

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YL5160D

at Workshop m/s: MOVA 15 fan yang road

Insured: SKC3468H 10-30am

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: 38k.

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

LIA11026

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YL5160D Yr Regn: 216

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

Truck / Trailer or CUG

Make: HINO XZU605R c.c. H009

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

Sp. Reading: 110083 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHHAC53110K002902

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: 195-85-R16
R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 15/5/20

Survey held at _____

Rear

R/Bal. 6/6 mm

L/Bal. 6/6 mm

D.O.I. 3/7/20

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

Rt O/S.

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)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

Photos

Others

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

TOTAL

Not Authorized
L/S
Tel: 62863561
4 days
The photo after repair

Estimate

20/05/2020

SOMPO INSURANCE SINGAPORE PTE LTD
50 RAFFLES PLACE
#05-01/06 SINGAPORE LAND TOWER
SINGAPORE 048623.

Attention :- XA018

Page # :- 1
Veh # :- YL5160D
Veh Model :- HINO XZU605R
Estimate# :- CK420669
Claim # :-
ACC. Date :- 15/05/20
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\$ |
|--|---|------|---------|-------------|
| LIST ITEMS : | | | | |
| 1. | FRONT BUMPER <i>buy ✓</i> | 1 PC | 750.00 | 750.00 ✓ |
| 2. | FRONT BUMPER BRACKET RH <i>buy ✓</i> | 1 PC | 230.00 | 230.00 ✓ |
| 3. | FOG LAMP RH <i>?</i> | 1 PC | 320.00 | 320.00 ? |
| 4. | FOG LAMP COVER RH <i>?</i> | 1 PC | 60.00 | 60.00 ? |
| 5. | HEADLAMP RH <i>buy ✓</i> | 1 PC | 950.00 | 950.00 ✓ |
| 6. | HEADLAMP BRACKET RH <i>buy ✓</i> | 1 PC | 150.00 | 150.00 ✓ |
| 7. | FRONT GRILLE ASSY <i>buy ✓</i> | 1 PC | 550.00 | 550.00 ✓ |
| 8. | FRONT CORNER PANEL RH <i>buy ✓</i> | 1 PC | 280.00 | 280.00 ✓ |
| 9. | FRONT PANEL (HINO) STICKER <i>buy ✓</i> | 1 PC | 90.00 | 90.00 ✓ |
| 10. | FRONT PANEL (300) STICKER <i>buy ✓</i> | 1 PC | 90.00 | 90.00 ✓ |
| 11. | RH FRONT DOOR (616) STICKER <i>buy ✓</i> | 1 PC | 90.00 | 90.00 ✓ |
| 12. | RH FRONT STEP GARNISH <i>buy ✓</i> | 1 PC | 350.00 | 350.00 ✓ |
| LIST TOTAL S\$ | | | | 3,910.00 |
| 10% DISCOUNT S\$ | | | | -391.00 |
| | | | | 3,519.00 |
| SPECIAL NET ITEMS : | | | | |
| 1. | FRONT PANEL (FLAMMABLE LIQUID) STICKER <i>buy</i> | 1 PC | 60.00 | 60.00 |
| SPECIAL NET TOTAL S\$ | | | | 60.00 |
| LABOUR : | | | | |
| TO INSPECT FRONT LIGHTING WATER & LEAKAGE TEST | | | 20 | 40.00 |
| TO REMOVE & INSTALL CARPET, GARNISH, ETC IN ORDER TO STRAIGHTEN RH FRONT DOOR PILLAR | | | 11X | 200.00 |
| TO STRAIGHTEN RH FRONT DOOR PILLAR, FRONT PANEL AND AFFECTED AREAS AND RENEW DAMAGED PARTS | | | 580 | 800.00 |
| TO APPLY RUST PROOF ON AFFECTED AREAS | | | 11X | 60.00 |
| TO SPRAY PAINT ON REPLACED, REPAIRED AREAS | | | 800 | 1,000.00 |
| LABOUR TOTAL S\$ | | | | 2,100.00 |

Estimate

20/05/2020

SOMPO INSURANCE SINGAPORE PTE LTD
50 RAFFLES PLACE
#05-01/06 SINGAPORE LAND TOWER
SINGAPORE 048623.

Attention :- **XA018**

Page # :- 1 138269

Veh # :- YL5160D

Veh Model :- HINO XZU605R

Estimate# :- CK420669

Claim # :-

ACC. Date :- 15/05/20

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\$ |
|-----|-------------|-----|---------|-------------|
|-----|-------------|-----|---------|-------------|

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$

5,679.00

GST @ 7 %

397.53

AMOUNT DUE S\$

6,076.53

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:

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 | 16/05/2020 08:16 |
| Date Of Accident | 15/05/2020 15:45 |
| Exact Location Of Accident | PIONEER ROAD NORTH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | YL5160D |
| Insured/Policyholder | |
| Name Of Registered Owner | KYOWA PETROCHEMISTRY (S) PTE LTD |
| Co Reg No | NA |
| Email Address | KPS@METALQUEST.COM.SG |
| Mobile Phone No | (LOCAL) +65-87819398 |
| Alternative Phone No | OFFICE-87819398 |
| Vehicle Particulars | |
| Manufacturer | HINO |
| Model | TRUCK |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5077906010-04 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SEE CHEN CHUAN |
| NRIC No | SXXXX5711 |
| Date Of Birth | 29/01/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/12/2014 |
| Driving Experience | 5 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87819398 |
| Fax Number | |
| Contact Number | OFFICE-87819398 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 450B BUKIT BATOK AVE- 8 #12-601 |
| Postcode | 652450 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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

REFER ATTACHED. REMARK: TYPE OF ACCIDENT REFER STATEMENT

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 | SKE3468H |
| Vehicle Make/Model/Colour | HONDA STREAM |
| Details Of Properties | REAR PORTION |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GANGARAJU RAJEWDER KUMAR |
| NRIC/Passport Number | SXXXX757F |
| Contact Number | 81987924 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan #2

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 (a) 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:

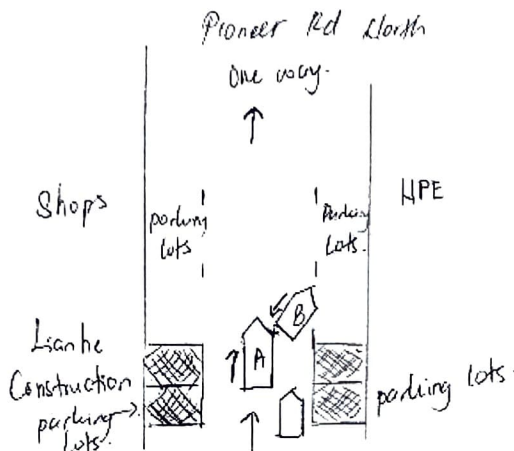
Reporting Centre Person's Signature
Name:
NRIC/IN No.:

Sketch Plan

SKETCH PLAN

① YL 5160D

② SKE 3468H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight when vehicle B reversed and hit against my vehicle right front portion and right side. We exchanged particulars and took photos. No one was injured. I am filing this report for insurance claims.

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:
ERIC/IN No.:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| Vehicle Owner Particulars | |
|-------------------------------------|----------------------------|
| Owner ID Type: | Company |
| Owner ID: | 485K |
| Vehicle Details | |
| Vehicle No.: | YL5160D |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 03 Jul 2020 |
| Vehicle Make: | HINO |
| Vehicle Model: | XZU605R 10FT NARROW CAB 5T |
| Primary Colour: | White |
| Manufacturing Year: | 2015 |
| Engine No.: | N04CUS25126 |
| Chassis No.: | JHHACS3H10K002902 |
| Maximum Power Output: | - |
| Open Market Value: | \$26,512.00 |
| Original Registration Date: | 24 Feb 2016 |
| First Registration Date: | 24 Feb 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,326.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 23 Feb 2026 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| PQP Paid: | \$19,541.00 |
| COE Rebate Amount: | \$11,026.00 |
| Total Rebate Amount: | \$11,026.00 |

The information contained herein is correct as at 03 Jul 2020

OK

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WOW! 1.99% P.A, \$438 Monthly By Gv Financing, \$0 Admin,\$0 Down,2 years warranty GV Credit Pte LtdStarAd



HIN LUNG AUTO

Ho Bee Group

One Stop Car Hub

Finance, Insurance, Workshop

New and Used Cars

30 years of car sale


Browse by Category

Sort by Date Posted20 results/page

1 vehicles

Hino XZU605R

Advanced SearchSubmit

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mileage | Veh Type | Status |
|---|------|---------|----------|--------------|-------------|----------|---------|----------|-----------|
| Search Selection | Hino | XZU605R | Any | Any | Any | Any | Any | Any | Available |
| <div></div> | Hino | XZU605R | \$39,800 | \$7,170 /yr | 20-Jan-2016 | 4,009 cc | - | Truck | Available |
| <div>Fuel Type: Diesel</div> <div>1 Owner, Mint Condition! Powerful 4000cc 10Ft Freezer Truck (-20) With High Payload At 2680kg. No Repair Needed! Fast And Easy In...</div> <div>ABWIN (1994) Pte Ltd</div> <div>Posted: 01-Jul-2020Tags: 2016 Hino XZU605R, Hino XZU605R, Hino, XZU605R</div> | | | | | | | | | |

Save this search criteria, to get email alerts whenever a match is found.

MakeModelPriceDepreciationReg DateEng CapMileageVeh TypeStatus

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