ASS. REC. BY: RAYME - REF: CS/CT1126	010750 Rigid3 176A
311111111111111111111111111111111111111	GNMENT
	Veh No: SMS 8875K Yr Regn: 2020/ MAR
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / PIWS ITP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: SMS \$87812	Make: Howa VEZEL 1-5 X CVT c.c 1496
at Workshop m/s MovA	Colour WHITE A/C: Insured / Std / NI / NA
of 15, FAR YORN'S RD	Sp.Reading
Insured: CT(Eng/No:
Policy No.	C/No: Rul1326202 .
Claims No. SNM20D203707/C02	Gen. Cond: Good / Paly Poor / Burnt
Sum Insured: Excess:	Steering: Iprorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SIRim / STD A/Rim or
	Tyre Size: F: 218/60R/6
(Policy Condition)	R: 14
Remark: The veh had commenced its N/S O/S	BS DUM EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I
repair at the time of inspection.	TOYOTYOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L/Bal. mm
Est. Repairs: 4 days Res.: Yes or No	D.O.A. 02 16 2020 D.O.I. 08/0/220
Lum Sum: % · 3 Val.: Yes or No	Survey held at MoVA
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
05/05/22 Submit Preli. report The vehicle has	not send in for repair.
Dale/Time, File Pass to? : Preli. Report	Days Of Repair: 4
1) 05/05 Typist : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	ee: :Site Insp (\$) _s+Rs_si
	: Interview (\$) Photos
Repro-Formal:	:Tech. Invs (\$) others
Library Seem / LES P. (St.	Wediend (S

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. #01-04/06/08/94 Singapore 159722

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

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

Page #

Veh# SMS8875K

Veh Model :-HONDA VEZEL 1.5X CVT

CK421089 Estimate# :-

Claim #

Estimate

CHINA TAIPING INSURANCE (S) PTE LTD

06/10/2020

3 Anson Road

Singapore 079909.

Attention :- XA017

#16-00 Springleaf Tower

ACC. Date :- 02/10/20

Terms

C.O.D Days

Remarks

lo.	Description	(KAPAL	Qty U.F	Price Amounts S\$
	LIST ITEMS :	#p90010068		
1.	HEADLAMP ASSY RH CM	11 100	1 PC 1.7	15.10 1,715.10
2.	HEADLAMP TOP MOULDING RH X NN	4 days	1 PC	85.00 85.00
3.	FRONT BUMPER SA	- 10	1 PC 8	01.70 801.70
4.	FRONT BUMPER RETAINER RH 💢 NN	719	1 PC	17.50 17.50
5.	FRONT BUMPER CLIPS		10 PCS	3.50 35.00
6.	FOG LAMP GARNISH RH SU	11/2020 P1140	1 PC	60.00 60.00
7.	FRONT FENDER RH (REPAIR)	08/10/2000	1 PC	3
8.	FRONT FENDER ARCH MOULDING RH SUL-	·	1 PC 1	53.00 153.00
	LIST TOTAL S\$	Ob/10/2020 @1140 Rosury Sefore paint		2,867.30
	20% DISCOUNT S\$			-573.46
	LABOUR: TO KNOCK AND STRAIGHTEN FRONT FENDER RH. REMOVE AND REPLACE ACCIDENT DAMAGED PARTS.	LKK Auto Consultants the Repairer of the foll • To resurvey before/after s	owing:	7
	REALIGN ALL CONNECTION	• To display damaged and	pray painting	300 408.00
	ODDAY DAINT EDONT DUMPED, EDONT EENDED DU	To display damaged part(sParts prices are subject to	s) during resurvey	
	SPRAY PAINT FRONT BUMPER, FRONT FENDER RH (PEARL COLOUR)	Third party survey is on a	"Without Desire"	500 608.00
	(PEARL COLOUR)	No illegal modification(s) is	without Prejudice" basis	500 500.0
	CHECK WIRING & FOCUS HEADLIGHT	 Supplementary item(s) mu 	ist be resurveyed and	30.0
		is subject to final approval	Horr insurance Company	
	LABOUR TOTAL S\$	is subject to final approval	Holl Insurance Company	1,030.0
	LABOUR TOTAL S\$	Acknowledged by Repairer Signature:	Horri Insurance Company	1,030.0

Date:

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ GST @ 7 %

3,323.84

232.67

AMOUNT DUE S\$

3,556.51

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

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 witholding 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.

aforesaid.	and the state of t
	ACCIDENT STATEMENT
Date Of Report	05/10/2020 18:56
Date Of Accident	02/10/2020 21:20
Exact Location Of Accident	ALONG BANYAN AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMS8875K
Insured/Policyholder	
Name Of Registered Owner	SAMIDURAI RAMESH
NRIC No	SXXXX176A
Email Address	SAMIDURAIRAMESH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92976260
Alternative Phone No	OTHERS-92976260
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116847212

Driver

Cover Note Number

Name of Driver	SAMIDURAI RAMESH

NRIC No SXXXX176A

Date Of Birth 23/12/1969

Occupation INDOOR

Date Of Driving Pass 04/11/2013

Driving Experience 6 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92976260

Fax Number

Contact Number OTHERS-92976260

EMail Address SAMIDURAIRAMESH@GMAIL.COM

Address

BLK 197D BOON LAY DRIVE #09-113

Postcode

644197

NO Was driver an employee of the Insured's Company

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20201005/7017.

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

YN7796X

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

Page 2 of 27

. 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:

- 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")
- 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
- 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.
- 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.
- 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

Name:

NRIC/FIN No.:

No exetch

CENSE PLATE: SMS 887	SK ACCIDENT D	ATE & TIME: 02/10/20@	21201
ONTACT NUMBER: 92976	260 E-MAIL ADDF	RESS: Samidurairamesh	@gm
OCATION: ALONA BOY	Man Avenue	The state of the s	·
with the second			Cr
Mease refer to	police report no.	T20201005 7017	
W. W. Walland	V V V V V V V V V V V V V V V V V V V		
	And the second of the second o		
			e e
		e i galari. A di waxan di digan	- 1
1	the second of th	The second of th	
			,
		W	
NOTE: PLEASE NOTE TH	AT YOUR INSURER MAY HAVE 14 DAY	'S TIME FRAME FOR YOU TO SUBMIT AN	1
and the second s		CK YOUR POLICY FOR MORE INFORMAT	
Please state:			
() Claim Own Policy	() Claim Third Party () Claim OD/I	TP at other workshop () Reporting Only	
DECLARATION I/We declare the foregoing particul	ars are true in every respect.		
	Driver's Signature	Reporting Centre Personnel's Signat	ture



T/20201005/7017

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201005/7017

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:	Station Diary No.:	
and the second s	A Company of the Comp	
Address: 197D BOON LAY DRIVE #09-	113 SINGAPORE 644197	
Contact No.: Home/Office:	Mobile: 92976260	
Email: SAMIDURAIRAMESH@GMAIL.COM		
Type of Informant: Vehicle Owner		
Language: Institution / School Name: English		
Driving Licence Information: Class:	Date of Expiry:	
	Address: 197D BOON LAY DRIVE #09- Contact No.: Home/Office: Email: SAMIDURAIRAMESH@GMAI Type of Informant: Vehicle Owner Language: English Driving Licence Information:	

ieneral Inform Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/10/2020 21:20	Type of Location Car Park
Location: BANYAN AVI	ENUE			
Weather:		Road Surface:		Road Speed Limit: 20 Km/h
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Tuno of Colli	sion: cle Against - Parked V	ehicle		Anyone conveyed by ambulance: No

Details of V	工程 40 页 图 20 位 20 页 图 20 页 页 页	Make	Model	Color	Conditio	No of
/ehicle No.	I ype	是是他们的100mg。	THE STATE OF	White	Slightly	0
SMS8875K	Car		HONDA VEZEL	VVIIILE	Damaged	Service Control

Details of V	ehicle Insurance		-cc _c	Expiry Date
V-hiele No	Insurance Company	Insurance No	Effective	Continues and analysis of the second
venicie no.	Insurance Company	5116847212	19/03/2020	18/03/2021

Sketch Plan Pg. 4





2 of 3

Report No. T/20201005/7017

Police Station Of Origin: **Traffic Police** 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL	A. S.	Use of Ped	estrian	Cross	ing: NA
Vehicle Owner		The second			The Late	
Name	SAMIDURAI RAMESH			ID No.	, and the second	S6961176A
Related Vehicle	NIL			Conta	ct No.	92976260
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL	v - v	Date		NIL	
No. of Days gran	nted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 2nd October 2020 at about 0800hrs, I parked my vehicle (SMS8875K) at my workplace carpark at No.20 Banyan Avenue, Jurong Island. When I parked at the car park lot, I noticed a company (MultiHeight Scaffolding Pte Ltd) lorry (YN7796X) was parked at the right hand of my vehicle. I finished work around 2120hrs and noticed when I approached my vehicle, there were dent on the right hand front bumper and crack on the right head lamp. The next day when I saw the lorry from MultiHeight, I noticed some paint marks on the lorry and I suspect that lorry has damaged my car.

Sketch Plan Pg. 5



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20201005/7017

CONTINUATION OF REPORT

S	ket	ch	P	an

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Classification Of Case:

Classification Of Case:

Authentication Stamp

_{jack} to OneMotoring

quire PARF/COE Repare	for Registered Vehicle	
Vehicle Owner Particulars		

Vehicle Owner Particulars	The second secon
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	176A
Vehicle No.:	SMS8875K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	L15B5576242
Chassis No.:	RU11326202
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$23,187.00
Original Registration Date:	19 Mar 2020
First Registration Date:	19 Mar 2020
Transfer Count:	0
Actual ARF Paid:	\$14,462.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes 18 Mar 2030
PARF Eligibility Expiry Date:	\$10,846.00
PARF Rebate Amount:	\$10,040.00
Intended COE Rebate Details	18 Mar 2030
COE Expiry Date:	A - Car up to 1600cc & 97kW (130bhp)
COE Category:	10
COE Period(Years):	\$31,210.00
QP Paid:	\$24,968.00
COE Rebate Amount:	\$35,814.00
and the second s	

Total Rebate Amount:The information contained herein is correct as at 06 Oct 2020