	20012732 FTiuf3
V <u>AS</u>	SSIGNMENT
From: Date:	Ven No: SLC7298D Yr Regn: 20161 May
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
ODITHIWS ITP RESIDD RESIEVATINY IMV	Truck / Trailer or
To Inspect Vehicle No:	Make: Parquet 308 c.c 1199
W. J. J. J J.	Colour Calute A/C: Insured / Std / NI / NA
of	Sp.Reading 95046 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: VF3 LP MNYW FS300511
Claims No.	Gen. Cond: Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / SIBim / STD A/Rim or
	Tyre Size: F: 27 5/45/47
(Policy Condition)	R:
Tremen. The ventilad commitment in	BS / DUN / EXNOVA (GY) FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No .	R/Bal. Mm R/Bal. Mm rnm
GIA / PR Seen: Consistent? : Yes or No	10/11/20
Est Repairs:days Res.: Yes or No	1,7,7
Lum Sum: % 3 Val.: Yes or No	
CA   REV   REP.   24 HRS - W()	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
Dale: Person Contacted: Vehicle: IN /	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
Inform Know regard 6	int \$10K.
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
i) Final Report	
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
<u>2)</u> Add	d Fee: Site Insp (\$ )_s+Rs_si
	Interview (\$
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Lump Sum / LB.I: C	:Weelfend (%
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Se <sup>27</sup>	YOTE



Main Office:

www.mova.com.sg

Workshop Dept:

Block 1008, Bukit Merah Lane 3,

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

# Mova Building No. 22, Jalan Kilang. Singapore 159419 Tel: **(65) 6476 3333** Fax: (65) 6271 5891

18/11/2020

**CHINA TAIPING INSURANCE (S) PTE LTD** 

3 Anson Road

Attention :- XA017

**Estimate** 

#16-00 Springleaf Tower

REAR NUMBER PLATE

Singapore 079909.

:- 1 Page #

:- SLC7298D Veh#

Veh Model :- PEUGEOT 308 1.2

Estimate# :- CK421223

Claim #

ACC. Date :- 17/11/20

Terms :- C.O.D Days

Remarks :-

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

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

No.	Description	Qty U.Price Amounts S
	LIST ITEMS :	
1.	REAR BOOT	1 PC 2,538.00 bt 2,538.0
2.	REAR BOOT LOGO	1 PC 86.00 NE 86.0
3.	REAR BOOT EMBLEM 308	1 PC 84.00 MI 84.0
4.	REAR BOOT EMBLEM "PEUGEOT"	1 PC 89.00 10 89.0
5.	REAR BOOT EMBLEM "PURETECH"	1 PC 65.00 Mer - 65.0
6.	REAR BOOT EMBLEM	1 PC 25.00 Net 25.0
7.	REAR BOOT LOCK	1 PC Puoto 335 00 7 335.0
8.	REAR BOOT CATCH	1 PC 108.00 108.00
9.	REAR BOOT HINGE L+R	2 PC 138.00 7 276.0
10.	REAR BOOT INNER TRIM	1 PC 632.00 7 632.0
11.	REAR BOOT INNER TRIM L+R	2 PC 110.00 7 220.0
12.	REAR BOOT RUBBER	1 PC 198.00 _? 198.0
13.	REAR BOOT WIPER ARM	1 PC 65.00 2 65.0
14.	REAR BOOT WIPER BLADE	1 PC 44.00 2 44.0
15.	REAR BOOT WIPER MOTOR	1 PC 756.00 7 756.0
16.	REAR BOOT DAMPLE L+R	2 PC 142.00 ? 284.0
17.	REAR BOOT LAMP L+R	2 PC 212.00 cmg - 424.0
18. 19.	REAR WINDSCREEN GLASS	1 PC 1,256.00 1,256.0
20.	REAR WINDSCREEN MOULDING	1 PC 26.00 7 26.0
21.	REAR WINDSCREEN SIDE GARNISH L+R REAR LAMP L+R	2 PC 144.00 7.288.0
22.	REAR LAMP CLIPS	2 PCL4cm-298.00 RH-? 596.0
23.	REAR BUMPER	2 PC 18.00 7 36.0
24.	REAR BUMPER TOW COVER	1 PC 1,375.00 de 1,375.0
25.	REAR BUMPER LOWER GARNISH	1 PC 55.00 de - 55.0
26.	REAR BUMPER SENSOR	1 PC 323.00 M 323.0
27.	REAR BUMPER SENSOR WIRE	4 PC 279.00 ? 1,116.0
28.	REAR BUMPER SENSOR BRACKET	1 PC 481.00 ? 481.0
29.	REAR BUMPER UNDER COVER	1 SET 165.00 10- 165.0
30.	REAR BUMPER REINFORCEMENT	1 PC 105.00 105.0
31.	REAR BUMPER BRACKET	1 PC 398.00 bt 398.0
32.	REAR BUMPER RETAINER	1 SET 98.00 04 - 98.0
33.	REAR PANEL	1 SET 88.00 04 - 88.0
34.	REAR PANEL INNER MEMBER	1 PC 656.00 % 656.0
35.	REAR PANEL INNER TRIM	1 PC 368.00 : 368.0
36.	REAR PANEL INNER TRIM CLIPS	1 PC 216.00 1 216.0
37.	REAR FLOOR PANEL - TO REPAIR	6 PC 12.00 7 72.0
38.	REAR FLOOR TOP COVER - TO CONFIRM	1 PC
39.	REAR FENDER INNER TRIM L+R - TO CONFIRM	1 PC
	LIST TOTAL S\$	2 PC
	10% DISCOUNT S\$	13,947.0
		-1,394.7
	205244	12,552.3
	SPECIAL NET ITEMS :	
	REAR WINDSCREEN SEALANT	1 PC 301 —
2.	REAR WINDSCREEN FILMMING	1 PC 80.00 40 80 0
2	DEAD NUMBER OF ATE	

1 PC

1 PC

250.00

60.00 bt -

250 00

- 60 00



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Page #

:- 1

·\_ SLC7298D Veh#

Veh Model :-

**PEUGEOT 308 1.2** 

CK421223

Estimate# :-

Claim #

17/11/20 ACC. Date :-

Terms

C.O.D Days

Remarks

Attention :- XA017

Singapore 079909.

**Estimate** 

18/11/2020

3 Anson Road

#16-00 Springleaf Tower

No Description Qty

139526

U.Price Amounts S\$

SPECIAL NET TOTAL S\$

CHINA TAIPING INSURANCE (S) PTE LTD

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

TO SPRAY AFFECTED AREAS

TO REMOVE & REFIX REAR WINDSCREEN GLASS

TO REMOVE & REFIX REAR BOOT MECHANISM, CHECK & TEST POWER LOCK & WIPER MOTOR

TO REMOVE & REFIX REAR LAGGAGE COMPARTMENT SIDE COVER, SIDE TRIM BOARD, CARPET & OTHER ATTACHMENT PARTS

TO INSTALL REVERSE SENSOR & CHECK WATER SEEPAGE

TO RUST PROOF AFFECTED AREAS

TO RESET REAR BOOT FOR FUNCTION

LABOUR TOTAL S\$

1,140.00

390.00

1,000.00

180.00

80.00

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

100.00

80.00

200.00

2,840.00

Signature:

Date:

E. & O.E

NON-TAX AMOUNT S

**AMOUNT S\$** 

GST @ 7 %

15,782.30

1,104.76

AMOUNT DUE S\$

16,887.06

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

taught ( /hhantown

#### 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.

<b>EFACC</b>	DEN	TISTA	TEX	37	THE
			11.514	-	

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

NRIC No

Name of Driver

RON KOH CHIN PENG

SXXXX880H

Date Of Birth 04/01/1959 Occupation

Date Of Driving Pass

**INDOOR** 

**Driving Experience** 

02/05/1986

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

# 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 Pg. 1

### SKETCH PLAN

## **IMPORTANT NOTICE**

- 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)
  - (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
- (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.
- 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 agencles as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

GIARMC SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name

NRIC/FIN No .:

SKETCH PLAN			
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DESCRIBE CIRCUMSTANCES OF	, ,	LICENSE PLATE NO: SLC7298D	6607
	11/2020	CONTACT NUMBER: 96153048	
	15 pm	EMAIL: roukohlo@gmail. Com	ĺ
LOCATION: Jalan F	thmad Ibrahim s	lip read merging to	16
AYE toward	Changi	, , ,	
It is rai	ning I was on.	the slip road mergina	
to AYE +a	oward Changi. In	front of me two cars	163
already st	no mal waith a	o morae into AYE.	200
Parform I a	oppose wanting of	o merge with ATE	
Beite I C	anne to a stop. IT	Andi Q5 white colour scz	1998
Crash Inn	, my rear my	iar rear windscreen and	
Dumper wo	is backly damage	of. Since it is raining	
heavily we	agreed to drive	to nearby Esso perol	
Station to	exchange Part	ricular. There is no	
injury at 1	hat point of time	C.	
•		302	
NOTE: PLEASE NOTE THAT YOUR INSURE	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO	O SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.	•
N.	PLEASE CHECK YOUR POLICY FOR MC	DRE INFORMATION	343
PLEASE STATE: () CLAIM OWN			
DECLARATION		( )REPORTING ONLY	
/We declare the foregoing particulars	are true in every respect.	TE LTO	
h	* ~ ~	(46 A) [≥) ·	
$\Delta M$ .		NEW JS)	
olicyholder's Signature	Driver's Signature	- COTUA	
Pate & Time: 12020	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:	
SIARMC Skytchologo WS .	Date & Time:	NRIC/FIN No.:	
16 000			
		2	