

22/03/2021

ASS. REC. BY:

REF:

CS/CTI20004837/T/Hd3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Tan Kah Leong of CTI Date/Time: 24/2020 3:57pm

Estimated Cost:

Bill to:

GD-TP/WS/TP RES/OD RES/EVA/INV/MV/CS

To Inspect Vehicle No: SLQ 8695K Insured: SMM517D

at Workshop m/s: Mova Automotive Tel: 6262 3377

of 15 Fan Young Road

Policy No:

Claim No: SNM20D201565/SMM517D/TKL

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 30/03/2020

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 4:20pm 24/2020

Person Contacted:

Nabilah

Vehicle IN OUT

Date/Time	Action/Instruction	Estimate
	SLQ 8695K - X	
	SMM 517D - X	
	Submit preli Report	
	Liability not clear. TP pay at own	

CS/CTI 2000 4837 / T1.d3

ASS. REC. BY: Tanpin

REF:

CTI

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

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.

N/S	O/S

Bal. or Market Value: 460k

IDAC Accident Report: _____ 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

* 3pm

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLQ28695KYr Regn: 2017, July

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

Truck / Trailer or

Make: Chrysler

c.c

1362Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 161331

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLJ 3A64896K354956

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: 225/45R18R: 2

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

TOYO / YOKO or Dayton

Front

6

mm

Rear

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

3/4/20Survey held at Mova Auto 15 Pan Yang Rd

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Rep. Format: TP

Lump Sum / I.B./C

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Estimate

31/03/2020

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

Attention :- XA017

Page # :- 1

Veh # :- SLQ8695K

Veh Model :- CHEVROLET CRUZE NB 1.4D TUR

Estimate# :- CK420581

Claim # :-

ACC. Date :- 30/03/20

Terms :- C.O.D Days

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\$
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LIST ITEMS :

1.	FRONT BUMPER	1	PC	1,399.00	1,399.00 <i>de</i>
2.	FRONT FOG LAMP RH	1	PC	430.00	430.00 <i>X</i>
3.	FRONT FOG LAMP COVER RH	1	PC	199.00	199.00 <i>?</i>
4.	FRONT FOG LAMP CHROME MOULDING RH	1	PC	230.00	230.00 <i>cur</i>
5.	FRONT GRILLE ASSY TOP	1	PC	433.00	433.00 <i>* ?</i>
6.	FRONT GRILLE ASSY BOTTOM	1	PC	633.00	633.00 <i>ent</i>
7.	HEADLAMP RH	1	PC	2,430.00	2,430.00 <i>ent</i>
8.	HEADLAMP BRACKET RH	1	PC	154.00	154.00 <i>?</i>
9.	FRONT WASHER JET COVER RH	1	PC	95.00	95.00 <i>?</i>
10.	FRONT WASHER JET RH	1	PC	315.00	315.00 <i>?</i>
11.	FRONT BUMPER CLIPS	10	PCS	5.00	50.00 <i>30er</i>

LIST TOTAL S\$

6,368.00

10% DISCOUNT S\$

-636.80

5,731.20

LABOUR :

TO INSPECT FRONT LIGHTING WATER & LEAKAGE TEST

TO STRAIGHTEN & RENEW DAMAGED PARTS

TO APPLY RUST PROOF ON AFFECTED AREAS

TO SPRAY PAINT ON REPLACED, REPAIRED AREAS

LABOUR TOTAL S\$

1,150.00

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:

30 40.00

300 400.00

30 60.00

400 650.00

Tanjil 97445744
WP 3/4/20 23pm
tanjil@khair.com
03 days
Champs E. & O.E
Resurvey after repair.

NON-TAX AMOUNT S

AMOUNT S\$ 6,881.20

GST @ 7 % 481.68

AMOUNT DUE S\$ 7,362.88

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type:

Singapore NRIC

Owner ID:

546E

Vehicle Details

Vehicle No.:

SLQ8695K

Vehicle to be Exported:

Yes

Intended Deregistration Date:

30 Mar 2020

Vehicle Make:

CHEVROLET

Vehicle Model:

CRUZE NB 1.4D TURBO 6AT

Primary Colour:

White

Manufacturing Year:

2017

Engine No.:

B14NET163650033

Chassis No.:

KL1JA6989GK354956

Maximum Power Output:

103.0 kW (138 bhp)

Open Market Value:

\$14,594.00

Original Registration Date:

25 Jul 2017

First Registration Date:

25 Jul 2017

Transfer Count:

0

Actual ARF Paid:

\$14,594.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

24 Jul 2027

PARF Rebate Amount:

\$10,945.00

Intended COE Rebate Details

COE Expiry Date:

24 Jul 2027

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$50,001.00

COE Rebate Amount:

\$36,573.00

Total Rebate Amount:**\$47,518.00**

The information contained herein is correct as at 30 Mar 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	30/03/2020 17:56
Date Of Accident	30/03/2020 14:35
Exact Location Of Accident	BOON LAY WAY JUNCTION OF JURONG EAST ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8695K
Insured/Policyholder	
Name Of Registered Owner	ASIAH BINTE MOHD SAID
NRIC No	SXXXX546E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98511330
Alternative Phone No.	OTHERS-98511330

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE NB 1.4D TURBO 6AT

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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100351161-02
Cover Note Number	

Driver

Name of Driver	JOFFRI BIN ARSHAD
NRIC No	SXXXX565Z
Date Of Birth	20/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98511330
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 20 ST. GEORGE'S ROAD #03-116
Postcode	321020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	2
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)	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

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?	YES
Remarks/ Reasons:	VIDEO TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM517D
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.
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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:

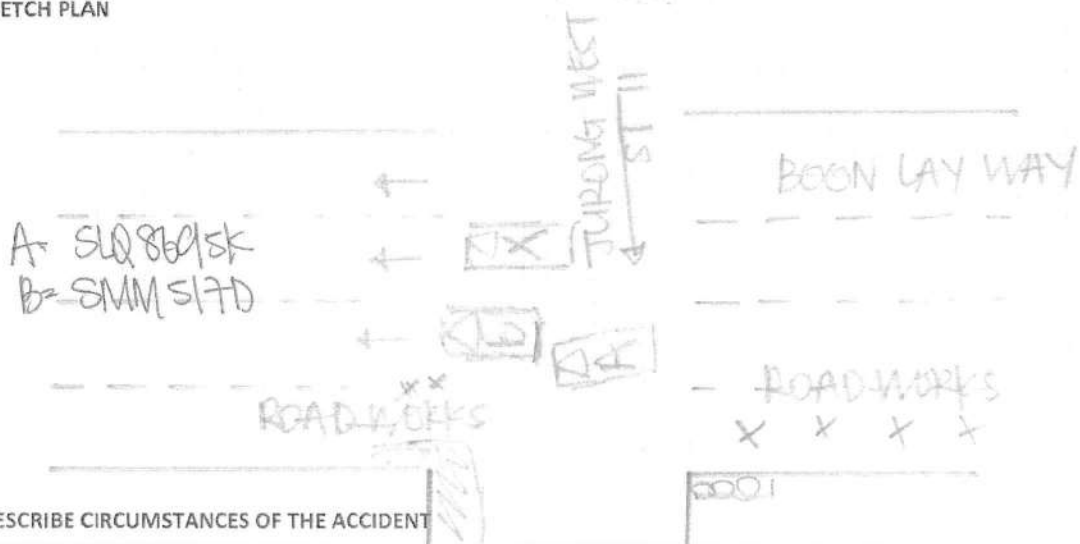
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Nabilah
30/08/2020

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLD869SK-	ACCIDENT DATE & TIME: 26/02/2020 @ 1435hrs.
CONTACT NUMBER: 98511330-	E-MAIL ADDRESS: joe.arshad@gmail.com
LOCATION: Boon Lay Way junction of Jurong East St 11	
<p>My vehicle was initially stationary behind Veh B (SMM517D) due to red traffic light. When the traffic light turned green, Veh B moved off and I followed suit. When suddenly, Veh B jammed brake abruptly with no obstructions ahead. I swerved to avoid collision. Unfortunately, the front portion of my vehicle hit onto the rear left portion of Veh B. I have a video footage and would like to proceed with third party claim. Nobody was reported with injuries due to this accident scene. That's all.</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

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.:



Nahrah
26/02/2020