

ASS. REC. BY:

Steve

REF:

CS/SMO 20009684/Ekyf3

## 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: \_\_\_\_\_

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: 564 2794 X Yr Regn: 9/5/97Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1598Colour: Beige A/C: Insured / Std / NI / NASp. Reading: 308357 T/Radio: Insured / Std / NI / NA

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

C/No: JM 6SK 106270344641Gen. Cond: Good / Fol / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / SR / m / STD A/Rim orTyre Size: F: 195/50 R15R: 1'BS / DUN / EXNOVA / GY FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or 8Front 4 mm Rear 4 mmR/Bal. 4 mm U/Bal. 4 mmL/Bal. 4 mm D.O.I. 21/9/20D.O.A. 5/9/20 Survey held at MovaDes. 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

NIV-13K

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / L.B. / C.

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

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

Add Fee:

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

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

**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,  
#01-04/06/08/34  
Singapore 159722

Tel: (65) 6272 3892  
Fax: (65) 6270 8314

Co. Reg: 198904033G  
GST Reg: M2-0088864-2

# Estimate

10/09/2020

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

Attention :- XA018

Page # :- 1

Veh # :- SGU2704X

Veh Model :- MAZDA 3 SP

Estimate# :- CK420986

Claim # :- TP/CK138993

ACC. Date :- 05/09/20

Terms :- C.O.D Days

Remarks :- WAFF 09 MAY 2007 (2007) - 2022

No.	Description	Qty	U.Price	Amounts S\$
<b>LIST ITEMS :</b>				
1.	BOOTLID / DO	1 PC	875.00	875.00
2.	BOOTLID SPOILER / BR	1 PC	630.00	630.00
3.	BOOTLID LOGO / BR	1 PC	46.00	46.00
4.	BOOTLID EMBLEM - MAZDA / BR	1 PC	35.00	35.00
5.	BOOTLID EMBLEM - 3 / BR	1 PC	35.00	35.00
6.	BOOTLID STICKER - SP / BR	1 PC	40.00	40.00
7.	BOOTLID LAMP LH X	1 PC	356.00	356.00
8.	BOOTLID LAMP RH X	1 PC	356.00	356.00
9.	BOOTLID LOCK / ST	1 PC	196.00	196.00
10.	BOOTLID RUBBER X	1 PC	95.00	95.00
11.	TAILLAMP LOWER BRACKET LH & RH X	2 PC	63.00	126.00
12.	REAR BUMPER / DO	1 PC	879.00	879.00
13.	REAR NUMBER PLATE LAMP X	1 SET	183.00	183.00
14.	REAR BUMPER REFLECTOR LH X	1 PC	65.00	65.00
15.	REAR BUMPER SKIRT X (NOT COMPLETED)	1 SET	860.00	860.00
16.	REAR BUMPER SIDE RETAINER LH / BR	1 PC	36.00	36.00
17.	REAR BUMPER SIDE RETAINER RH / BR	1 PC	36.00	36.00
18.	REAR BUMPER LOWER BRACKET X	2 PC	42.00	84.00
19.	REAR BUMPER REINFORCEMENT	1 PC	475.00	475.00
20.	REAR BUMPER CLIPS / BR	10 PC	4.80	48.00
21.	END PANEL TOP GARNISH	1 PC	125.00	125.00
22.	END PANEL X R	1 PC	350.00	350.00
LIST TOTAL S\$				5,931.00
20% DISCOUNT S\$				-1,186.20
				4,744.80
<b>SPECIAL NET ITEMS :</b>				
1.	REVERSE SENSOR / BR	1 PC	280.00	280.00
2.	REAR NUMBER PLATE / BR	1 PC	40.00	40.00
SPECIAL NET TOTAL S\$				320.00
<b>LABOUR :</b>				
TO INSPECT REAR LIGHTING MECHANISM & CHECK WIRING				30 60.00
TO INSTALL REVERSE SENSOR & DIAGNOSE FUNCTION				30 80.00
TO CUT OFF END PANEL. TO REMOVE & REPLACE DAMAGED ITEMS. REALIGN CONNECTION				600 800.00
TO APPLY BODY JOINT SEALANT				30 60.00
TO RUST PROOF ON REPAIRED AREAS				X 60.00
TO SPRAY PAINT ON REPAIRED AREAS				700 800.00

# Estimate

10/09/2020

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

Attention :- XA018

Page # :- 1 138993  
Veh # :- SGU2704X  
Veh Model :- MAZDA 3 SP  
Estimate# :- CK420986  
Claim # :-  
ACC. Date :- 05/09/20  
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,  
#01-04/06/08/09  
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\$
	LABOUR TOTAL S\$			1,860.00

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 6,924.80

GST @ 7 % 484.74

AMOUNT DUE S\$ 7,409.54

*Jaclyn*

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 07/09/2020 11:12  
Date Of Accident 05/09/2020 12:15  
Exact Location Of Accident PI NEAR TOA PAYOH TOWARDS KALLANG  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU2704X  
**Insured/Policyholder**  
Name Of Registered Owner LAM PINK KHOON  
NRIC No SXXXX149I  
Email Address MAURICIS1@SINGNET.COM.SG  
Mobile Phone No (LOCAL) +65-96393445  
Alternative Phone No OTHERS-96393445

### Vehicle Particulars

Manufacturer MAZDA  
Model MAZDA3SP LUX

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

### Insurance Company

Name of Insurance Company GREAT EASTERN GENERAL INSURANCE LIMITED  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 2020- 8005618-VAW-R006  
Cover Note Number

### Driver

Name of Driver LAM PINK KHOON  
NRIC No SXXXX149I  
Date Of Birth 08/09/1950  
Occupation INDOOR  
Date Of Driving Pass 02/03/1971  
Driving Experience 49 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96393445  
Fax Number  
Contact Number OTHERS-96393445  
Email Address MAURICIS1@SINGNET.COM.SG

Address 3 JALAN ANAK BUKIT  
#18-04  
Postcode 588998  
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 -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
Weather Conditions RAINING  
Road Surface WET

#### 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) 2  
Passenger 1 NAME: : MICHELLE  
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

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 1:

Vehicle Registration Number GBG7638D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

\_\_\_\_\_  
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

Sketch Plan showing accident location on a grid. The grid is labeled 'KALLANG' at the top and 'TOA PAYOH' on the left. A vertical line represents the road, with 'PIE' (Police Investigation Event) marked near the top and 'WHITEY RD' marked near the bottom. A horizontal line represents the road, with 'UNKNOWN' marked near the top and 'SHF 1613.2' marked near the bottom. A vehicle is shown on the horizontal road, with 'MY CAR 56U 2704X' and 'GBG 7638D' marked. A vehicle is shown on the vertical road, with 'GBJ 6332R' marked. The accident is marked with a circle and 'X'.

UNKNOWN SHF 1613.2 DRIVEN BY MR HARSHAL SINGH S/P: KEDIR \$134 4735 B  
MY CAR 56U 2704X  
GBG 7638D BY MR HARPREET SINGH G-8283129 R  
GBJ 6332R  
TIME: 1215 - 1230 HRS  
WEATHER: RAINING

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: 56U 2704X ACCIDENT DATE & TIME: 1215 - 30 HRS 5 SEPT 2020  
CONTACT NUMBER: 96393445 E-MAIL ADDRESS: manvics3@nigant.com.sg.  
LOCATION: PIE NEAR TOA PAYOH TOWARDS KALLANG

AS I WAS DRIVING PAST TOA PAYOH TOWARDS KALLANG ON PIE, I HAD TO APPLY EMERGENCY BRAKE AS THE FRONT VEHICLE WASN'T MOVING. MANAGED TO BRAKE JUST IN FRONT BUT A FEW SECONDS LATER WAS JOLTED BY A COMMERCIAL VEHICLE BEHIND (RATHER HARD). UPON INSPECTION THERE WERE SEVERAL DENTS ON THE BACK OF MY CAR. ONLY TWO VEHICLES INVOLVED 56U2704X (MY CAR) AND GBG7638D (THIRD PARTY) THE REST OF VEHICLES STOPPED TO ASSIST TOO.

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:

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

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