

ASS. REC. BY:

Steve

REF:

CS/CT/29904077/RIVF3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

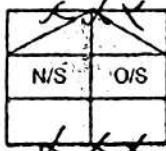
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GBC 9819G

Yr Regn:

7/9/11

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

Truck / Trailer or

Make:

Nissan Cabstar

C.C.

Colour:

Gold

A/C: Insured / Std / NI / N

Sp. Reading

275021

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JN15C2F24Z 0859114

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

195R14C

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

13/3/20

D.O.I.

1/12/20

Survey held at

Mora

Des. of Damages

Fr

Rear

O/S

N/S

U/C

Rooftop

or

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

Date / Time

Action / Instruction

MV-15K

PV-2215

MV-12785

Date/Time, File Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

14/12/20-Typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

S + RS \$

Photos

Others

TOTAL

Pop Formed: Merimen

Lump Sum / L.E. / LS \$4800

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

Workshop Dept:
 Block 1008,
 Bukit Merah Lane 3
 #01-04/06/08/09
 Singapore 159722

Tel: (65) 6272 3892
 Fax: (65) 6270 8314
 Co. Reg: 198904033G
 GST Reg: M2-00886642

Steve (LKK) WIL AL
 11/12/20, 1.30 pm

Estimate

20/03/2020

CHINA TAIPING INSURANCE (S) PTE LTD

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909.

L/S
 Ry AL SM

7 dys

Page # :- 1

Veh # :- GBC9819G

Veh Model :- NISSAN CABSTAR

Estimate# :- CK420554

Claim # :-

ACC. Date :- 13/03/20

Terms :- C.O.D Days

Remarks :-

Attention :- XA017

No.	Description	Qty	U.Price	Amounts S\$
NET ITEMS :				
1.	FRONT BUMPER / CUT	1	PC 450.00	450.00
2.	FRONT BUMPER BRACKET / X	1	PC 230.00	230.00
3.	FRONT GRILLE ASSY / OR	1	PC 330.00	330.00
4.	FRONT GRILLE LOGO / MC	1	PC 40.00	40.00
5.	FRONT PANEL ASSY / MC	1	PC 650.00	650.00
6.	FRONT PANEL EMBLEM / MC	1	PC 45.00	45.00
7.	HEADLAMP / X	2	PCS 380.00	760.00
8.	HEADLAMP LOWER COVER LH / X	1	PC 35.00	35.00
9.	TAILBOARD / DD	1	PC 1,680.00	1,680.00
10.	TAILBOARD HINGE / DT	3	PCS 70.00	210.00
11.	TAILBOARD LOCK LH / X	1	PC 75.00	75.00
12.	TAILBOARD (NISSAN) STICKER / MC	1	PC 80.00	80.00
13.	OUTER PANEL (NISSAN) STICKER / MC	1	PC 30.00	30.00
14.	OUTER PANEL (CABSTAR) STICKER / MC	1	PC 30.00	30.00
15.	AIR CON EVAPORATOR UNITS / ?	1	PC 1,480.00	1,480.00
NET TOTAL S\$				6,125.00
10% DISCOUNT S\$				-612.50
				5,512.50
SPECIAL NET ITEMS :				
1.	TAILBOARD (70KM/H) STICKER / MC	1	PC 15.00	15.00
2.	TAILBOARD (13 PAX) STICKER / MC	1	PC 15.00	15.00
3.	FRONT NUMBER PLATE / DT	1	PC 50.00	50.00
SPECIAL NET TOTAL S\$				80.00
LABOUR :				
TO INSPECT FRONT LIGHTING WATER & LEAKAGE TEST				30 40.00
TO REMOVE & INSTALL DASHBOARD IN ORDER TO CUT OFF FRONT PANEL				150 250.00
TO REMOVE & INSTALL AIR CON EVAPORATOR IN ORDER TO CUT OFF FRONT PANEL				50 160.00
TO CUT OFF FRONT PANEL & STRAIGHTEN AFFECTED PANEL & RENEW DAMAGED PARTS				800 1,000.00
TO APPLY BODY JOINT SEALANT ON CUTTING AREAS				30 40.00
TO APPLY RUST PROOF ON AFFECTED AREAS				30 60.00
TO SPRAY PAINT ON REPLACED, REPAIRED AREAS				600 1,100.00
LABOUR TOTAL S\$				2,650.00

Main Office:
 Mova Building
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 Tel: (65) 6476 3333
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 www.mova.com.sg

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 Singapore 159722

Tel: (65) 6272 3892
 Fax: (65) 6270 8314
 Co. Reg. 198904033G
 GST Reg. M2-0088864-2

Estimate

20/03/2020

CHINA TAIPING INSURANCE (S) PTE LTD
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909.

Attention :- XA017

Page # :- 1 137875

Veh # :- GBC9819G

Veh Model :- NISSAN CABSTAR

Estimate# :- CK420554

Claim # :-

ACC. Date :- 13/03/20

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
-----	-------------	-----	---------	-------------

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 8,242.50

GST @ 7 % 576.98

AMOUNT DUE S\$ 8,819.48

Customer's Signature/Co. Stamp **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:

Back to OneMotoring

Inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

033G

Vehicle Details

Vehicle No.:

GRC9819G

Vehicle to be Exported:

Yes

Intended Deregistration Date:

01 Dec 2020

Vehicle Make:

NISSAN

Vehicle Model:

CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO

Primary Colour:

Gold

Manufacturing Year:

2011

Engine No.:

ZD30290343K

Chassis No.:

JN15C2F24Z0850114

Maximum Power Output:

-

Open Market Value:

\$32,002.00

Original Registration Date:

07 Sep 2011

First Registration Date:

07 Sep 2011

Transfer Count:

1

Actual ARF Paid:

\$1,601.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

06 Sep 2021

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$29,006.00

COE Rebate Amount:

\$2,215.00

Total Rebate Amount:

\$2,215.00

The information contained herein is correct as at 01 Dec 2020

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 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 Report 13/03/2020 12:58
Date Of Accident 13/03/2020 07:00
Exact Location Of Accident SLE TWDS BKE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9819G
Insured/Policyholder
Name Of Registered Owner MOVA AUTOMOTIVE PTE LTD
Co Reg No 1XXXXX033G
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-94604587

Vehicle Particulars

Manufacturer NISSAN
Model CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage COMPREHENSIVE

Fleet Policy NO
Policy Number 2019-V0099109-VCV-R003

Cover Note Number

Driver

Name of Driver KUMARASAMY VEERAMANI
Passport No/FIN GXXXX696K
Date Of Birth 12/05/1980
Occupation OUTDOOR
Date Of Driving Pass 05/07/2010
Driving Experience 9 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94604587

Fax Number

Contact Number

Email Address NOEMAIL

Address 22 JALAN KILANG #07-01
Postcode 159419
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle .
Insurance Company of Driver's Own Vehicle .

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? 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) 8
Passenger 1

NAME: : PASSENGER (FRONT)
GENDER: : MALE

Passenger 2

NAME: : PASSENGER (REAR)
GENDER: : MALE

Passenger 3

NAME: : PASSENGER (REAR)
GENDER: : MALE

Passenger 4

NAME: : PASSENGER (REAR)
GENDER: : MALE

Passenger 5

NAME: : PASSENGER (REAR)
GENDER: : MALE

Passenger 6

NAME: : PASSENGER
GENDER: : MALE

Passenger 7

NAME: : PASSENGER (REAR)
GENDER: : MALE

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

PLEASE REFER TO STATEMENT ON THE 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 PC8526S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2:

Vehicle Registration Number SMP1505R

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) 1

Sketch Plan Pg. 1

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:

K. Veeramani 13/3/20

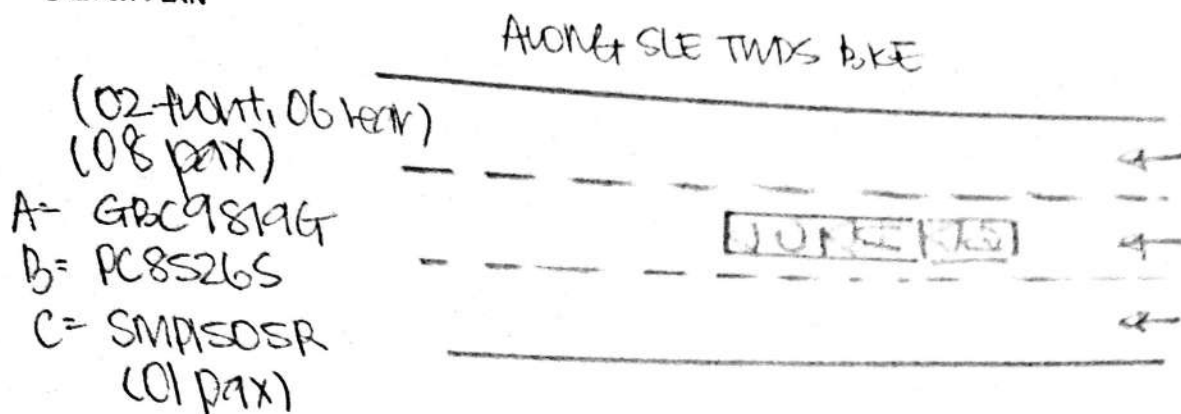
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Nahiah
13/03/2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: GBC9819G	ACCIDENT DATE & TIME: 13/03/2020 @ 0700h.
CONTACT NUMBER: 94604587	E-MAIL ADDRESS:
LOCATION: SLE towards BKE	
I was travelling on a 2nd line of a 3-lanes road, along SLE towards BKE. Vehicles ahead and slowed down to a stop. I followed suit and stopped accordingly. When suddenly, Veh B came from behind and hit onto the rear portion of my vehicle. Due to the impact, my vehicle was pushed forward and hit onto the rear portion of Veh C. When alighted, I disclosed that I was involved in a chain collision involving 3 vehicles in total. Nobody was reported with injuries at the accident scene. That's all.	
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:	
☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only	

DECLARATION

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



Policyholder's Signature
Date & Time:

K. Veevannani 13/3/20

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



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

Namiah
13/03/2020