

ASS. REQ. BY:

Steve

REF:

CS/CTI 20010445/Eg f3

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. DMB1SNW00005782004

Claims No. SNM20D203581C02

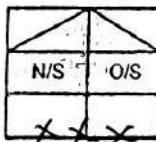
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLL 6756H

Yr Regn:

6/3/17

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

Truck / Trailer or

Make:

Nissan X-Trail

c.c.

1997

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

32128

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN 11 JAN 17 322.000183

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/65R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

27/9/20

D.O.I.

30/9/20

Survey held at

Mora

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

01/10/20 @ 12.20pm revised to Tan Kah Leong via Merimen.

03/06/21 @ 9.25am Steve finalised with Ah Keong final fig \$7073.26, 5 days.

(No Lump Sum)

Date/Time, File Pass to?



Prell. Report

03/06 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Workshop (\$

Survey Fee:

Transportation:

S + RS SJ

Photos

Others

TOTAL

Rep. Form:

MER-TP

Lump sum / F.P. / C.

7073.26

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

29/09/2020

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

Attention :- XA017

WIL 10/10/20
 30/9/20 11.11.20
 P/P, R/B, S/P
 4 to days
 Page # :- 1
 Veh # :- SLL6756H
 Veh Model :- NISSAN X-TRAIL 2.0 CVT ABS 4WI
 Estimate# :- CK421060
 Claim # :-
 ACC. Date :- 27/09/20
 Terms :- C.O.D Days
 Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
NET ITEMS :				
1.	REAR BOOT / OR	1	PC 4,300.00	4,300.00
2.	REAR BOOT LOGO / NC	1	PC 79.70	79.70
3.	REAR BOOT EMBLEM "X-TRAIL" / NC	1	PC 113.10	113.10
4.	REAR BOOT CHROME	1	PC 168.60	168.60
5.	REAR BOOT CAMERA X	1	PC 1,125.00	1,125.00
6.	REAR BOOT LOCK / DT	1	PC 557.90	557.90
7.	REAR BOOT CATCH X	1	PC 37.10	37.10
8.	REAR BOOT RUBBER X	1	PC 163.80	163.80
9.	REAR BOOT LAMP L + R X	2	PCS 180.00	360.00
10.	REAR WINDSCREEN MOULDING / NC	1	SET 176.50	176.50
11.	REAR PANEL X R	1	PC 447.50	447.50
12.	REAR PANEL TRIM X	1	PC 137.50	137.50
13.	REAR BUMPER / DO	1	PC 683.80	683.80
14.	REAR BUMPER REINFORCEMENT ?	1	PC 533.80	533.80
15.	REAR BUMPER BRACKET L + R X	2	PCS 174.80	349.60
16.	REAR BUMPER RETAINER L + R / OR	2	PCS 35.90	71.80
17.	REAR BUMPER CLIP / NC	10	PCS 4.40	44.00
18.	REAR KEYLESS SENSOR ?	1	PC 174.40	174.40
NET TOTAL S\$				9,524.10
10% DISCOUNT S\$				-952.41
				8,571.69
SPECIAL NET ITEMS :				
1.	REAR WINDSCREEN SEALANT / OR	1	PC 80.00	80.00
2.	REAR BUMPER SENSOR	1	PC 280.00	280.00
3.	REAR NUMBER PLATE X	1	PC 45.00	45.00
SPECIAL NET TOTAL S\$				405.00
LABOUR :				
TO CUT AND WELD REAR END PANEL. TO REPAIR REAR PANEL. TO REMOVE AND REFIX DAMAGED PARTS, STRAIGHTEN AND REALIGN AFFECTED AREA				500 840.00
TO SPRAY AFFECTED AREA				600 850.00
TO REMOVE AND REFIX REAR WINDSCREEN GLASS				120 180.00
TO REMOVE AND REFIX REAR BOOT MECHANISM, CHECK & TEST WIPER MOTOR & CENTRE LOCKING SYSTEM				50 80.00
TO REMOVE AND REFIX REAR LUGGAGE COMPARTMENT SIDE GARNISH, SIDE TRIM BOARD, CARPET AND OTHER ATTACHMENT PARTS				30 80.00
TO INSTALL REVERSE SENSOR & CHECK WATER SEEPAGE				30 60.00

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Estimate

29/09/2020

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3 Anson Road
#16-00 Springleaf Tower
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Attention :- XA017

Page # :- 1 139110
 Veh # :- SLL6756H
 Veh Model :- NISSAN X-TRAIL 2.0 CVT ABS 4WI
 Estimate# :- CK421060
 Claim # :-
 ACC. Date :- 27/09/20
 Terms :- C.O.D Days
 Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
	TO RUST PROOF AFFECTED AREA			30 40.00
	LABOUR TOTAL S\$			2,130.00

E. & O.E

NON-TAX AMOUNT S 11,106.69
 AMOUNT S\$
 GST @ 7 % 777.47
 AMOUNT DUE S\$ 11,884.16

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Foreign Identification Number

394T

SL16756H

Yes

28 Sep 2020

NISSAN

X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR

Blue

2016

MR20905740B

JN1JANT32Z0002753

106.0 kW (142 bhp)

\$23,227.00

06 Mar 2017

06 Mar 2017

2

\$24,518.00

Yes

05 Mar 2027

\$18,388.00

05 Mar 2027

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

10

\$50,621.00

\$32,549.00

\$50,937.00

The information contained herein is correct as at 28 Sep 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 renege 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 at/through.

ACCIDENT STATEMENT:

Date Of Report 28/09/2020 14:00
Date Of Accident 27/09/2020 20:10
Exact Location Of Accident EAST COAST PARK SERVICE ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SLL6756H
Insured/Policyholder
Name Of Registered Owner LEE YOUNGSUNG
Passport No/FIN GXXXX394T
Email Address ORANGE20Y@GMAIL.COM
Mobile Phone No (LOCAL) +65-82182545
Alternative Phone No OFFICE-82182545
Vehicle Particulars
Manufacturer NISSAN
Model X-TRAIL-2.0 (A)
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 AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number
Cover Note Number
Driver
Name of Driver LEE YOUNGSUNG
Passport No/FIN GXXXX394T
Date Of Birth 13/02/1982
Occupation INDOOR
Date Of Driving Pass 08/11/2019
Driving Experience 0 YEAR AND 10 MONTH
Gender MALE
Mobile Number (LOCAL) +65-82182545
Fax Number
Contact Number OFFICE-82182545
Email Address ORANGE20Y@GMAIL.COM

Address 27 KEPPEL BAY VIEW REFLECTION@KEPPEL BAY
 #04-80
 Postcode 098416
 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 - 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?
 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 TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number CB7773K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 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.
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:

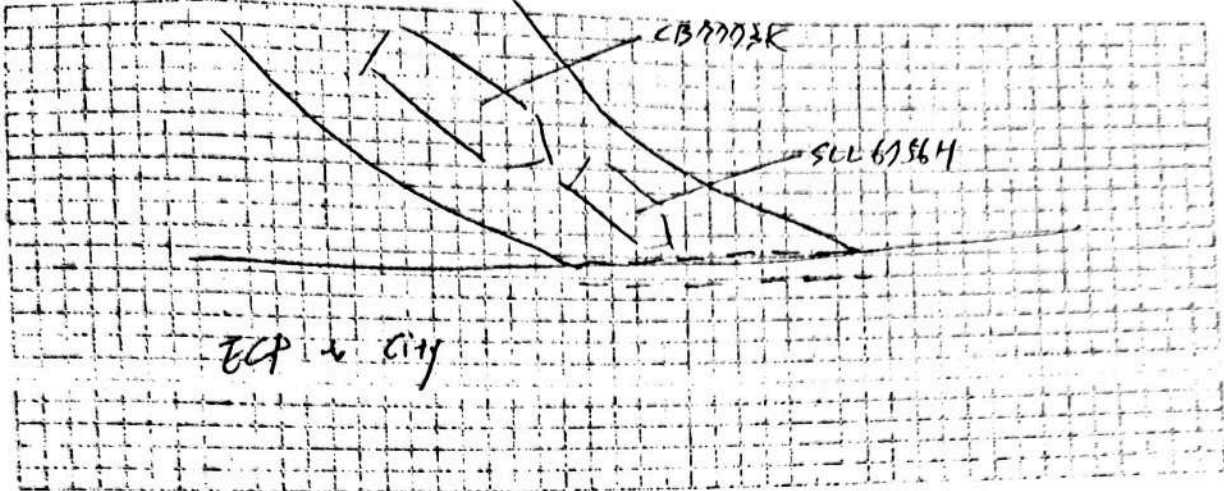


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLL 67564 ACCIDENT DATE & TIME: 27th Sep. 20:10
 CONTACT NUMBER: PLB 2545 E-MAIL ADDRESS: orange28y@gmail.com
 LOCATION: E Coast Park Service Rd

I was about to join to "ECP highway" from "Ease Coast Park Service Road" and gave way to the other vehicles. All at sudden, I felt some crash at the tail of my car. I found that big bus (CB7773K) crashed into my tail gate. I asked why he made an accident and he replied he lost his concentration to see behind whether the other cars were coming, or not.

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 Thrd 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.:

SIAR/MC Sketch Plan Form 2