ASS. REC. BY: Taufik | REF: CS / CT12 0012732 / Tcuf3.

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: $45K.

IDAC Accident Rport: ______ 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 — WP

Vehicle: IN / OUT

Date: ______ Person Contacted: Koong

Veh No: SLC7298D Yr Regn: 2016 / May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Peugeot 308 c.c 1199

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

Sp.Reading: 95046 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: VF3LPHNYWFS300511

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

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

Tyre Size: F: 225/45R17

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ______

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm

D.O.A. 17/11/20 D.O.I. 19/11/20

Survey held at: Mova BM

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
	Inform Koong repair limit $10K.

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 18/1/21-Typist

Report Format: Merimen

Lump Sum / I.B.I: (LS $10,000)

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Invs ($ ______)

[ ] : Weekend ($ ______)

Survey Fee: ______

Transportation: ___S + RS.___SI ______

Photos ______

Others ______

TOTAL ______

MOVA
Automotive Pte Ltd

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

18/11/2020

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

Attention :- **XA017**

Page # :- 1
Veh # :- SLC7298D
Veh Model :- PEUGEOT 308 1.2
Estimate# :- CK421223
Claim # :-
ACC. Date :- 17/11/20
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty		U.Price	Amounts S$
	LIST ITEMS :				
1.	REAR BOOT	1	PC	2,538.00 bt	2,538.00
2.	REAR BOOT LOGO	1	PC	86.00 nel	86.00
3.	REAR BOOT EMBLEM 308	1	PC	84.00 nel	84.00
4.	REAR BOOT EMBLEM "PEUGEOT"	1	PC	89.00 nel	89.00
5.	REAR BOOT EMBLEM "PURETECH"	1	PC	65.00 nel	65.00
6.	REAR BOOT EMBLEM	1	PC	25.00 nel	25.00
7.	REAR BOOT LOCK	1	PC photo	335.00 ?	335.00
8.	REAR BOOT CATCH	1	PC	108.00 ?	108.00
9.	REAR BOOT HINGE L+R	2	PC	138.00 ?	276.00
10.	REAR BOOT INNER TRIM	1	PC	632.00 ?	632.00
11.	REAR BOOT INNER TRIM L+R	2	PC	110.00 ?	220.00
12.	REAR BOOT RUBBER	1	PC	198.00 ?	198.00
13.	REAR BOOT WIPER ARM	1	PC	65.00 ?	65.00
14.	REAR BOOT WIPER BLADE	1	PC	44.00 ?	44.00
15.	REAR BOOT WIPER MOTOR	1	PC	756.00 ?	756.00
16.	REAR BOOT DAMPLE L+R	2	PC	142.00 ?	284.00
17.	REAR BOOT LAMP L+R	2	PC	212.00 cur	424.00
18.	REAR WINDSCREEN GLASS	1	PC	1,256.00 cur	1,256.00
19.	REAR WINDSCREEN MOULDING	1	PC nel	26.00 ?	26.00
20.	REAR WINDSCREEN SIDE GARNISH L+R	2	PC	144.00 ?	288.00
21.	REAR LAMP L+R	2	PC L4cm	298.00 RH-?	596.00
22.	REAR LAMP CLIPS	2	PC	18.00 ?	36.00
23.	REAR BUMPER	1	PC	1,375.00 de	1,375.00
24.	REAR BUMPER TOW COVER	1	PC	55.00 de	55.00
25.	REAR BUMPER LOWER GARNISH	1	PC	323.00 fm	323.00
26.	REAR BUMPER SENSOR	4	PC	279.00 ?	1,116.00
27.	REAR BUMPER SENSOR WIRE	1	PC	481.00 ?	481.00
28.	REAR BUMPER SENSOR BRACKET	1	SET	165.00 nel	165.00
29.	REAR BUMPER UNDER COVER	1	PC	105.00 ?	105.00
30.	REAR BUMPER REINFORCEMENT	1	PC	398.00 bt	398.00
31.	REAR BUMPER BRACKET	1	SET	98.00 de	98.00
32.	REAR BUMPER RETAINER	1	SET	88.00 de	88.00
33.	REAR PANEL	1	PC	656.00 ?	656.00
34.	REAR PANEL INNER MEMBER	1	PC	368.00 ?	368.00
35.	REAR PANEL INNER TRIM	1	PC	216.00 ?	216.00
36.	REAR PANEL INNER TRIM CLIPS	6	PC	12.00 ?	72.00
37.	REAR FLOOR PANEL - TO REPAIR	1	PC		
38.	REAR FLOOR TOP COVER - TO CONFIRM	1	PC		
39.	REAR FENDER INNER TRIM L+R - TO CONFIRM	2	PC		
	LIST TOTAL S$				13,947.00
	10% DISCOUNT S$				-1,394.70
					12,552.30
	SPECIAL NET ITEMS :				
1.	REAR WINDSCREEN SEALANT	1	PC	80.00 nel	80.00
2.	REAR WINDSCREEN FILMMING	1	PC	250.00 mt	250.00
3.	REAR NUMBER PLATE	1	PC	60.00 bt	60.00

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

Estimate

18/11/2020

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

Attention :- **XA017**

Page # :- 1 139526
Veh # :- SLC7298D
Veh Model :- PEUGEOT 308 1.2
Estimate# :- CK421223
Claim # :-
ACC. Date :- 17/11/20
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S$
	SPECIAL NET TOTAL S$			390.00
	LABOUR :			
	TO CUT & WELD RERA END PANEL, TO REPAIR REAR FLOOR PANEL, REAR FENDER L+R , REAR CHASSIS MEMBER L+R. TO REMOVE & REFIX DAMAGED PARTS, STRAIGHTEN & REALIGN AFFECTED AREAS		800	1,140.00
	TO SPRAY AFFECTED AREAS		900	1,000.00
	TO REMOVE & REFIX REAR WINDSCREEN GLASS		120.	180.00
	TO REMOVE & REFIX REAR BOOT MECHANISM, CHECK & TEST POWER LOCK & WIPER MOTOR		60	80.00
	TO REMOVE & REFIX REAR LAGGAGE COMPARTMEMT SIDE COVER, SIDE TRIM BOARD, CARPET & OTHER ATTACHMENT PARTS		60	100.00
	TO INSTALL REVERSE SENSOR & CHECK WATER SEEPAGE		30.	60.00
	TO RUST PROOF AFFECTED AREAS		40.	80.00
	TO RESET REAR BOOT FOR FUNCTION		? 100	200.00
	LABOUR TOTAL S$			2,840.00

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:

Taufiq 97495449
up 19/11/20 @ 12pm
* Check repair limit 6-07days
check L/S or P/P repair
* Resurvey check items, before/after paint
Keong

E. & O.E

NON-TAX AMOUNT S	
AMOUNT S$	15,782.30
GST @ 7 %	1,104.76
AMOUNT DUE S$	16,887.06

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

Taufiq @ [illegible]

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.

ACCIDENT STATEMENT

Date Of Report	17/11/2020 17:04
Date Of Accident	17/11/2020 14:15
Exact Location Of Accident	JALAN AHMAD IBRAHIM SLIP RD TO AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7298D
Insured/Policyholder	
Name Of Registered Owner	RON KOH CHIN PENG
NRIC No	SXXXX880H
Email Address	ROUKOH10@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96153048
Alternative Phone No	OFFICE-96153048
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	308-1.2 5DR ACTIVE PURETECH 1.2 A/T 2W (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117212259
Cover Note Number	
Driver	
Name of Driver	RON KOH CHIN PENG
NRIC No	SXXXX880H
Date Of Birth	04/01/1959
Occupation	INDOOR
Date Of Driving Pass	02/05/1986
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96153048
Fax Number	
Contact Number	OFFICE-96153048
EMail Address	ROUKOH10@GMAIL.COM

Address	BLK 19B SIMEI STREET 4 #02-27
Postcode	528714
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)	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
Remarks/ Reasons:	WITH INSURED
Was there any audio recorded?	NO

[redacted] DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ9988T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.
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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.

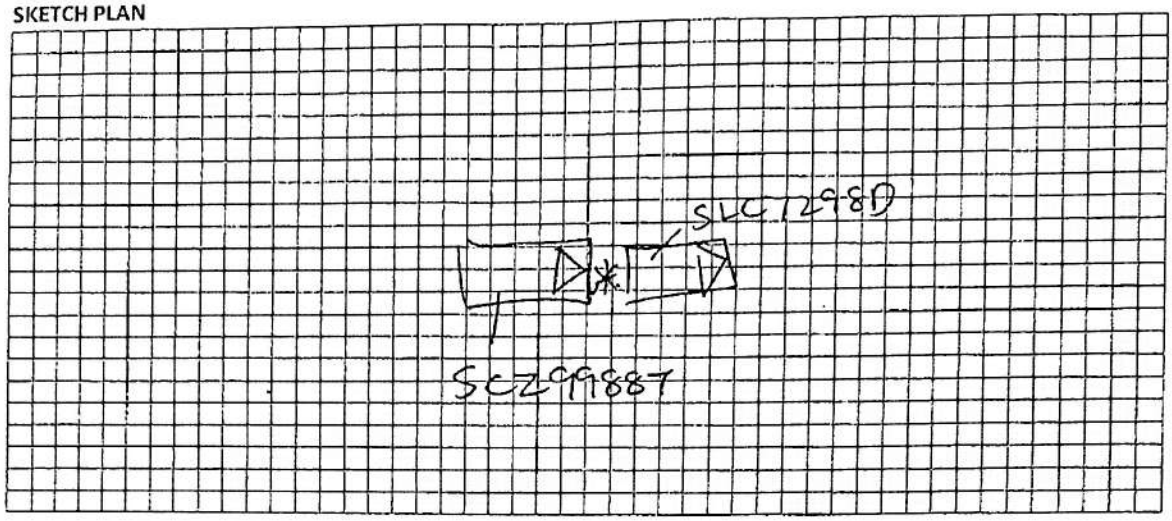
Policyholder's Signature
Date & Time: 17/11/2020 1640 hrs.

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 NO: SLC7298D

ACCIDENT DATE: 17/11/2020 CONTACT NUMBER: 96153048

ACCIDENT TIME: 14.15 pm EMAIL: rouikoh10@gmail.com

LOCATION: Jalan Ahmad Ibrahim slip road merging to AYE toward Changi

It is raining I was on the slip road merging to AYE toward Changi. In front of me two cars already stop and waiting to merge into AYE. Before I came to a stop. A Audi Q5 white colour SC2998 crash into my rear. My car rear windscreen and Bumper was badly damaged. Since it is raining heavily we agreed to drive to nearby Esso petrol station to exchange Particular. There is no injury at that point of time.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ( ) CLAIM OWN POLICY (✓) CLAIM THIRD PARTY ( ) REPORTING ONLY

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 17/11/2020 1715 hrs

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

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