

CS/KT120005263/T1.f3

ASS. REC. BY:

Toughlin

REF:

CT1

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: \$42K

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMF5520Y Yr Regn: 2015, MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Golf c.c. 1197Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 79023 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ4Y2FW353024Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: nBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 17/5/2015Survey held at More BMDes. 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

LUMP SUM \$2250, 3DAYS(1083 40:32%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

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

Rep. Formel: _____

Lump Sum / L.B.I. (% 2250 LUMP SUM)

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

15/04/2020

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

Attention :- XA017

Page # :- 1

Veh # :- SMF5520Y

Veh Model :- VOLKSWAGEN GOLF 1.2

Estimate# :- CK420619

Claim # :- TP/CK138142

ACC. Date :- 09/04/20

Terms :- C.O.D Days

Remarks :- MFR 21 APR 2015 (2015)

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	HEADLAMP RH	1 PC	682.00	682.00
2.	HEADLAMP LOWER BRACKET RH	1 PC	71.00	71.00
3.	FRONT GRILLE - photo	1 PC	414.00	414.00
4.	FRONT BUMPER	1 PC	1,079.00	1,079.00
5.	FRONT BUMPER TOW COVER RH	1 PC	56.00	56.00
6.	FRONT BUMPER LOWER GRILLE - photo	1 PC	169.00	169.00
7.	FRONT FOGLAMP GARNISH RH	1 PC	168.00	168.00
8.	FRONT BUMPER SIDE RETAINER RH	1 PC	26.00	26.00
9.	FRONT BUMPER / RETAINER CLIPS	2 PC	3.00	6.00
10.	FRONT BUMPER SPONGE	1 PC	55.00	55.00
11.	FRONT BUMPER REINFORCEMENT - CHECK	1 PC		
12.	FRONT FENDER RH - REPAIR	1 PC		
LIST TOTAL S\$				2,726.00
10% DISCOUNT S\$				-272.60
				2,453.40
LABOUR :				
TO INSPECT FRONT LIGHTING MECHANISM				
TO REPAIR ON FRONT FENDER RH. TO REMOVE & REPLACE DAMAGED ITEMS. REALIGN CONNECTION				
TO SPRAY PAINT ON REPAIRED AREAS				
LABOUR TOTAL S\$				80.00
				300 400.00
				400.00
				880.00

Tanfah 97445449
WP
14/5/2018 1020am
Lumpsum
Resurvey after repair
tanfah@lkhaut.com
03 days

LKK Auto Consultants hence notify the Repairs 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: _____

E. & O.E

MOVA AUTOMOTIVE PTE LTD

NON-TAX AMOUNT S

AMOUNT S\$ 3,333.40

GST @ 7 % 233.34

AMOUNT DUE S\$ 3,566.74

Address

BLK 293C BUKIT BATOK STREET 21
#34/524

Registration

653293

Was driver at fault? (Vehicle in the Insurance Company) NO

If No, Reason why not? (If driver's own the insured) OWNER

Vehicle Registration Number (Not for Driver's Own Vehicle)

-
-

Insurance Company of Driver's Own Vehicle

-
-
-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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?

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) 0

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:

Vehicle Registration Number GBE9176S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MR CHEW

NRIC/Passport Number

Contact Number 93393606

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTES

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:


9 Apr 2020

1549

Driver's Signature

(If driver is not the policyholder)

Date & Time:

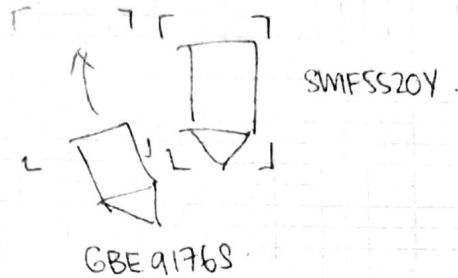

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

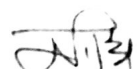


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


LICENSE PLATE: SMF 5520Y	ACCIDENT DATE & TIME: 9 APR 2020
CONTACT NUMBER: 902898404	E-MAIL ADDRESS: Yorga1078@gmail.com
LOCATION: 6 Redhill Close	
<p>My car was in parking position and the other vehicle (GBE 9176S) as well, when the vehicle (GBE 9176S) turn out from the parking lot (blind spot) and hit my vehicle front right side</p>	
<p>My vehicle in parking position and I was not in on side, after the happening the security inform me immediately.</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 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
 9 Apr 2020
 1549

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


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