

Tanpoh

REF:

CS/SMO20010723/T.Kyff3

00E 2023 Nov

Veh No: 5JL4764X Yr Regn: 2008 / Nov

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

Truck / Trailer or

Make: Suzuki SX4 c.c 1586.

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

Sp. Reading 422580 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SS 4G 9A 2150011 9966.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R15

R: 5 5

N/S	O/S

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

TOYO / YOKO or

Front

R/Bal. 6 mm R/Bal. 6 mm

UBal. 1 mm      UBal. 6 mm

D.O.A. D.O.I. 6/10/70

Survey held at Mong Tan Yoon

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

Frst o/s

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

[illegible]

☐ : Preli. Report  
☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

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

Report Formed :

LEADIN SECRET / I.B.I. C

Survey Fee:

Transportation:

$$\text{S} + \text{RS} \rightleftharpoons \text{SI}$$

## Photos

Quivers

T. T. T.

**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

06/10/2020

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

Attention :- **XA018**

Page # :- 1

Veh # :- SJL4764X

Veh Model :- SUZUKI SX4 1.6HB AT

Estimate# :- CK421087

Claim # :-

ACC. Date :- 05/10/20

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
<b>LIST ITEMS :</b>				
1.	BONNET	1 PC	481.60 <i>bt</i>	481.60
2.	HEADLAMP RH	1 PC	369.05 <i>inn</i>	369.05
3.	RADIATOR GRILLE	1 PC	117.30 <i>?</i>	117.30
4.	RADIATOR GRILLE LOGO	1 PC	20.00 <i>de</i>	20.00
5.	FRONT BUMPER	1 PC	790.45 <i>de</i>	790.45
6.	FRONT BUMPER SIDE GARNISH RH	1 PC	48.05 <i>dis</i>	48.05
7.	FRONT BUMPER LOWER SPOILER	1 PC	167.00 <i>de</i>	167.00
8.	FRONT BUMPER RETAINER RH & LH	2 PCS	20.00 <i>de</i>	40.00
9.	FRONT BUMPER CLIPS	10 PCS	3.00 <i>rel</i>	30.00
10.	FOG LAMP RH	1 PC	130.95 <i>?</i>	130.95
11.	SUPPORT PANEL (REPAIR)	1 PC		
12.	FRONT FENDER RH	1 PC	272.20 <i>bt</i>	272.20
13.	FRONT FENDER ARCH MOULDING RH	1 PC	195.85 <i>de</i>	195.85
14.	FRONT FENDER COWLING RH	1 PC	60.00 <i>in</i>	60.00
15.	FRONT FENDER COWLING CLIPS	10 PCS	3.00 <i>rel</i>	30.00
16.	FRONT FENDER EMBLEM - VVT	1 PC	15.00 <i>rel</i>	15.00
17.	FRONT FENDER BRACKET RH	1 PC	25.00 <i>Rp</i>	25.00
LIST TOTAL S\$				2,792.45
15% DISCOUNT S\$ <i>Frt RH Rim scr X R.</i>				-418.87
				2,373.58
<b>LABOUR :</b>				
TO KNOCK AND STRAIGHTEN SUPPORT PANEL. REMOVE AND REPLACE ACCIDENT DAMAGED PARTS. REALIGN ALL CONNECTION <i>, repair front RH rim</i>				600 680.00
SPRAY PAINT BONNET, SUPPORT PANEL, FRONT BUMPER, FRONT FENDERS RH & LH <i>, spray front RH Rim.</i>				700 800.00
CHECK WIRING & FOCUS HEADLIGHT				✓ 30.00
RUST PROOF AFFECTED AREA				30 60.00
LABOUR TOTAL S\$				1,570.00

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Attention :- XA018

Page # :- 1 139233

Veh # :- SJL4764X

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E. &amp; O.E

NON-TAX AMOUNT S

AMOUNT S\$ 3,943.58

GST @ 7 % 276.05

AMOUNT DUE S\$ 4,219.63

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

LKK.  
Lumpsum  
Resurvey after repair  
- WP - 4 days  
6/10/20 @ 4pm

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: Business  
Owner ID: 860X

**Vehicle Details**

Vehicle No.: SJL4764X  
Vehicle to be Exported: No  
Intended Deregistration Date: 06 Oct 2020  
Vehicle Make: SUZUKI  
Vehicle Model: SX4 1.6HB AT  
Primary Colour: Grey  
Manufacturing Year: 2008  
Engine No.: M16A1397581  
Chassis No.: JSAGYA21500119966  
Maximum Power Output: 75.0 kW (100 bhp)  
Open Market Value: \$15,112.00  
Original Registration Date: 28 Nov 2008  
First Reg. Expiry Date: 28 Nov 2008  
Number of Cycles: 4  
Open Market Value: \$15,112.00

**Intended PARF Rebate Details**

PARF Eligibility: Forfeited  
PARF Expiry Date: -  
PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 27 Nov 2023  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 5  
PQP Paid: \$14,835.00  
COE Rebate Amount: \$9,321.00  
**Total Rebate Amount: \$9,321.00**

**Message**

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 06 Oct 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 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 05/10/2020 17:58  
Date Of Accident 05/10/2020 13:15  
Exact Location Of Accident JLN AHMAD IBRAHIM TWDS TEBAN (PIONEER ROUNDABOUT)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL4764X  
Insured/Policyholder  
Name Of Registered Owner CHUABT ENTERPRISE  
Lic Reg No 5XXXX860X  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-97828184

### Vehicle Particulars

Manufacturer SUZUKI  
Model SX4 1.6HB AT

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 HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5105580715-01

Cover Note Number

### Driver

Name of Driver CHUA BAN TEIK @ LUM BAN TEIK  
NRIC No SXXXX379I

Date Of Birth 26/02/1949

Occupation OUTDOOR

Date Of Driving Pass 30/01/1971

Driving Experience 49 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97828184

Fax Number

Contact Number

Email Address NOEMAIL

Address	BLK 52 TEBAN GARDENS ROAD #13-591
Postcode	600052
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	-
	-
	-
<b>General Information of the Accident</b>	
Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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?	YES
Has any injured conveyed to hospital by ambulance?	NO
Was any personal material or property damaged?	YES
Have been approached by unknown person(s) claiming offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
PLEASE REFER TO POLICE REPORT NO. T/20201005/2112.	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
<b>DETAILS OF OTHER VEHICLE PROPERTY</b>	
Vehicle Registration Number	FP5709B
Vehicle Make/Model/Colour	
<b>Details Of Properties</b>	
Vehicle Category	MOTORCYCLE
Name of Driver	DESMOND S/O RAVICHANDRAN
NRIC/Passport Number	SXXXX329H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FP5709B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

**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.

**CHUABT ENTERPRISE**

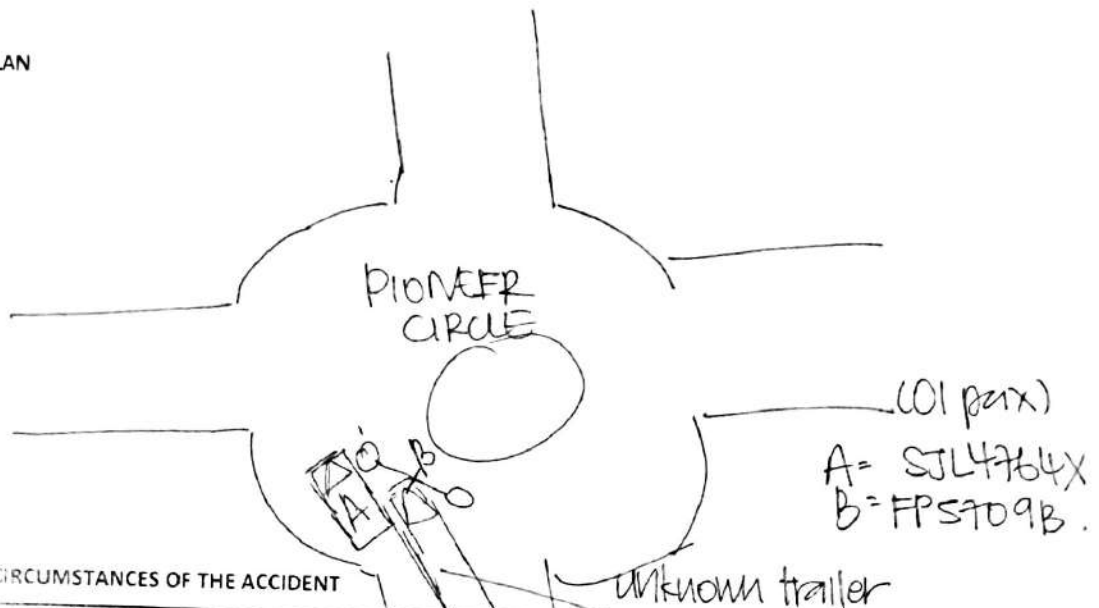
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE	SJL4764X.	ACCIDENT DATE & TIME	05/10/2020 @ 1:15 PM.
CONTACT NUMBER	97828184.	E-MAIL ADDRESS:	
LOCATION	Jln Ahmad Ibrahim going towards Taman Gardens.		

My vehicle was already in the roundabout (fully). The unknown trailer was travelling just beside my vehicle. When suddenly, Veh B came and hit onto the front right portion of my vehicle. When alerted, Veh B mentioned that he was injured and acknowledged when I told him that I will proceed with insurance claims. Ambulance came at scene and conveyed Veh B to the hospital. That's all.

CW/x

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			
<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.

**CHUABT ENTERPRISE**

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.  
05/10/2020