

ASS. REC. BY:

REF:

4500

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLK 36844at Workshop m/s MOVAof 15, from youth forInsured: EQ

Policy No. \_\_\_\_\_

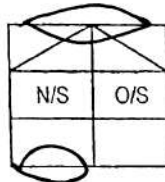
Claims No. \_\_\_\_\_

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: 88k

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 up

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLK 36844 Yr Regn: 2017 / JANType: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: FORD FIESTA HB TITANIUM 1.0c 998Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 054869

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WFODXXGAKDHC64885Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim orTyre Size: F: 195/30R15R: -

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

TOYO / YOKO or

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mmD.O.A. 01/04/2020D.O.I. 06/04/2020Survey held at MOVA CPY

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

REAR N/S & FR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

☐ : Interview (\$)

Photos: \_\_\_\_\_

☐ : Tech. Invs (\$)

Others: \_\_\_\_\_

☐ : Weekend (\$)

TOTAL

Rep. Form: \_\_\_\_\_

Lump Sum / P.D. / C: \_\_\_\_\_

4500

உள்ளுறை: சுவைநாடு / உலகம் / 10



**Main Office :** No. 22, Jalan Kilang, Singapore 159419  
Tel: 6478 3333 Fax: 6271 5891

**Service Centre :** Block 1008, Bukit Merah Lane 3,  
#01-04/06/08/115, Singapore 159722  
Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314  
www.mova.com.sg  
GST Reg. No: M2-0088864-2

**Mova Spray Centre**  
2K Oven Spray Painting System

**Power-M Automotive Pte Ltd**  
Specialise in Car Air-con Services,  
Car Audio & Hi-Fi System.

**Hilton Car Rental Centre**

**Hilton Auto Trading**  
Dealing in New/Used Cars, Hire Purchase & Insurance.



**TP INSURER:** EQ Insurance Company Ltd (HQ)

Singapore

**Claimant Insurer:** NTUC Income Insurance Co-operative Ltd

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	01/04/2020
Vehicle Reg. No.:	SLK3684G	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	SEE SIN THONG (XUE CHENG TONG)		
Make/Model:	FORD FIESTA TITANIUM, 998CC (A)	Vehicle Reg. Date:	16/01/2017
Vehicle Colour:	BLUE		
Engine No:	GC64885	Chassis No:	WF0DXXGAKDGC64885
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	10		
Description of Accident/Loss	-		
Present Location:	MOVA AUTOMOTIVE PTE LTD (FAN YOONG)		

**COST OF CLAIMS**

	Amount
Parts	11,714.80
Miscellaneous Items	0.00
Labour	3,540.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>15,254.80</b>
<b>+ GST 7.00% (S\$)</b>	<b>1,067.84</b>
<b>Nett Amount (S\$)</b>	<b>16,322.64</b>

This claim is handled by: ALAN

## REPAIR DETAILS

## Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Apr 2020)  
 Parts: 144 FORD FIESTA TITANIUM 998cc (A) (Catalogue:Merimen Singapore 1.0)  
 Labour: Repairer's (Price-denominated Standard List)  
 Print Code: (Unsubmitted, no print-code for SLK3684G)  
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page  
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT GRILLE ASSY <i>ca</i>	20.00	0.00	*890.00 FL
2	1		*FRONT BUMPER EMBLEM <i>ca</i>	20.00	0.00	*160.00 FL
3	1		*REAR BUMPER <i>torn</i>	20.00	0.00	*1,635.00 FL
4	1		*REAR BUMPER LOWER <i>torn</i>	20.00	0.00	*895.00 FL
5	1		*REAR BUMPER REFLECTOR LAMP LH <i>bro</i>	20.00	0.00	*260.00 FL
6	<i>2/100</i>		*REAR BUMPER PARKING SENSOR LH <i>mis (1pc)</i>	20.00	0.00	*760.00 FL
7	1		*REAR BUMPER SIDE RETAINER LH <i>ca</i>	20.00	0.00	*240.00 FL
8	1		*REAR BUMPER REINFORCEMENT <i>bt</i>	20.00	0.00	*799.00 FL
9	10		*REAR BUMPER CLIPS <i>new</i>	20.00	0.00	*50.00 FL
10	1		*REAR FENDER LH <i>new</i>	20.00	0.00	*1,845.00 FL
11	1		*REAR FENDER INNER TRIM LH <i>x</i>	20.00	0.00	*998.00 FL
12	1		*REAR FENDER AIR VENT LH <i>ca</i>	20.00	0.00	*210.00 FL
13	1		*TAIL LAMP LH <i>x</i>	20.00	0.00	*850.00 FL
14	1		*TAILGATE <i>bt</i>	20.00	0.00	*1,945.00 FL
15	1		*TAILGATE (TITANIUM) EMBLEM <i>new</i>	20.00	0.00	*160.00 FL
16	1		*TAILGATE (ECOBOOST) EMBLEM <i>new</i>	20.00	0.00	*160.00 FL
17	1		*TAILGATE (FIESTA) EMBLEM <i>new</i>	20.00	0.00	*150.00 FL
18	1		*TAILGATE GLASS MOULDING <i>new</i>	20.00	0.00	*290.00 FL
19	1		*TAILGATE RUBBER <i>new</i>	20.00	0.00	*395.00 FL
20	1		*END PANEL GARNISH <i>?</i>	20.00	0.00	*499.00 FL
21	1		*END PANEL ASSY <i>bt</i>	20.00	0.00	*1,340.00 FL
22	1		*REAR WINDSCREEN SEALANT <i>new</i>	0	0.00	*40.00 FS
23	1		*FRONT NUMBER PLATE <i>x</i>	0	0.00	*50.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$) 14,621.00  
 - List Item Discount on L Items (\$\$) 2,906.20  
 Total Parts (\$\$) 11,714.80

Report was unsubmitted during this print-out.  
 Generated using Merimen e-Claims IEAS

# Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

## Estimates on Labour

No	Particulars	Lab. Type	Amount
<u>Labour Items</u>			
1	TO INSPECT REAR LIGHTING WATER & LEAKAGE TEST	New	40.00 X
2	TO REMOVE & INSTALL TAILGATE GLASS	New	120.00
3	TO REMOVE & TRANSFER ITEMS TO NEW TAILGATE	New	100.00 60
4	TO REMOVE & INSTALL FUEL TANK	New	80.00
5	TO REMOVE & INSTALL REAR COMPARTMENT, GARNISHES, CARPET & ETC IN ORDER TO CUT OFF LH REAR FENDER, END PANEL	New	300.00 100
6	TO CUT OFF END PANEL, LH REAR FENDER, STRAIGHTEN AFFECTED AREAS AND RENEW DAMAGED PARTS	New	1200 1500.00 1000
7	TO APPLY BODY JOINT SEALANT ON CUTTING AREAS	New	40.00
8	TO APPLY RUST PROOF ON AFFECTED AREAS	New	60.00
9	TO SPRAY PAINT ON REPLACED, REPAIRED AREAS	New	1200.00 1000
Gross Labour Cost (\$\$)			3,540.00

Report was unsubmitted during this print-out.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Casual  
Hp 900 100 68

12 days

43

06/04/2022

@1450

Rey after repair

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:

## Rebate Enquiry

Click to OneMotoring

### Apply PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 450D

#### Vehicle Details

Vehicle No.: SLK3684G  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 02 Apr 2020  
Vehicle Make: FORD  
Vehicle Model: FIESTA HB TITANIUM 1.0 ECOBOOST A/T  
Primary Colour: Blue  
Manufacturing Year: 2016  
Engine No.: GC64885  
Chassis No.: WF0DXXGAKDGC64885  
Maximum Power Output: 74.0 kW (99 bhp)  
Open Market Value: \$15,354.00  
Original Registration Date: 16 Jan 2017  
First Registration Date: 16 Jan 2017  
Transfer Count: 0  
Actual ARF Paid: \$5,354.00

#### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 15 Jan 2027  
PARF Rebate Amount: \$4,015.00

#### Intended COE Rebate Details

COE Expiry Date: 15 Jan 2027  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$50,101.00  
COE Rebate Amount: \$33,993.00  
**Total Rebate Amount: \$38,008.00**

The information contained herein is correct as at 02 Apr 2020

OK

11/EQ

## 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	01/04/2020 17:23
Date Of Accident	01/04/2020 16:15
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3684G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEE SIN THONG (XUE CHENG TONG)
NRIC No	SXXXX450D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97641613
Alternative Phone No	OTHERS-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	FORD
Model	FIESTA HB TITANIUM 1.0 ECOBOOST A/T
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097177613
Cover Note Number	
<b>Driver</b>	
Name of Driver	SEE SIN THONG (XUE CHENG TONG)
NRIC No	SXXXX450D
Date Of Birth	03/09/1979
Occupation	INDOOR
Date Of Driving Pass	23/02/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97641613
Fax Number	
Contact Number	OTHERS-NOPHONE
E Mail Address	NOEMAIL

Address BLK 440C BUKIT BATOK WEST AVENUE 8  
#04-743  
Postcode 653440  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
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) 2  
Passenger 1 NAME: : SEE YI XUAN MATILDA  
GENDER: : FEMALE

#### 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? YES  
Remarks/ Reasons: SUBMITTED VIDEO FOOTAGE TO INSURANCE DIRECTLY  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name




SKETCH PLAN

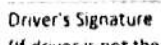
IMPORTANT NOTICE


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



A - DLK 36841G  
B - SKZ 4112S  
C - SML 1258A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLK3684G	ACCIDENT DATE & TIME: 01/04/20 @ 1615 hrs
CONTACT NUMBER: 97647613	E-MAIL ADDRESS:
LOCATION: PIE twbs Tuas, before Bt Timah ext, lane 2.	
<p>My car was on lane 2, stationary. There <del>is</del> was a car, SM11258A in front of my car. Suddenly, a car <del>crash</del> crashed hit the rear of my car. The car which hit my car is SKZ41128.</p> <p>Due to the impact, my car hit the front vehicle slightly.</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 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.: