 April, 2018 1:41 PM
To: SUR; Catherine Chong (LKK Auto)
Subject: To conduct OD survey: OD CLAIMS - SLH1585M DOA 29/03/18 AT TPE (PIE) EXIT 10 SLIP ROAD
Attachments: RPT.PDF; EST.pdf; SLH1585M.pdf

Hi team

Please conduct OD survey , authorize if consistent.

Thanks
Kelvyna

From: nitha [mailto:nitha@moval.com.sg]
Sent: Tuesday, April 03, 2018 12:15 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Cc: 'Enny' <enny@moval.com.sg>; 'Jacelyn' <jacelyn@moval.com.sg>
Subject: [External] OD CLAIMS - SLH1585M DOA 29/03/18 AT TPE (PIE) EXIT 10 SLIP ROAD

Dear Sir/Mdm,
Good Day,

Kindly assist to revert officer in charge and arrange survey.

Thank You.

Best Regards,
Nitha
Claims Officer
Mova Automotive Pte Ltd
Tel: 6272 3892 Fax: 6270 8314



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Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 10 April 2018 10:06 AM
To: 'Ngian, Kelvyna'; SUR
Subject: RE: To conduct OD survey: OD CLAIMS - SLH1585M DOA 29/03/18 AT TPE (PIE) EXIT 10 SLIP ROAD
Attachments: SLH 1585M PRELI REVISED.pdf

Dear Kelvyna,

Enclosed preliminary revised of vehicle SLH 1585M
Date of survey: 9/4/2018
Number of days: 2 days

We have authorize repair.

Please provides us the claim number and policy excess.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Wednesday, 4 April 2018 2:21 PM
To: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>; SUR <sur@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>
Subject: RE: To conduct OD survey: OD CLAIMS - SLH1585M DOA 29/03/18 AT TPE (PIE) EXIT 10 SLIP ROAD

Dear Kelvyna,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ngian, Kelvyna [<mailto:Kelvyna.Ngian@sg.gaig.com>]
Sent: Wednesday, 4 April, 2018 1:41 PM
To: SUR <sur@lkkauto.com>; Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Subject: To conduct OD survey: OD CLAIMS - SLH1585M DOA 29/03/18 AT TPE (PIE) EXIT 10 SLIP ROAD

Hi team

Please conduct OD survey , authorize if consistent.

Thanks
Kelvyna

From: nitha [mailto:nitha@moval.com.sg]
Sent: Tuesday, April 03, 2018 12:15 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Cc: 'Enny' <enny@moval.com.sg>; 'Jacelyn' <jacelyn@moval.com.sg>
Subject: [External] OD CLAIMS - SLH1585M DOA 29/03/18 AT TPE (PIE) EXIT 10 SLIP ROAD

Dear Sir/Mdm,
Good Day,

Kindly assist to revert officer in charge and arrange survey.

Thank You.

Best Regards,

Nitha

Claims Officer
Mova Automotive Pte Ltd
Tel: 6272 3892 Fax: 6270 8314



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Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 6 June 2018 1:33 PM
To: 'Jacelyn'
Cc: SUR; Rasul (LKKAuto)
Subject: RE: SLH 1585M-DOA: 29/3/18 (GAI OD)

Dear Jacelyn,

Confirmed finalize \$1355 @ 2 working days.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Jacelyn [mailto:jacelyn@movas.com.sg]
Sent: Monday, 4 June 2018 6:00 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: RE: SLH 1585M-DOA: 29/3/18 (GAI OD)

Dear Veron,

Repair done and waiting for finalize confirmation from Rasul.

Attached herewith email for your reference.

Best Regards,
Jacelyn Ooi
Estimator
Mova Automotive Pte Ltd
Tel: 6272 3892 Fax: 6270 8314



This message is confidential and is for the use of the intended recipient only. If you have received this message in error, please do not copy, disclose or use its content. We would be grateful if you would notify us by email and delete the original transmission and any attachment from your system. Any attachment to this e-mail may contain software viruses that could damage your computer system. Although we will take reasonable precaution to minimize this risk, we do not accept any liability resulting from software viruses. Please carry out your own virus checks before opening any attachment.

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Monday, 4 June 2018 5:37 PM
To: Jacelyn Ooi
Subject: SLH 1585M-DOA: 29/3/18 (GAI OD)

Dear Jacelyn,

Kindly advise vehicle status.

If vehicle has been repaired, please finalize with us.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	0872F

Vehicle Details

Vehicle No.:	SLH1585M
Vehicle to be Exported:	No
Intended De-registration Date:	10 Apr 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	G4FGGU257586
Chassis No.:	KMHD841CMHU290461
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$17,487.00
Original Registration Date:	26 Oct 2016
First Registration Date:	26 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$17,487.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Oct 2026
PARF Rebate Amount:	\$13,115.00

Intended COE Rebate Details

COE Expiry Date:	25 Oct 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,991.00
COE Rebate Amount:	\$43,547.00
Total Rebate Amount:	\$56,662.00

The information contained herein is correct as at 10 Apr 2018

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 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 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	31/03/2018 09:37
Date Of Accident	29/03/2018 17:00
Exact Location Of Accident	TPE (PIE) EXIT 10 SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1585M
Insured/Policyholder	
Name Of Registered Owner	CHEW CHUN JIE
NRIC No	S0130872F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91822051
Alternative Phone No	OTHERS-91822051

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003050-00-000
Cover Note Number	

Driver

Name of Driver	CHEW KOK CHUNG, ALEX
NRIC No	S8819669D
Date Of Birth	05/06/1988
Occupation	INDOOR
Date Of Driving Pass	22/03/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91523836
Fax Number	
Contact Number	
Email Address	YALISI@HOTMAIL.COM

Address	BLK 417 BUKIT BATOK WEST AVENUE 4 #08-276
Postcode	650417
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO SKETCH PLAN

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	SLU8146H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators; law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

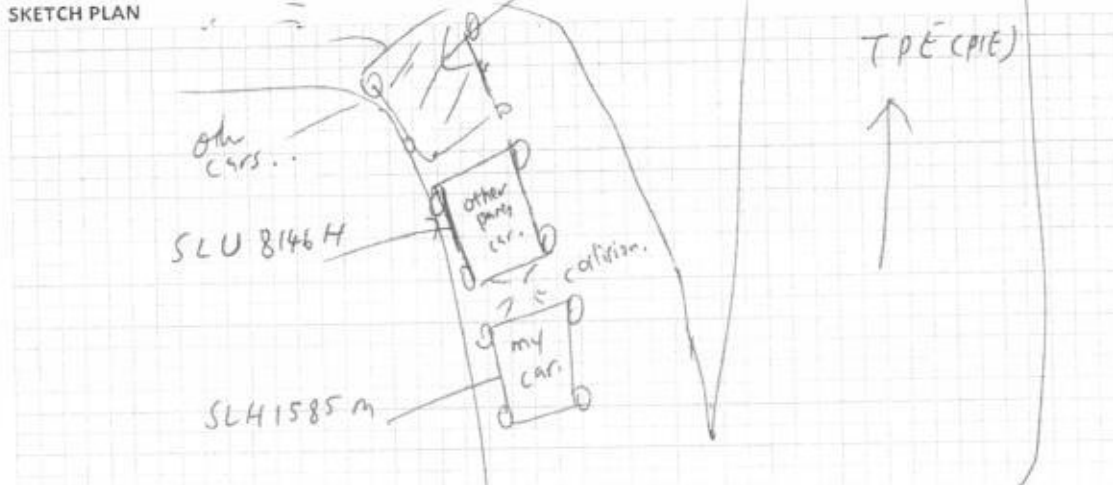
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLH 1585 M	ACCIDENT DATE & TIME: 29/3/18 17:00
CONTACT NUMBER: 91523836	E-MAIL ADDRESS: yalisi@hotmail.com
LOCATION: TPE (PIE) EXIT 10 SLIP ROAD.	
<p>I was exiting TPE (PIE) Exit 10 and turning left to wards Punggol way. The other party car (SLU 8146 H) braked in front of me. I also braked but can't stop in time. That is all.</p>	
<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</p>	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only

DECLARATION

I/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:

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

Estimate

03/04/2018

GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Page # :- 1

Veh # :- SLH1585M

Veh Model :- HYUNDAI ELANTRA

Estimate# :- CK417310

Claim # :- OD/CK131212

ACC. Date :- 29/03/18

Terms :- C.O.D Days

Remarks :- MFFI 26 OCT 2016 (2016)

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

Attention :- XA048

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT GRILLE ASSY	1 PC	490.00	490.00
2.	FRONT NUMBER PLATE GARNISH	1 PC	20.00	20.00
3.	FRONT BUMPER	1 PC	240.00	240.00
4.	FRONT BUMPER SPONGE	1 PC	78.00	78.00
5.	FRONT BUMPER CLIPS	10 PC	2.50	25.00
6.	FRONT BUMPER TOP SEAL	1 PC	24.00	24.00
7.	FRONT BUMPER REINFORCEMENT - CHECK	1 PC		
	LIST TOTAL S\$			877.00
	15% COST PLUS S\$			131.55
				1,008.55
SPECIAL NET ITEMS :				
1.	FRONT NUMBER PLATE	1 PC	40.00	40.00
	SPECIAL NET TOTAL S\$			40.00
LABOUR :				
	TO REMOVE AND REPLACE DAMAGED ITEMS. REALIGN CONNECTION			
	TO SPRAY PAINT ON REPAIRED AREA			
	LABOUR TOTAL S\$			560.00

Resue
 Hp 90010068

2 days

7/18

09/04/18 @ 11:50

Resue by paint

EXCESS: TBA

Authorized

[Signature]
 24/5/18

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

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$

GST @ 7 %

AMOUNT DUE S\$

1637.30

1,608.55

112.60

1,721.15

Acknowledged by Repairer
 Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**
 Signature:
 Date:

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

Estimate

03/04/2018

GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

PART = \$ 891.25
SN = \$ 35.00
Lab = \$ 400.00
SUPP = \$ 28.75

Attention :- XA048

\$1355.00

Page # :- 1

Veh # :- SLH1585M

Veh Model :- HYUNDAI ELANTRA

Estimate# :- CK417310

Claim # :- 00/CK131212

ACC. Date :- 29/03/18

Terms :- C.O.D Days

Remarks :- WPA 26 OCT 2016 (2016)

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT GRILLE ASSY	1 PC	490.00	490.00
2.	FRONT NUMBER PLATE GARNISH	1 PC	20.00	20.00
3.	FRONT BUMPER	1 PC	240.00	240.00
4.	FRONT BUMPER SPONGE	1 PG	78.00	78.00
5.	FRONT BUMPER CLIPS	10 PC	2.50	25.00
6.	FRONT BUMPER TOP SEAL	1 PG	24.00	24.00
7.	FRONT BUMPER REINFORCEMENT - CHECK	1 PC		
LIST TOTAL S\$				775.00
15% COST PLUS S\$				+ 15% 131.55
Supp: front bumper inner Bracket LH @ 25.00				891.25 1,008.55
SPECIAL NET ITEMS :				
1.	FRONT NUMBER PLATE	1 PC	40.00	40.00
SPECIAL NET TOTAL S\$				35.00 40.00
LABOUR :				
TO REMOVE AND REPLACE DAMAGED ITEMS. REALIGN CONNECTION				
TO SPRAY PAINT ON REPAIRED AREA				
LABOUR TOTAL S\$				200 280.00
				200 280.00
				400.00 560.00

Repair
Hp 9000068
2 days
7/p
09/04/18 @ 11.50
Repair & paint
excess: TBA
Authorized

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

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 1,608.55

GST @ 7 % 112.60

AMOUNT DUE S\$ 1,721.15

Acknowledged by Repairer
Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD
Date:

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

SUPPLEMENTRY

GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Page : 1
Veh No : SLH1585M
Model : HYUNDAI ELANTRA
Acc Date : 29-Mar-18
Incharge : JACELYN

No	Description	Qty	U.Price	Amt \$
	<u>COST ITEMS:</u>			
1	FRONT BUMPER INNER BRACKET LH	1	\$ 25.00	\$25.00 <i>ms</i>
	COST TOTAL S\$			\$25.00
	15% COST PLUS			\$3.75
				<u>\$28.75</u>

NON-TAX AMOUNTS	\$28.75
GST @ 7%	\$2.01
AMOUNT DUE	<u>\$30.76</u>

Customer's Signature/Co. Stamp

MOVA AUTOMOTIVE PTE LTD

松義汽車機件私人有限公司 SONG YI AUTO PARTS PTE LTD

Block 637 Veerasamy Road #01-119 Singapore 200637
Tel: 6297 3700 Fax: 6297 3839 Email: songyi@singnet.com.sg

MOVAAUTOMOTIVE PTE LTD (CASH TERMS)
BLK 1008, BUKIT MERAH LANE 3, #01-04.
SINGAPORE 159755

Goods Delivery To: #01-51

TAX CASH SALE

REG NO: 200922086G
GST NO: 200922086G

No: CSA18-084653
Date: 09/04/2018 12:26
Account No: M018
Sales Person: Colin
Order By: JACELYN
Vehicle No: SLH1585M
P/O No:

Page 1 of 1


No.	Part No	Description	Location	Qty	Price	Amount
1	86350-F2100	GRILLE-RADIATOR (C) *****	WH	1	490.00	490.00
2	86519-F2000	GARNISH-NUMBER PLATE (FRT) *****	S-10 Top	1	20.00	20.00
3	86510-F2000	BUMPER COVER-FRONT *****	WH	1	240.00	240.00
4	86595-2T500	CLIP-BUMPER *****	C21-20	10	2.50	25.00

Sub Total: 775.00

Add GST (@7%: 54.25

Grand Total: 829.25

Goods sold returned are to be in full packaging
original condition within SEVEN working days.


Issued by





松義汽車機件私人有限公司
SONG YI AUTO PARTS PTE LTD

Block 637 Veerasamy Road #01-119 Singapore 200637
Tel: 6297 3700 Fax: 6297 3839 Email: songyi@singnet.com.sg

TAX CASH SALE

REG NO: 200922086G
GST NO: 200922086G

MOVA AUTOMOTIVE PTE LTD (CASH TERMS)
BLK 1008, BUKIT MERAH LANE 3, #01-04.
SINGAPORE 159755

No: CSA18-084688
Date: 10/04/2018 17:11
Account No: M018
Sales Person: Colin
Order By: JACELYN
Vehicle No: SLH1585M
P/O No:

Goods Delivery To: #01-51

Page 1 of 1

No.	Part No	Description	Location	Qty	Price	Amount
1	86553-F2000	BRACKET-FRT BUMPER LH *****	BB-04 Top	1	25.00	25.00
Sub Total:						25.00
Add GST @7%:						1.75
Grand Total:						26.75

Goods sold returned are to be in full packaging
original condition within SEVEN working days.

Issued by





LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18006219/R1vbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 08-06-2018



Code : GAI

1. Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	SLH 1585M
Policy No.	MOMVP000003050-00-000	Coverage (\$)	0.00
Claim No.	CLMOMVP000000639	Excess (\$)	0.00
Assign From	KELVYNA	Assign Date	04/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI ELANTRA 1.6	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHD841CMHU290461	Colour	RED
Odometer	29212	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	KUMHO	6 mm
L/H Front Tyre	205/55 R16	KUMHO	6 mm
R/H Rear Tyre	205/55 R16	KUMHO	6 mm
L/H Rear Tyre	205/55 R16	KUMHO	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/03/2018	Inspection Date	09/04/2017
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722		

5a. Remarks

A)THE MARKET VALUE IS S\$79,000.00 (EST. AVERAGE)
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 1585M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT GRILLE ASSY (WCP)	CRACKED	490.00	490.00
1	FRONT NUMBER PLATE GARNISH (WCP)	CRACKED	20.00	20.00
1	FRONT BUMPER (WCP)	TORN	240.00	240.00
1	FRONT BUMPER SPONGE (WCP)	SERVICEABLE	78.00	-
10	FRONT BUMPER CLIPS @\$2.50 (WCP)	NECESSARY	25.00	25.00
1	FRONT BUMPER TOP SEAL (WCP)	NOT NECESSARY	24.00	-
1	FRONT BUMPER REINFORCEMENT (NPA)(WCP)	SERVICEABLE	-	-
1	FRONT BUMPER INNER BRACKET LH (ADDITIONAL) (WCP)	NECESSARY	25.00	25.00
	COST PLUS 15%		135.30	120.00
			1,037.30	920.00
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	BENT	40.00	35.00
			40.00	35.00
<u>LABOUR</u>				
	TO REMOVE AND REPLACE DAMAGED ITEMS.REALIGN CONNECTION.		280.00	200.00
	TO SPRAY PAINT ON REPAIRED AREA.		280.00	200.00
			560.00	400.00
GRAND TOTAL			1,637.30	1,355.00
RECOMMENDED COST OF REPAIRS				1,355.00

Report Ref No. CS/GAI18006219/R1vbn2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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